

Dependent Eligibility Guidelines

The following guidelines are effective January 1, 2012 and used to determine benefits eligibility of dependents for the university's medical, dental, and vision plans.

Legal spouse	The legal spouse of a covered employee.
Dependent child	<p>A dependent child of a covered employee who meets all of the following eligibility criteria:</p> <ol style="list-style-type: none"> 1. has not reached the age limit of 26 (i.e. 26th birthday); and 2. fits into one of the following categories: <ul style="list-style-type: none"> – the employee's biological child; – the employee's adopted child; – the employee's step-child; – the child of the employee's covered same-sex domestic partner; or – the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption.
Adult dependent child	<p>Age 26 to 28; coverage to age 28 is contingent upon the dependent child of a covered employee meeting all of the following eligibility criteria:</p> <ol style="list-style-type: none"> 1. has not reached the age limit of 28 (i.e., 28th birthday); and 2. fits into one of the following categories: <ul style="list-style-type: none"> – the employee's biological child; – the employee's adopted child; or – the employee's step-child; and 3. is not married; and 4. is not eligible for coverage under Medicaid or Medicare; and 5. resides in Ohio or is a full-time student at an accredited institution of higher education. <p>The rate to cover these adult dependent children will be the full rate, and will be taken out of the employee's pay on an after-tax basis.</p>
Dependent child coverage beyond the age limit due to disability	<p>A dependent child may be eligible for continued coverage as a dependent child after attaining the limiting age if:</p> <ul style="list-style-type: none"> • the child is and continues to be incapable of self-sustaining employment by reason of mental retardation or mental or physical disability; and • the child is and continues to be primarily dependent upon the employee for support and maintenance; and • the child was (1) covered by a university medical, dental or vision plan when he or she reached the limiting age and the employee makes application for continuation of coverage to the university within 31 days after the child reaches the limiting age or (2) covered as a dependent under the medical plan of his or her parent's employer immediately prior to a loss of coverage under such plan (documentation of prior coverage required) and the employee makes application for continuation of coverage to the university within 31 days after such loss of coverage occurs. In each case, the employee must provide satisfactory proof of the child's incapacity and dependence upon the employee; and • the employee provides proof of the continuance of such incapacity and dependence upon request by the university.
Same-Sex Domestic Partner (SSDP)	<p>The same-sex domestic partner of a covered employee who meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. shares a permanent residence with the employee (unless residing in different cities, states or countries on a temporary basis); 2. is the sole same-sex domestic partner of the employee, has been in a relationship with the employee for at least six (6) months, and intends to remain in the relationship indefinitely; 3. is of the same sex as the employee and is not currently married to or legally separated from another person under either statutory or common law; 4. shares responsibility with the employee for each other's common welfare; 5. is at least eighteen (18) years of age and mentally competent to consent to contract; 6. is not related to the employee by blood to a degree of closeness that would prohibit marriage in the state in which they legally reside; and

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Same-Sex Domestic Partner (SSDP), continued	<p>7. is financially interdependent with the employee in accordance with the plan requirements outlined by Ohio State. Financial interdependency may be demonstrated by the existence of three (3) of the following:</p> <ul style="list-style-type: none"> - joint ownership of real estate property or joint tenancy on a residential lease - joint ownership of an automobile - joint bank or credit account - joint liabilities (e.g. credit cards or loans) - a will designating the same-sex domestic partner as primary beneficiary - a retirement plan or life insurance policy beneficiary designation form designating the same-sex domestic partner as primary beneficiary - a durable power of attorney signed to the effect that the employee and the same-sex domestic partner have granted powers to one another
Sponsored Dependent	<p>A sponsored dependent of a covered employee who meets all of the following criteria:</p> <ol style="list-style-type: none"> 1. resides at the employee's same principal place of abode and is a member of the employee's household for the entire tax year during which sponsored dependent coverage is provided; 2. shares a relationship with the employee as defined by one of the following: <ul style="list-style-type: none"> - parent, step-parent, parent-in-law, or person who stood in loco parentis to the employee as a child - grandparent or grandparent of the employee's spouse - sibling or sibling-in-law - aunt or uncle - niece or nephew - son- or daughter-in-law - grandchild or spouse of the employee's grandchild - biological, adopted, step or foster child who is not otherwise eligible for coverage under the terms of the university's group health plans - opposite-sex domestic partner who is unmarried, and with whom the employee is not related by blood to a degree of closeness which would prohibit marriage in the state in which they legally reside, and with whom the employee has been in a relationship for at least six (6) months and intends to remain so indefinitely; - my enrolled opposite sex-domestic partner's dependent child. 3. is dependent upon the employee for more than 50% of his or her support, I can provide documentation of such support to the Office of Human Resources or to the university's third party administrator for claims administration, if requested, to verify the dependent status of this individual. Support includes: <ul style="list-style-type: none"> - housing/shelter; - cost for his or her clothing, food, education, recreation, and transportation expenses; - cost for his or her medical, dental, and/or vision care; and - cost for a proportionate share of other expenses necessary to support the sponsored dependent within the employee's household (such as food and utilities), but which cannot be directly attributed to that individual; and 4. is enrolled in Medicare if he or she is eligible for such coverage. The university's health plan will be a secondary payor to Medicare. 5. The individual is the employee's dependent under Section 152 of the Internal Revenue Code of 1986, as amended (taxalmanac.org/index.php/Sec. 152. Dependent defined). Consult with a tax advisor with any questions regarding whether or not the individual meets the IRS qualifications.
Ineligible dependents	<ul style="list-style-type: none"> • A dependent spouse who would otherwise be eligible for coverage, but who is on active duty in any military, naval, or air force of any country is not eligible for coverage during the period of active duty. • Dependents who do not meet the eligibility requirements outlined in this section.