

Dependent eligibility requirements

1. Spouse. Your current legal spouse as recognized by Ohio law.

2. Children under Age 26 including:

- Your biological children (married or unmarried);
- Your legally adopted children: adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your dependent stepchildren;
- Foster children;
- Children for whom either you or your spouse has been appointed legal guardian; and
- Children for whom the plan has received a Qualified Medical Child Support order: the child must be named as your alternate recipient in the QMCSO.

Note: Dependent children are only eligible for dental/vision benefits if unmarried and under age 23. Dependent children ages 19-22 with dental/vision coverage must be a student.

3. Children age 19-22 for dental and vision coverage:

- Your biological children (unmarried);
- Your legally adopted children: adopted children have the same coverage as children born to you or your spouse, whether or not the adoption has been finalized. Coverage begins upon placement/custody for adoption;
- Your dependent stepchildren;
- Foster children; and
- Children for whom either you or your spouse has been appointed legal guardian.

4. Unmarried Children Incapable of Self-Care

Unmarried children who are incapable of self-support due to mental retardation, severe mental illness, or physical handicap, whose disability began before age 23 and who are primarily dependent upon you are eligible for coverage. When there is an unsuccessful attempt at independent living, a child covered pursuant to this provision may be re-enrolled for coverage, provided that the application is submitted within five (5) years following loss of coverage.

This coverage is not automatic. You must complete the applicable form for your medical plan. A form for each plan can be found at <http://das.ohio.gov/healthplanforms>.

Periodically, but not more than once a year, proof of continued incapacity and dependence must be provided upon request.

5. HB1 Dependent

Ohio House Bill 1 of the 128th General Assembly created a new category of eligibility for the state medical plan. HBI coverage is available for medical (including prescription drug and behavioral health) coverage only.

HB1 dependent requirements:

- Your unmarried child, age 26 and 27; and
- Child is your natural child, stepchild or adopted child; and
- Child is a resident of Ohio or a full time student at an accredited public or private institution of higher education; and
- Child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage; and
- Child is not eligible for state Medicaid or federal Medicare.

A special rate applies for these children.

When you enroll your HB1 dependent, you must indicate on the applicable form whether the child qualifies as an IRS tax dependent or a child (within the meaning of 26 USC 152(f)(1)) who has not attained age 27 as of the end of the taxable year. You may wish to consult with an independent tax advisor as to your HB1 dependent's status under the Internal Revenue Code and IRS regulations. If your HB1 dependent qualifies as an IRS tax dependent or as a child (within the meaning of 26 USC 152(f)(1)) who has not attained age 27 as of the end of the taxable year, the deduction for coverage will occur before adjusted gross income is calculated (pre-tax dollars). If your HB1 dependent does not meet one of these qualifications, the deduction for coverage will occur after adjusted gross income is calculated.

An employee may enroll or disenroll an HB1 dependent during open enrollment, when the child reaches the plan's limiting age, or when a child experiences a change in circumstances. Examples of a change in circumstance (Ohio Administrative Code 3901-8-13) include moving back to Ohio or the child's loss of employer-sponsored coverage.

To enroll or disenroll an HB1 dependent, the employee must notify their agency benefits specialist within 31 days of the change in circumstance. Upon receiving your request, your child will be offered the opportunity to enroll in HB1 coverage within thirty days. If eligible, coverage will be effective at the beginning of the plan year for open enrollment enrollees, and within 31 days of receiving notice of the election and the required documentation.