

Definition of a Dependent

Employees electing to provide coverage for their spouse and children on the Livingston County medical, dental, or vision plans must provide proof of dependent status according to the “Definition Of A Dependent,” prior to the eligible dependent coverage becoming effective.

This policy has been amended to be compliant with the Patient Protection and Affordable Care Act and takes effect on January 1, 2014.

DEFINITION OF A DEPENDENT:
<ul style="list-style-type: none">• The legal Spouse of the Subscriber (employee)• Children/stepchildren of the Subscriber (employee) as follows:
<p><u>Relationship</u> - Child of the Subscriber by birth, legal adoption or legal guardianship; Child of the legal spouse of subscriber by birth, legal adoption or legal guardianship (Stepchildren)</p>
<p><u>Age</u> – For children/stepchildren as defined above, coverage will end at the end of the year in which the adult child reaches age 26, unless in the case of permanent and total disability.*</p>
<p><u>Residence</u> – Child/stepchild as defined above may enroll in the group health plan even if he or she is no longer living with a parent, or is not a dependent on a parent’s tax return.</p>
<p><u>Student Status</u> – Child/stepchild as defined above need not be a full-time student to enroll on the plan.</p>
<p><u>Marital Status</u> – Both married and unmarried children/stepchildren as defined above of the Subscriber (employee) can enroll on the Subscriber’s coverage, however, the coverage does not extend to the adult child’s spouse or children.</p>

**NOTE: The term “permanently or totally disabled” as defined in subparagraph Age above, and for whom an application for coverage hereunder is submitted by the Subscriber to Blue Cross Blue Shield, includes any child defined hereafter: the terms “totally and permanently disabled” and “total and permanent disability” as used herein mean any medically determinable physical or mental condition which prevents the dependent from engaging in substantial gainful activity and which can be expected to result in death or to be a long-continued or indefinite duration. The Subscriber shall submit periodically to Blue Cross Blue Shield such evidence as is required of said child’s total and permanent disability and determination of eligibility by Blue Cross Blue Shield shall be conclusive.*

Employees must provide appropriate documentation (marriage license, birth certificate, adoption order, proof of legal guardianship, complete divorce decree indicating responsibility for covering stepchildren of the employee and any subsequent court orders for any dependent(s) they wish to insure on Livingston County benefit plans.

Coverage for *Dependent Children* shall terminate upon the occurrence of any of the following events:

- (1) The end of the year following the child's 26th birthday; except in the case of "total and permanent disability"*;
- (2) In the case of any such child who was totally and permanently disabled, and upon determination by Blue Cross Blue Shield that such child is no longer totally and permanently disabled;
- (3) Upon date of death;
- (4) At the time that the coverage of the Subscriber (employee) under this Certification is terminated.

Coverage for *Dependent Stepchildren* shall terminate upon the occurrence of any of the following events:

- (1) The end of the year following the step-child's 26th birthday; except in the case of "total and permanent disability"*;
- (2) In the case of any such stepchild who was totally and permanently disabled, and upon determination by Blue Cross Blue Shield that such child is no longer totally and permanently disabled;
- (3) Upon date of divorce of subscriber and the parent of stepchildren as defined
- (4) Upon the death of the parent of stepchild
- (5) Upon date of death;
- (6) At the time that the coverage of the Subscriber (employee) under this Certification is terminated.

Coverage for *legal Spouse* hereunder shall terminate as to any legal Spouse upon the occurrence of any of the following events:

- (1) Upon date of divorce;
- (2) Upon date of death;
- (3) At the time that the coverage of the Subscriber under this Certification is terminated.