Who is Eligible?

Your eligible dependents to enroll on insurance include:

- Legal spouse (same or opposite sex), if you complete and sign a “Declaration of Domestic Relationship” form.
- Domestic partner (same or opposite sex), if you complete and sign a “Declaration of Domestic Relationship” form and State of Iowa Relationship Affidavit. Imputed income may apply.*
- Natural child or legally adopted child and your stepchild or foster child up to age 26 (provided they are not already covered under the plan as an employee or by another employee).
- Coverage can also continue beyond age 26 if a child is incapable of self-support because of a developmental or physical disability and was covered at the time of disability. Contact the insurance company for verification of disability requirements prior to the child’s 26th birthday.
- Unmarried children, age 26 or over, who are full-time students. Imputed income may apply.*

*Notice Regarding Imputed Income:

If there is additional benefit provided to the employee or if adding non-qualified dependent, results in the reduction of taxable gross wages, there would be a requirement to impute income.

- Continuing health or dental coverage for full time students over age 26, who do not meet the definition of a dependent under Federal and State tax laws.
- Insuring domestic partner, who does not meet the definition under the Federal and/or State tax laws.

Coverage for Adult Children

Before age 26:

- Under the Affordable Care Act (Healthcare Reform), children may be covered under their parent/guardian’s health insurance policies (health/prescription drug and dental) up to age 26, regardless of student or marital status.

After age 26:

- An eligible child is disabled before age 26 and remains unmarried after age 26.
- An eligible child is unmarried and a full-time student.

Enrollment:

- Employees may enroll adult children meeting the conditions above during their initial enrollment.
- If you do not enroll them during the initial enrollment or a qualifying event, you will have to wait until the next open change period to enroll them on your available plans.
Once you enroll them, you will not be able to drop their coverage until the next open change period unless there is a qualifying event.

The assumption will be made that any dependent enrolled by the employee meets all conditions to be a valid member. Employees are responsible for reporting eligibility changes for any participant of their insurance policies within 30 days of an event. As long as unmarried adult children are full-time students at an accredited post-secondary institution, there is no age limit or Iowa residence requirement and those children may remain on their parent’s insurance policies, until their status changes.

Termination:

**Termination of adult children:** coverage will term December 31 of the year the dependent reaches age 26.

**Termination of unmarried, full-time student over age 26:** coverage will term at the of the next month child marries or ends full time student status

**Examples:**

- Child is 25 or younger is added to insurance. On March 3rd the child turns 26 and is not a full-time student. If not a full-time student by December. Coverage would have to end on December 31 but could end earlier if there is an event that allows a change.

- Unmarried child is 26 or older on March 3rd and is a full-time student. Child graduates on May 15th and is not a full-time student. Coverage must terminate on June 30.

- Unmarried child is 26 or older and is a full-time student. The child marries in August, coverage ends on September 30.

There will be periodic verification notices for full-time students. The notice may be from Iowa State University or the insurance companies.

**CHIPRA**

Notice of Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA):

While you are an employee of the State of Iowa, your children are **not eligible** for the Children’s Health Insurance Program (CHIP), known in Iowa as “healthy and well kids-Iowa” or “hawk-i”. There may be a premium assistance program that may assist in paying towards another employer-sponsored health plan. The State uses funds from the Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but qualify for assistance in paying for the health premiums.

If you or your dependents are already enrolled in Medicaid or hawk-i, contact your State Medicaid or hawk-i office to confirm ineligibility and to find out if premium assistance is available.
If you or your dependents are NOT currently enrolled in Medicaid or hawk-i, and you think you or any of your dependents might be eligible for either of these programs; you can contact your State Medicaid or CHIP office or dial 877-KIDS NOW (877-543-7669) or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for another employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or hawk-i, another employer’s health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

To see a list of States who have a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

<table>
<thead>
<tr>
<th>U.S. Department of Labor</th>
<th>U.S. Department of Health and Human Services Centers for Medicare &amp; Medicaid Services</th>
</tr>
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<tbody>
<tr>
<td>Employee Benefits Security Administration</td>
<td><a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a></td>
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<tr>
<td><a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a></td>
<td>877-267-2323, Ext 61565</td>
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<td>866-444-EBSA (3272)</td>
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