

Dependent Eligibility for Medical, Dental and Vision Coverage

(Revised June 28, 2018)

Unless otherwise defined by the group insurance carrier, Eligible Dependents are limited to:

Spouse

your HUSBAND or WIFE (but not a person who is a common law spouse or someone from whom you are legally divorced or separated); and

Dependent Child

an UNMARRIED DEPENDENT CHILD UP TO THE LIMITING AGE of the plan in which you are enrolled, unless the dependent child is employed by St. Louis Public Schools ("SLPS") or the Public School Retirement System of the City of St. Louis ("PSRSSTL"), or

an UNMARRIED DEPENDENT CHILD OVER THE LIMITING AGE of the plan in which you are enrolled if the dependent child is:

- certified by the benefit plan medical professional as mentally or physically disabled (Refer to Disabled Children section for additional information.); or

An individual is your dependent child if:

- you are one of the biological parents of the dependent child and the dependent child has not been legally adopted by another person (member must provide a copy of the dependent child's certificate of live birth);
- you are the legally-appointed guardian of the estate of the dependent child (member must provide a copy of the court guardianship document);
- you have legally adopted the dependent child (member must provide a copy of the court adoption document);
- the dependent child has been placed in your physical custody for the purpose of adoption (member must provide a copy of the adoption placement document);
- the dependent child is a dependent child of your spouse (your dependent stepchild), financially dependent upon you for support and has a parent-child relationship with you; or
- the dependent child is a child you must cover as required by a Qualified Medical Child Support Order.

Limiting Age

The Limiting Age is the latest age through which a dependent child may be covered as your dependent under the PSRSSTL medical, dental or vision programs. The Limiting Ages for each plan offered are as follows.

SLPS-Sponsored PPO Base and Buy Up Medical Plans Dental Plans - Low or High Option Vision Plan	Midnight on the last day of the month during which your dependent child becomes twenty-six (26) years of age, if the dependent child is a resident of Missouri, and not covered by any other individual or group health benefit plan.
Group Medicare Advantage PPO Plans (Gold, Low or High)	Only disabled dependent children with Medicare Parts A and B are eligible for coverage under this plan. No Limiting Age applies to Disabled Children.

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Enrolling Dependents for Coverage

Dependents may be covered in the same plan only when the member is also covered. An eligible dependent may be enrolled for coverage only as set forth below.

Note: Applications for enrollment made due to loss of any coverage type may only be for the same coverage type lost, (i.e., loss of medical coverage only entitles dependent to enroll for PSRSSTL medical coverage, etc.);

Medical Insurance (Prescription drug benefits are included with each medical plan.)

1. Concurrent with the member's retirement effective date as established by PSRSSTL, or
2. During the first Open Enrollment Period following the dependent's Medicare Parts A & B entitlement date, or
3. Within thirty (30) days following the date an individual becomes a new dependent, or
4. Within thirty (30) days of a dependent's involuntary loss of eligibility for other creditable coverage including group health plan coverage or COBRA continuation coverage that was sponsored by the employer of the dependent, Medicare, Medicaid, a State Children's Health Insurance Program or coverage through the Peace Corps. Proof of involuntary coverage loss from the dependent's prior plan must be submitted with your application to PSRSSTL.

Examples of situations that would create an involuntary loss of other creditable coverage include: loss of employment, reaching a lifetime limit on all plan benefits (medical only); termination of employer contributions toward other coverage; moving out of an HMO service area if the other plan does not offer other coverage; ceasing to be a "member" as defined in the other plan; loss of coverage to a class of similarly situated individuals under the other plan (e.g., part-time employees).

General requirements for Medicare-primary dependent coverage under any of the PSRSSTL-sponsored group medical plans:

1. Any dependent eligible for Medicare must have both Parts A (hospital) and B (medical) coverage.
2. Medicare Prescription Drug Plans (Part D) entitlement requirements:
 - a. Dependents enrolling for traditional/major medical coverage in an SLPS-sponsored plan are only required to have Part D coverage if SLPS determines that its plan will pay prescription benefits as secondary coverage to Part D.
 - b. Dependents enrolling for Medicare Advantage coverage will automatically receive their Part D coverage through their Medicare Advantage plan. Medicare Advantage members should not enroll in a separate Medicare prescription drug plan.

Dental and Vision Insurance

1. Concurrent with the member's retirement effective date as established by PSRSSTL, or
2. Within thirty (30) days following the date an individual becomes a new dependent, or
3. Within thirty (30) days of a dependent's involuntary loss of eligibility for other creditable dental and/or vision coverage sponsored through sources as defined in #4 Medical Insurance above.

Enrollment forms for dependents enrolled on or after your retirement are available by calling PSRSSTL.

If You Do Not Enroll a Dependent

when the dependent becomes eligible as defined in Enrolling Dependents for Coverage section above, no further opportunity to apply for that person's coverage is available.

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Effective Date for Dependent Status

Spouse	Date of marriage
Stepchild	Date of marriage to stepchild's parent
Child	Date of birth, date of adoption or placement for adoption, or date on which you are appointed legal guardian

Effective Date for Dependent Coverage

is contingent upon the date on which you apply for coverage. Dependent coverage will be effective as follows:

1. A dependent enrolled at the time you retire will be covered concurrent with your retirement date.
2. A dependent enrolled within thirty (30) days of his/her loss of eligibility for other group coverage will be covered effective on the day following his/her last day of coverage under the other group plan.
3. A newly acquired dependent, e.g., marriage, birth, adoption, etc., enrolled within thirty (30) days following the date he/she becomes your dependent will be covered effective on the date that person became your dependent.

Coverage effective dates are always subject to plan approval.

Disabled Children

If your child is mentally or physically disabled and reaches the Limiting Age while covered under a PSRSSTL-sponsored plan, you can continue coverage if the child is unmarried, chiefly dependent upon you for support, and incapable of self-support due to mental or physical disability which commenced prior to the Limiting Age.

You may continue the child's coverage if you provide a doctor's statement confirming the child's disability to PSRSSTL. The doctor's statement must be submitted to PSRSSTL within thirty (30) days following the date the child reaches the Limiting Age. The doctor's statement is subject to review and approval by the plan or plans under which continued coverage is requested. A new doctor's statement may be required every two years.

Canceling Dependent Coverage

Subject to a legal judgment requiring you to maintain coverage for your dependent children or a plan limitation requiring your dependent to maintain coverage for a specified period, you may cancel dependent coverage at any time. To cancel dependent coverage, either send a letter to PSRSSTL requesting cancellation of dependent coverage or contact PSRSSTL for a cancellation form. The cancellation will become effective at midnight on the last day of the month during which your written cancellation request is received at PSRSSTL unless the affected insurance plan requires receipt of the cancellation by an earlier date.

Once you cancel coverage for a dependent, you will only be permitted to re-enroll that dependent as described under the "Enrolling Dependents for Coverage" section of this document.

Events Causing Dependents To Lose Coverage

are defined under each of the health plans offered through PSRSSTL. Such events include, but are not limited to, a divorce or legal separation and your child marrying. In the event your dependent becomes ineligible for coverage, you must contact PSRSSTL immediately. Your affected dependents may be eligible to continue their coverage as allowed under federal law if you notify PSRSSTL of the dependent status change within thirty (30) days following your divorce, legal separation, or your dependent child marrying. If you fail to advise PSRSSTL of the occurrence of one of these events, affected dependents may lose a valuable opportunity to continue medical, dental, and/or vision coverage.