

Eligibility Criteria – Hanford Employee Welfare Trust (HEWT)-Sponsored Health Plans

Retirees Under Age 65, Effective 1/1/2012

Dependents

Your eligible dependents include:

1. *your legal spouse, or Domestic Partner* as recognized by Washington State law, unless he or she is enrolled in one of the HEWT-sponsored medical/vision and dental plans.
2. *your unmarried children*, under limiting age (under age 23 for UnitedHealthcare Plan and under age 25 for Group Health Plan), that you provide over 50 percent of their support and maintenance, provided they are not:
 - (a) in the active military service; or
 - (b) married
 - (c) employed full-time; or
 - (d) eligible for any other group health benefits through their employer.

The term *children* means: natural children, legally adopted children, stepchildren, and other children where the retiree or spouse has legal guardianship, custody, or conservatorship evidenced by a court order.

You are not able to add any dependents to your plan after you retire. If you defer your coverage, you may only cover those listed at the time of deferral, that are eligible at the time you reinstate your coverage.

Under the following circumstances, HEWT-sponsored health coverage can be continued upon reaching limiting age.

Your child is not able to be self-supporting by reason of mental retardation or a physical handicap, provided:

- (a) the handicap existed before limiting age (see above), and
- (b) the child was covered as a dependent prior to reaching limiting age, and
- (c) the child is principally dependent on you for support, and
- (d) proof of the child's condition and dependence is submitted prior to the date coverage would otherwise have ended.

We may require that the child be examined by a physician chosen by us at our cost. You may be required to continue to provide proof that the child meets the conditions of incapacity and dependency. If you do not provide proof of the child's incapacity and dependency within 30 days of request, coverage for the child will end.

Other Eligibility Rules

No one can be covered more than once in a HEWT-sponsored medical plan. For example, an individual cannot enroll as an employee, retiree, or COBRA participant, and also be covered as a dependent of another employee, retiree, or COBRA participant. No one can be covered as a dependent child of more than one HEWT-eligible participant.

When can you enroll?

Eligible retirees and their dependents can enroll:

1. During the annual benefits open enrollment if they have deferred coverage. Coverage for eligible employees and dependents begins on January 1 of the following calendar year.
2. Within 31 days of losing other coverage if they have deferred coverage, with a Certificate of Coverage from prior plan.

Points of Contact:

Help Line: 1-509-376-6962
External email: Benefits-HEWT@rl.gov

As retirees/dependents reach age 65, they will transition to Extend Health and participate (if eligible) in the Health Reimbursement Arrangement. If you have a disabled child, this must be certified prior to the retiree reaching age 65 for the child to continue medical coverage. Please contact Benefits at the locations above 3 months prior to the 65th birthday.

Please Note!

It is extremely important to contact Benefits Administration to obtain forms and documentation for life events. In the case of dropping dependents due to becoming ineligible (see eligibility criteria above), death or divorce, immediately notify Benefits Administration at the phone number or email above. A packet is prepared that must be completed and returned to ensure the records are updated and the future premiums are adjusted.

When an ineligible dependent's coverage is cancelled retroactively, the retiree will not receive a refund of contribution for the ineligible timeframe. The retiree may be responsible for the cost of services provided during that time. The retiree is responsible to provide accurate information on dependents, and remove them when they are no longer eligible.

Disqualification for Benefits

Your eligibility to participate in the applicable Plans will end:

- in accordance with the terms of the applicable Summary Plan Description (SPD);
- when the Plan is discontinued or terminated;
- when you fail to make any required contribution;
- when you are no longer working in an eligible class;
- for an enrolled dependent, when he or she no longer meets the requirements to remain an eligible dependent;
- as a result of material misrepresentation, fraud, or omission of information in order to obtain coverage for a participant or others.

Continued health coverage may be available under provisions of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) to employees, dependents and former spouses who lose group coverage for reasons including termination or death of the employee, loss of eligibility by a dependent child, or divorce. In the case of divorce and loss of dependent eligibility, COBRA continuation coverage can continue up to 36 months as long as he or she continues to be eligible and pays the required premium.

However, to be eligible for COBRA continuation coverage, the employee or qualified beneficiary that is losing coverage must notify the HEWT Plan Administrator within 60 days of the employee's divorce, or an enrolled dependent's loss of eligibility as an enrolled dependent.

The above reflects rules for eligibility for HEWT-sponsored health plans that are currently in effect. Eligibility rules comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). Plan coverage provisions, contribution rates and eligibility requirements are subject to change. These eligibility provisions may be different from the certificate of coverage. In those cases, the above rules apply.