

Verification of Dependent Eligibility

Statement of Eligibility:

To be eligible for coverage as a dependent under this program, the family member must fit one of the following descriptions:

- The lawful spouse of the employee, unless legally separated
 - Please note: Provided all requirements are met as specified by the University of Alaska, whenever “spouse” is stated in the health care plan, a financially interdependent partner and his or her eligible dependent children would be included. Please contact your local human resources office for details concerning financially interdependent relationships.
- A “child” 18 years of age or younger, unmarried, and primarily dependent upon the employee for support. A child is considered one of the following:
 - A natural offspring of either or both the employee or spouse
 - A legally adopted child of either or both the employee or spouse
 - A child for whom the employee or spouse has been granted court-appointed legal guardianship
 - A child for whom the employee or spouse is under a domestic relations order to provide medical benefits as directed by a divorce decree
 - A foster child living with the employee
 - A child “placed” with the employee for the purpose of legal adoption in accordance with state law; placed for adoption means assumption and retention by the employee of a legal obligation for total or partial support of a child in anticipation of adoption of such child.

Coverage may continue past the limiting age of 19 for an unmarried child who cannot support himself or herself because of a developmental or physical disability, subject to Blue Cross review.

A child may continue to be covered under this program through age 23 if the child is unmarried, primarily dependent on the employee for support, and is a full-time student attending an accredited educational institution. Blue Cross will verify student status twice a year. To verify student status, the employee will be sent a form that must be signed by the registrar’s office at the educational institution where the child is attending school. Health care claims for the child will not be reviewed until the verification form is returned to Blue Cross.

UA Choice Bi-Weekly Charges for FY09

July 1, 2008 through June 30, 2009

Deluxe Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee	\$ 57.47	\$ 78.64	\$ 1,494
Employee + Spouse	\$ 96.48	\$ 132.02	\$ 2,508
Employee + Child(ren)	\$ 88.71	\$ 121.39	\$ 2,306
Employee + Family	\$ 127.71	\$ 174.75	\$ 3,320

Standard Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee	\$ 25.85	\$ 35.37	\$ 672
Employee + Spouse	\$ 33.20	\$ 45.43	\$ 863
Employee + Child(ren)	\$ 31.74	\$ 43.43	\$ 825
Employee + Family	\$ 39.09	\$ 53.47	\$1,016

Economy Plan	26 Pay Periods Bi-weekly	19 Pay Periods Bi-weekly	FY09 Annual Charge
Employee	\$ 3.00	\$ 4.11	\$ 78
Employee + Spouse	\$ 6.93	\$ 9.48	\$ 180
Employee + Child(ren)	\$ 4.62	\$ 6.33	\$ 120
Employee + Family	\$ 11.54	\$ 15.80	\$ 300