

Eligible Dependent Types:

- Legal Spouse, as a result of a marriage that is valid and recognized by State of Nebraska law.
- Children up to age 26, including:
 - Natural child
 - Step child, if enrolled in Family coverage
 - Legally adopted child
 - Child placed with you for adoption
 - Child, or grandchild, for whom you have legal custody, legal guardianship or court ordered custody
- Child over 26, if disabled and dependent upon you for support
 - Child must be disabled prior to age 26
 - Child must be covered on the State health plan upon attaining age 26

Types of Coverage

- Employee Only - (Single Coverage)
- Employee + Spouse - (Two-Party Coverage)
- Employee + Dependent Children - (Four-Party Coverage)
- Employee + Spouse + Dependent Children - (Family Coverage)



LB551 – Dependents up to Age 30

An employee may elect to continue coverage to age 30 for a dependent child who would otherwise lose coverage when he/she attains an age which exceeds the plan's limiting age (age 26), provided that the following criteria are met:

- The child remains financially dependent upon the employee; and
- The child was covered as an Eligible Dependent at the time coverage would have terminated.

In order to elect continuation coverage for a child turning age 26, the dependent must currently be covered under the plan and lose coverage due to the eligibility. Contact your HR representative to enroll.

The premium for continuation coverage will be equal to the plan's full, unsubsidized single adult premium. The employee will be responsible for paying the full premium each month through post tax payroll deduction.

The coverage will terminate if:

- The employee requests the termination because they no longer meet the criteria
- The employee's coverage with UnitedHealthcare terminates
- The covered dependent:
 - Marries
 - Is no longer a resident of Nebraska
 - Receives coverage under another health benefit plan or self-funded employee benefit plan
 - Attains age 30

Continuation coverage will terminate at the end of the month in which any event listed above occurs. Coverage cannot be reinstated once it has been terminated.

Dependent (Spouse & Children) Eligibility Verification Process

The Dependent Eligibility Verification process is completed on all new dependents enrolled on the State's health insurance plan. Employees will receive a letter in the mail from Alight Dependent Verification Center (formerly Aon Hewitt), the state's third-party vendor, requesting documentation to show dependents enrolled on a state health plan meet the Dependent Eligibility criteria. Examples of documentation include a certified birth certificate and certified marriage certificate.

All documents are sent to Alight Dependent Verification Center (formerly Aon Hewitt) which will verify each dependent. You will have approximately 30 days to respond so please be prepared.

PLEASE WATCH YOUR MAIL FOR THE APPROPRIATE DOCUMENTS. Failure to respond and provide the requested documentation by the stated deadline will result in loss of coverage in health, dental, and vision insurance for your dependent(s).