

2019 OptumCare Dependent Eligibility Rules and Requirements

Your dependent must meet the definition as indicated in the left column and as supported by documentation in the right column in the table below. **For each dependent you enroll, you will be asked to enter a birth date and a Social Security Number (SSN) on the benefits enrollment site.** If your dependent is a foreign national or you are in the process of waiting for a valid SSN for a newborn or adopted child, please call the Benefits Service Center at 844-364-7662.

Within one to three weeks after you enroll your new dependent(s), a packet with instructions will be mailed to your home address requesting documentation to support dependent eligibility (right column below) to verify your dependent(s). You will have 45 days to provide the appropriate documentation. If you don't provide the appropriate documentation in the required timeframe, your dependent(s) will be terminated from your health coverage.

Dependent Eligibility Rules	Documentation to Support Dependent Eligibility
<p>Spouse</p> <p>Your spouse is the person of the same or opposite gender to whom you are legally married and maintain a shared financial responsibility to each other. This includes your common-law spouse in states it is recognized.</p> <p>Note: A former spouse, a spouse from whom you are legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, is not your spouse.</p>	<ul style="list-style-type: none"> • Government-issued marriage certificate* (for common-law spouse, the <u>Notarized Common-Law Spouse Affidavit</u>) and • Federal Tax Return filed with the IRS within the last year listing your spouse (except in the year of marriage); or • Proof of Joint Ownership issued within the last 6 months. This may include one of the following: <ul style="list-style-type: none"> • Mortgage statement, lease or deed naming both you and your spouse • Bank statement listing both you and your spouse • Property Tax Statement with both parties' names as co-owners • Utility bill listing both you and your spouse <p>* If married within last 12 months, only need this for proof.</p>
<p>Domestic Partner</p> <p>A person of the same or opposite gender is your domestic partner, if your relationship satisfies all of the following requirements:</p> <ul style="list-style-type: none"> • You and your domestic partner have lived together in an exclusive relationship for at least one year, and intend to keep doing so for a long-lasting/indefinite time period; • You and your domestic partner share financial responsibility or your partner is financially dependent on you; • You and your domestic partner are not legally barred from entering into a marriage for reasons of an existing marriage, age, mental competency or blood relationship; • Neither you nor your domestic partner is in a domestic partnership or marriage with anyone else; • You and your domestic partner have not entered into a domestic partnership solely 	<ul style="list-style-type: none"> • <u>Notarized Affidavit of Domestic Partnership</u> or Certificate of Domestic Partner Registration; and • Proof of Joint Ownership issued within the last 12 months showing that you and your domestic partner have lived together in an exclusive relationship for at least one year. This may include one of the following: <ul style="list-style-type: none"> • Rental/lease agreement • Property tax statements with both parties' names as co-owners • Utility bill listing both you and your domestic partner <p>To cancel coverage at any time other than during open enrollment, you will be required to complete an <u>Affidavit of Termination of Domestic Partnership</u>.</p>

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<p>for the purpose of obtaining benefits; and</p> <ul style="list-style-type: none"> Neither you nor your domestic partner has notified your employer that your domestic partnership has been terminated. 	
<p>Dependent Child</p> <ul style="list-style-type: none"> Any child who is the biological child, legally adopted child, or stepchild of you and/or your spouse or domestic partner, and any child who is placed in your home as a foster child or for legal adoption by you and/or your spouse or domestic partner or for whom you and/or your spouse or domestic partner have legal guardianship, if the child is under age 26. You may cover your grandchild under the OptumCare medical, dental and vision programs if you will claim your grandchild as a dependent on your federal tax return for the calendar year for which you are providing coverage to the grandchild, and your grandchild meets all of the following eligibility requirements: <ul style="list-style-type: none"> Is unmarried; Provides no more than one-half of his or her own financial support for the year; Has your home as his or her principal place of abode for more than one-half of the year (for this purpose, temporary absences because of illness, education, vacation or military service do not reduce the grandchild's period of residence); and Is under age 26. 	<ul style="list-style-type: none"> Government-issued birth certificate; if child is less than three months of age, a hospital-issued birth certificate is acceptable. <p>And, if not biological child:</p> <ul style="list-style-type: none"> Adopted child: adoption certificate or placement agreement Stepchild: both documents to verify spouse, common-law spouse or domestic partner Legal ward: court order document of guardianship Grandchild: parent government-issued birth certificate (including parents' names) and tax return issued within the last year claiming grandchild Foster child: foster care letter of placement <p>If you are enrolling a dependent child under three months of age, a SSN is not required until he/she reaches three months. Once you receive the child's SSN, please contact the Benefits Service Center at 844-364-7662 and provide the SSN. If the SSN is not provided in the required timeframe, your dependent child may be dropped from coverage.</p>
<p>Disabled Dependent Child</p> <p>For any child who otherwise satisfies the requirements to be a dependent child, coverage under the OptumCare medical, dental, vision and life insurance programs can extend beyond age 26 if all of the following additional requirements are met:</p> <ul style="list-style-type: none"> The child becomes disabled prior to attaining age 26 and while covered under the OptumCare medical, dental, vision and life insurance programs or, for new employees and acquired employees, another group medical, dental, vision or life insurance plan; The child is severely disabled by permanent physical or mental incapacity (medical proof of disability is required); The child remains unmarried and dependent on you for support because he or she is incapable of earning a living due to the disability; and The child is incapable of caring for himself or herself due to the disability. <p>Determinations of eligibility and continued coverage are made by UnitedHealthcare. In addition to any other provisions in the applicable plan document or summary plan description that would cause a disabled child to lose coverage, coverage for a disabled child will cease on the date when the first of the following occurs:</p> <ul style="list-style-type: none"> Cessation of the disability; Failure to give proof the disability continues upon request; 	<p>To apply for this special coverage, please contact the Benefits Service Center at 844-364-7662 to determine if you meet the eligibility requirements. If you do, you will need to complete the <u>Statement of Dependent Eligibility Beyond Limiting Age in Plan Due to Mental or Physical Disability</u> form* and send it to UnitedHealthcare no later than 31 days after the date the child would otherwise lose coverage, based on attaining age 26.</p> <p>If you are a new hire or from an acquired company, you will also be required to provide documentation as described above under "Dependent Child" and provide a federal tax return within the last year claiming the child.</p> <p>Please note: You will not be able to enroll your disabled dependent over age 26 in the benefits enrollment system, so please contact the Benefits Service Center at 844-364-7662 to enroll in coverage, after UnitedHealthcare approves the form.</p> <p>* The Benefits Service Center will provide the appropriate form to complete and mailing address, if you and your disabled dependent(s) are enrolled in a non-UnitedHealthcare plan.</p>

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<ul style="list-style-type: none"> • Failure to have any required exam and/or to participate in any recommended course of treatment; • Termination of dependent coverage of the child for any reason other than reaching the maximum age; • Termination of your coverage for any reason; • Amendment of the applicable program to eliminate disabled dependent child coverage; or • Termination of the applicable program. 	

People Who Are Not Eligible Dependents

The following individuals are not eligible dependents and you cannot enroll them, or request benefits with respect to them, in OptumCare's benefit plans:

- Former spouses, a spouse from whom you are legally separated, or a spouse with respect to whom an annulment or decree of separate maintenance is in effect, and/or former domestic partners;
- Parents, sisters and brothers;
- Aunts, uncles and cousins;
- Friends and neighbors; and
- Nannies, au pairs or other caregivers.

This list is not all-inclusive and merely identifies the more commonly encountered people who cannot be enrolled in these benefit plans.

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