

# Who Can You Cover?



## WHO IS ELIGIBLE?

Regular Court employees working at least 20 hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse).
- Your registered domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing coverage for your domestic partner. Any premiums for your domestic partner paid for by the Santa Barbara County Superior Court are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children (including your registered domestic partner's children):
  - Under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

## PROOF OF ELIGIBILITY

Proof of eligibility is required before enrollment of dependents. Eligible documents include:

- Marriage Certificate
- Declaration of Domestic Partnership
- Birth Certificate

See page 38 for more documentation information.

## WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.

**Please refer to the Appendix section on page 35 to obtain detailed information on eligibility requirements and documentation needed.**

## WHEN CAN I ENROLL?

Coverage for new employees begins on the 1st of the month following their date of hire.

Open enrollment for current employees is held in October. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. These changes include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 31 days to make your change.