INSURED: An “insured” must be an employee, board member, or a retired employee or board member of the member district. Each member district may set eligibility standards for insureds who receive coverage from that district. The standards set by the district must not conflict with the regulations established in this manual.

An "employee" must meet the IRS definition of an employee and must be on the district payroll. Individuals who are on a contract for services, including independent contractors, and/or who are not paid and reported on the district payroll are not eligible for coverage as an employee.

An updated copy of the district's eligibility language for each bargaining unit must be forwarded to the JPA Executive Director annually. Changes in eligibility must be approved in writing by BSSP, and SISC where applicable, prior to implementation.

DATES OF COVERAGE:
A. An employee is eligible for coverage on one of the following dates as selected by the employee’s member district:
   1. Date of hire;
   2. First of the month following date of hire; or
   3. First of the month following employee’s initial administrative period in accordance with the provision of the Patient Protection and Affordable Care Act.

B. A dependent is eligible for coverage on the later of the date the:
   1. Employee becomes eligible for coverage; or
   2. Dependent qualifies as such under this policy.

DEPENDENTS
A. The following are eligible to enroll as dependents:
   1. The employee’s spouse or registered domestic partner; and
   2. The employee’s or the employee’s spouse’s or registered domestic partner’s child.

B. Definition of Dependents
   1. Spouse is the employee's spouse as recognized by any state. Spouse does not include any person who is in active service in the armed forces.

   2. Registered domestic partner is an individual who has filed, along with the employee, a Declaration of Domestic Partnership with the State of California, or a similar declaration issued by another state.

   3. Child is the employee’s, spouse's or registered domestic partner’s natural child, stepchild, or legally adopted child, subject to the following:
      a. The child is under 26 years of age. Coverage will terminate on the last day of the month in which the child turns age 26.
b. The unmarried child is 26 years of age, or more and: (i) was covered under the prior plan, or has six or more months of creditable coverage, (ii) is claimed as a dependent on the employee’s prior year’s federal income tax return, and (iii) is incapable of self-sustaining employment due to a physical or mental condition. A physician must certify in writing that the child is incapable of self-sustaining employment due to a physical or mental condition. The certification must be received, at no expense, within 60-days of the date the employee receives the request. BSSP may request proof of continuing dependency and that a physical or mental condition still exists, but not more often than once each year after the initial certification. This exception will last until the child is no longer chiefly dependent on the employee, spouse or domestic partner for support and maintenance due to a continuing physical or mental condition.

c. A child who is in the process of being adopted is considered a legally adopted child if the district receives legal evidence of: (i) the intent to adopt; and (ii) the employee’s, spouse’s or registered domestic partner’s: (a) right to control the health care of the child; or (b) assumption of a legal obligation for full or partial financial responsibility for the child in anticipation of the child's adoption.

Legal evidence to control the health care of the child means a written document, including, but not limited to, a health facility minor release report, a medical authorization form, or relinquishment form, signed by the child's birth parent, or other appropriate authority, or in the absence of a written document, other evidence of the employee’s, the spouse's or the registered domestic partner the right to control the health care of the child.

Exception. A foster child is not covered unless BSSP receives legal evidence of (a) the intent to adopt issued by the court and (b) the employee, spouse or registered domestic partner’s assumption of a legal obligation for full or partial financial responsibility for the child in anticipation of the child’s adoption.

d. A child for whom the subscriber, spouse or domestic partner is a legal guardian is concerned eligible on the date of the court decree (the “eligibility date”). Eligibility of a guardian child will terminate at the earlier of the last day of the month in which the child turns age 18 or upon termination of the guardianship.

CONFORMITY TO SELF-INSURED SCHOOLS OF CALIFORNIA (SISC): SISC guidelines will apply to benefits programs administered through SISC as well as those programs administered independent of SISC.