



# Benefit Plan and Trust

## QUICK REFERENCE GUIDE

Please keep this booklet and use it during the year to answer your benefit questions.

# Benefits Overview

The Hy-Vee and Affiliates Benefit Plan and Trust (the Plan) is available to all full-time and regular-time employees of Hy-Vee and all subsidiary companies. The Plan offers coverage for Medical, Dental, Short-Term Disability (STD), Life Insurance and Long-Term Disability (LTD); all coverage offered by the Plan is optional. All employees can use this Quick Guide to note the Plan changes, review rates and get advice on using the online benefits website, [hy-veebenefits.com](http://hy-veebenefits.com).

\*This guide contains an overview of the Plan changes and important reminders for 2017. For more detailed information, please refer to the 2017 Benefit Reference Guide available on CONNECT or at [hy-veebenefits.com](http://hy-veebenefits.com).

## Open Enrollment

- Open enrollment is the one time each year when you can make changes to your Plan options without a qualifying event. Changes include: adding/removing dependents, enrolling in or waiving medical, dental, STD, LTD, life, tax savings, etc. Open enrollment for 2017 elections will take place between November 1 and November 30, 2016. All enrollments/changes are completed via our online enrollment system at [hy-veebenefits.com](http://hy-veebenefits.com) and will go into effect on January 1, 2017.
- As part of the open enrollment process, you must answer the spousal surcharge question if you cover a spouse on your medical plan.
  - If your spouse has access to employer-sponsored medical coverage, then answer “Yes” and pay the \$25/week surcharge.
  - If you do not answer the spousal question, the Plan will default to “Yes” and you will be charged the \$25/week surcharge.

Please visit CONNECT (HR/Benefits Department Page) to view OPEN ENROLLMENT TUTORIALS. These tutorials are broken into small categories to assist you with questions about specific coverage options and are available to view at work, at home or on the go.

### PLEASE NOTE:

In 2017, we'll introduce three new medical plans. If you are enrolled in a medical plan in 2016 and you DO NOT elect a new plan option at [hy-veebenefits.com](http://hy-veebenefits.com) by November 30, 2016, you will automatically be enrolled in the new Basic Plan for 2017.

Open Enrollment changes resulting in a potential error, including but not limited to: incorrect spousal surcharge, missing Healthy Lifestyles participating discount, missing or incorrect FSA elections, will be reviewed for the first two pay periods of January, not to exceed January 31. Errors identified in that time frame may be eligible for a refund.

This booklet highlights the main features of the benefit Plans sponsored by Hy-Vee, Inc. Full details of these benefits are contained in the legal documents governing the Plans. If there is any discrepancy or conflict between the Plan documents and the information presented here, the Plan documents will govern. In all cases, the Plan documents are the exclusive source for determining rights and benefits under the Plans. Hy-Vee, Inc. reserves the right to change or discontinue the Plans at any time with appropriate notification. Participation in the Plans does not constitute an employment contract. Hy-Vee, Inc. reserves the right to modify, amend or terminate any benefit Plan or practice described in this booklet. Nothing in this booklet guarantees that any new Plan provisions will continue in effect for any period. Plan documents are available on CONNECT or by calling the Benefit Plan Department at the corporate office, 515-267-2800.

# What's New in 2017?

## Medical Coverage

- Hy-Vee will introduce three new medical plans for 2017. The new plans provide a range of coverage so you are able to choose the option that best fits you and your family's medical and financial needs.

### BASIC PLAN

safe, catastrophic coverage with less expensive premiums and higher deductibles and out-of-pocket costs

### ADVANCED PLAN

a secure, financial-driven, consumer-driven health plan that's health savings account eligible

### PREMIER PLAN

protected, complete coverage with higher premiums and lower deductibles

- Detailed medical plan design information can be found on pages 6-9.
- Hy-Vee is adopting a new contribution strategy for our medical insurance plans. The contribution you receive from Hy-Vee will be determined by the plan you choose and any dependents covered. Hy-Vee will continue to contribute at least 75% of the overall plan costs.

## Pharmacy Coverage

- Prescriptions purchased from a non-Hy-Vee Pharmacy that is located within a 15-mile radius of a Hy-Vee Pharmacy will not be covered.

## High-Value Network for Spine Surgery

- Incentive program for utilizing a facility that has high-quality patient outcomes while providing a great value

- Tier 1** — If you utilize a Blue Distinction Center (Wellmark) or a Center of Excellence (HealthPartners) you will:

- Pay \$1,000 *less* toward your deductible
  - Deductible credit only available to those who enroll in the Basic or Premier plans.
- Be eligible for a travel benefit (\$0.56/mile, \$150/day for hotel and food up to a \$5,000 maximum) if you are traveling a distance greater than 30 miles one way

- Tier 2** — All other facilities are still covered and will follow current plan designs

- Deductible does not decrease, no travel benefit

### WHY CHOOSE A BLUE DISTINCTION CENTER OR CENTER OF EXCELLENCE?

These facilities are certified for providing care with fewer complications, lower readmission rates and faster recovery time.

# Plan Overviews

## Basic Plan

The Basic Plan is a safe plan providing catastrophic coverage for you and your family. The premiums will be the least expensive of the three choices. However, the deductibles and out-of-pocket costs are higher than with the other two plans. If you are currently enrolled in medical coverage and do not elect one of the new plans between November 1 and November 30 at [hy-veebenefits.com](http://hy-veebenefits.com), this is the plan in which you and your family will automatically be enrolled beginning January 1, 2017.

Basic (All Locations)		
Medical Plan Provision	In Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	\$60 copay per Primary Care visit \$110 copay per Specialist visit	Deductible, then 50%
Preventive Screenings/Care	Covered at 100%	Deductible, then 50%
Emergency Room (waived if admitted)	Deductible, then 20%	Deductible, then 20%
Inpatient Hospital	Deductible, then 20%	Deductible, then 50%
Outpatient Services	Deductible, then 20%	Deductible, then 50%
Calendar Year Deductible (CYD) Individual Family	\$5,000 \$10,000	\$10,000 \$20,000
Out-of-Pocket Maximum* Individual Family	\$6,850 \$13,700	\$13,700 \$27,400

\*Out-of-Pocket – All medical and prescription drug copays, coinsurance and deductibles apply to the Out-of-Pocket Maximum.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Tier 1 – Generic	\$10	Not Covered
Tier 2 – Wellmark Drug List	Lesser of: 30% or \$40	Not Covered
Tier 3 – Drugs not on List	Lesser of: 50% or \$75	Not Covered
Specialty Drugs	Preferred: \$100 copay Non-preferred: \$200 copay	Not Covered

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark/HealthPartners to locate an alternative pharmacy in that area.

\$4 Rx List: Many prescriptions are on Hy-Vee's \$4 Rx list. If so, you are only responsible for a \$4 copayment.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on CONNECT.

## Advanced Plan

The Advanced Plan is the secure plan. It is a consumer-driven health plan that provides you and your family financial benefits when you combine it with the health savings account and the match from Hy-Vee. In this plan, there are no office visit copayments or prescription drug copayments; you will pay the full cost for these services until your deductible is met, then all costs are covered at 100%.

Advanced (All Locations)		
Medical Plan Provision	In Network	Out-of-Network
Office Visit – Primary Care Office Visit – Specialist	Deductible, then covered at 100%	Deductible, then covered at 100%
Preventive Screenings/Care	Covered at 100%	Deductible, then covered at 100%
Emergency Room (waived if admitted)	Deductible, then covered at 100%	Deductible, then covered at 100%
Inpatient Hospital	Deductible, then covered at 100%	Deductible, then covered at 100%
Outpatient Services	Deductible, then covered at 100%	Deductible, then covered at 100%
Calendar Year Deductible (CYD) Individual Family	\$2,600 \$5,200	\$5,200 \$10,400
Out-of-Pocket Maximum* Individual Family	\$2,600 \$5,200	\$5,200 \$10,400

\*Out-of-Pocket – All medical and prescription drug copays, coinsurance and deductibles apply to the Out-of-Pocket Maximum.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Tier 1, 2, 3 & Specialty	Deductible; then covered at 100%	Not Covered
Preventive Drugs**	\$25 copay	Not Covered

\*\*View the list of Preventive Drugs at [www.wellmark.com](http://www.wellmark.com) or [www.healthpartners.com](http://www.healthpartners.com).

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative pharmacy in that area.

\$4 Rx List: Many prescriptions are on Hy-Vee's \$4 Rx list. If so, you are only responsible for a \$4 copayment, which will count towards your deductible.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on CONNECT.

# Plan Overviews (continued)

## Premier Plan

The Premier Plan is the protected plan. It will provide the most complete coverage to you and your family. The premiums on this plan are the most expensive, but it offers the lowest deductibles and out-of-pocket expenses of the three plans.

Premier — BlueAccess (Locations in Iowa)		
Medical Plan Provision	In Network	Out-of-Network
Office Visit — Primary Care Office Visit — Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	Not Covered
Preventive Screenings/Care	Covered at 100%	Not Covered
Emergency Room (waived if admitted)	\$200 copay per visit Deductible, then 10%	Not Covered
Inpatient Hospital	Deductible, then 10%	Not Covered
Outpatient Services	Deductible, then 10%	Not Covered
Calendar Year Deductible (CYD) Individual Family	\$1,000 \$2,000	N/A
Out-of-Pocket Maximum* Individual Family	\$2,500 \$5,000	N/A

\*Out-of-Pocket — All medical and prescription drug copays, coinsurance and deductibles apply to the Out-of-Pocket Maximum.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Tier 1 — Generic	\$10	Not Covered
Tier 2 — Wellmark Drug List	Lesser of: 30% or \$40	Not Covered
Tier 3 — Drugs not on List	Lesser of: 50% or \$75	Not Covered
Specialty Drugs	Preferred: \$100 copay Non-preferred: \$200 copay	Not Covered

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark to locate an alternative pharmacy in that area.

\$4 Rx List: Many prescriptions are on Hy-Vee's \$4 Rx list. If so, you are only responsible for a \$4 copayment.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on CONNECT.

Premier (Locations outside of Iowa)		
Medical Plan Provision	In Network	Out-of-Network
Office Visit — Primary Care Office Visit — Specialist	\$35 copay per Primary Care visit \$75 copay per Specialist visit	Deductible, then 40%
Preventive Screenings/Care	Covered at 100%	Deductible, then 40%
Emergency Room (waived if admitted)	\$200 copay per visit Deductible, then 10%	\$200 copay per visit Deductible, then 10%
Inpatient Hospital	Deductible, then 10%	Deductible, then 40%
Outpatient Services	Deductible, then 10%	Deductible, then 40%
Calendar Year Deductible (CYD) Individual Family	\$1,000 \$2,000	\$2,000 \$4,000
Out-of-Pocket Maximum* Individual Family	\$2,500 \$5,000	\$5,000 \$10,000

\*Out-of-Pocket — All medical and prescription drug copays, coinsurance and deductibles apply to the Out-of-Pocket Maximum.

Prescription Drug Provision	***Preferred Pharmacy	Non-Preferred Pharmacy
Tier 1 — Generic	\$10	Not Covered
Tier 2 — Wellmark Drug List	Lesser of: 30% or \$40	Not Covered
Tier 3 — Drugs not on List	Lesser of: 50% or \$75	Not Covered
Specialty Drugs	Preferred: \$100 copay Non-Preferred: \$200 copay	Not Covered

\*\*\*A Preferred Pharmacy on the Hy-Vee Benefit Plan is any Hy-Vee Pharmacy. If there is not a Hy-Vee Pharmacy within a 15-mile radius, contact Wellmark/HealthPartners to locate an alternative pharmacy in that area.

\$4 Rx List: Many prescriptions are on Hy-Vee's \$4 Rx list. If so, you are only responsible for a \$4 copayment.

Note that this chart is only a summary. See your Summary Plan Description (SPD) for coverage details, limits and exclusions. SPD is available at [hy-veebenefits.com](http://hy-veebenefits.com) and on CONNECT.

# Medical Plan Coverage Scenarios



## SCENARIO 1:

Susie visits an in-network orthopedic doctor for a torn ligament in her knee. The orthopedic office visit costs \$201.

### Susie will pay:

- **Basic:** \$110 copay
- **Advanced:** \$201 if Susie has not met her deductible/out-of-pocket maximum. She will pay \$0 if she has met her deductible/out-of-pocket maximum.
- **Premier:** \$75 copay



## SCENARIO 2:

Susie has a baby. Normal delivery costs \$7,450.

### Susie will pay:

- **Basic:** \$5,000 toward her deductible, then 20% of the remaining expense. In total, Susie will be required to pay \$5,508. She has \$342 remaining of her total out-of-pocket maximum.
- **Advanced:** \$2,600 toward her deductible/out-of-pocket maximum. She has now met her complete obligation and will not pay for prescriptions, office visits, etc., the rest of the year. She will pay \$0 if she has met her deductible/out-of-pocket maximum.
- **Premier:** \$1,000 toward her deductible, then 10% of the remaining expense. In total, Susie will be required to pay \$1,654.



## SCENARIO 3:

Susie takes a generic prescription that costs \$30 and a brand prescription that costs \$373.

### Susie will pay:

- **Basic:** \$10 for the generic prescription and \$40 for the brand prescription. These count toward her out-of-pocket maximum.
- **Advanced:** \$403 if she has not met her deductible/out-of-pocket maximum (100%), or \$0 if she has met her deductible/out-of-pocket maximum. The \$403 counts toward her deductible/out-of-pocket maximum.
- **Premier:** \$10 for the generic prescription and \$40 for the brand prescription. These count toward her out-of-pocket maximum.

# Other Core Benefits

## Life

- Coverage is administered by Hartford
- Full-Time Employees: \$50,000  
Regular-Time Employees: \$30,000
- Spouses: \$5,000 (until age 65)  
Children: \$1,000
- Be sure to check your beneficiaries

## Dental

- Coverage is administered by Delta Dental of Iowa
- \$50 deductible/\$1,000 annual maximum benefit; two free cleanings per year

To review all medical plan offerings and to see a list of copays, coinsurance and out-of-pocket maximums, as well as detail on Dental, STD, LTD and/or Life Insurance, please view the 2017 Benefit Reference Guide. This is available on CONNECT at [hy-veebenefits.com](http://hy-veebenefits.com) or by request from your store's Insurance Coordinator.

# 2017 Weekly Rates for Benefits

Coverage	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family <sup>1</sup>
Medical — Basic <sup>2,3</sup>	\$16.57	\$21.46	\$20.28	\$23.81
Medical — Advanced <sup>2,3</sup>	\$34.99	\$63.02	\$54.26	\$80.52
Medical — Premier — BlueAccess <sup>2,3</sup>	\$38.76	\$71.52	\$61.21	\$92.11
Medical — Premier <sup>2,3</sup>	\$47.42	\$91.07	\$77.20	\$118.79
Dental	\$1.45	\$3.27	\$3.38	\$5.08
Short Term Disability FT/RT	\$1.03/\$0.75	N/A	N/A	N/A
Life Insurance FT/RT	\$0.36/\$0.22	\$0.42/\$0.28	\$0.42/\$0.28	\$0.42/\$0.28

<sup>1</sup>Rates do not include potential Spousal Surcharge of \$25/week; add \$25 to the rates above if your spouse is eligible for other coverage through an employer other than Hy-Vee and Affiliates.

<sup>2</sup>Rates do not include potential Tobacco Surcharge of \$5/week; add \$5 to the rate above if you and/or your spouse uses tobacco.

<sup>3</sup>Rates do not include potential Healthy Lifestyles discount of \$15/week; deduct \$15 from the rates if you completed Healthy Lifestyles.

# Elective Benefits

Enrollment will be open **without medical questions** for the following elective benefits:

- Vision
- Critical Illness
- Accident
- Hospital Indemnity

Enrollment in the Cancer and/or Voluntary Life coverage will require answering medical questions and underwriting approval.

Go to [hy-veebenefits.com](http://hy-veebenefits.com) to make changes to your current elections or to view enrollment options during the current open enrollment period for yourself, your spouse and your dependents.

# New Hospital Indemnity Plan

The Hy-Vee Benefit Plan in conjunction with Midwest Heritage Insurance Services is pleased to offer a Hospital Indemnity Plan for 2017. The Hospital Indemnity Plan is offered through Allstate and provides the following coverage:

- Lump sum benefit for the first day you are confined to a hospital
- Daily benefit for additional days thereafter
- Additional Intensive Care Unit Benefit

For 2017, you are able to enroll in these plans **without** medical questions.

Each core medical plan has been paired with two Hospital Indemnity Plan options to supplement your specific out-of-pocket costs associated with that plan.

The Hospital Indemnity Plan is a great supplement to the Basic Plan.

Go to [hy-veebenefits.com](http://hy-veebenefits.com) to view additional details of this new plan.

# Accident Plan – Benefit Changes

The Accident Plan will change in 2017. Hy-Vee is excited to be able to lower the premiums on the Accident Plan while increasing several of the benefits.

Changes include:

- Increased benefit for emergency treatment
- Increased hospital benefit
- Increased fracture benefit level and **no reduction in fracture benefit levels for dependents**
- Removal of the Outpatient Physicians Treatment benefit

**Please note:** If you are currently enrolled in the Accident Plan, you will automatically be enrolled in the new version of the plan for 2017.

## TIPS FOR USING [hy-veebenefits.com](http://hy-veebenefits.com)

### First Time Registration

1. Navigate to [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click the “Register” tab
3. Enter your SSN or Employee number (same as Connect) and Date of Birth
4. Create a user name, password and choose a security phrase

### Resetting Your Password

1. Access [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click on “Forgot your Password” hyperlink under login
3. Enter your SSN, Date of Birth and answer security phrase
4. Create a new password

### Adding a Life Event During Enrollment

1. Go to [hy-veebenefits.com](http://hy-veebenefits.com)
2. Click on “Change My Benefits” and follow the instructions. Make sure to not only add the event, but also make appropriate benefit elections for yourself and any new dependents.

Once you access the site, proceed through ALL screens until you reach your Benefit Summary. Once you’ve reviewed your elections, click I APPROVE. You will receive a confirmation number — this means your transaction is complete. If you do not receive a confirmation number, your elections will NOT be saved. Write down or print all confirmation numbers for your records.

### Accessing Your Benefit Summary

If you wish to review current open enrollment elections, click “Benefit Summary.”  
**DO NOT START A NEW TRANSACTION UNLESS YOU WISH TO MAKE OTHER CHANGES.**

# Important Reminders for 2017 Open Enrollment

- To elect one of the new Benefit Plan options, make changes to your elections or waive medical coverage, visit [hy-veebenefits.com](http://hy-veebenefits.com) by November 30, 2016.
- **REMEMBER:** If you are enrolled in the medical plan in 2016 and you DO NOT elect a new plan option or decline benefits at [hy-veebenefits.com](http://hy-veebenefits.com) by November 30, 2016, you will automatically be enrolled in the Basic Plan for 2017.
- Do you cover your spouse for medical insurance? Log in to [hy-veebenefits.com](http://hy-veebenefits.com) and answer the spousal surcharge question.
  - Answering “Yes” denotes that your spouse has access to his or her own **employer-sponsored medical coverage**. In which case, a surcharge will begin/continue on January 1, 2017.
  - Answering “No” certifies that your spouse does NOT have access to his or her own **employer-sponsored medical coverage**. In which case, no surcharge will be paid.
  - Hy-Vee employees who cover a spouse also employed by Hy-Vee should answer “No.”
- Do you or your spouse use tobacco? Log in to [hy-veebenefits.com](http://hy-veebenefits.com) and click the Healthy Lifestyles tab to visit the Healthy Lifestyles Portal to answer the tobacco surcharge question.
  - Answering “Yes” will result in a \$5/week surcharge starting on January 1, 2017.
  - If you have completed the Quit for Good Tobacco Cessation program, upload your completion certificate by November 30, 2016, to avoid the surcharge.
  - Answering “No” denotes that you and your spouse do not use tobacco and will avoid the surcharge in 2017.
- If you wish to participate in the Medical or Dependent Care Flexible Spending Account (FSA) in 2017, elections must be made via [hy-veebenefits.com](http://hy-veebenefits.com) by November 30, 2016.

# Dependent Verification Document List

If the proper documentation is not provided, dependent(s) cannot be added to the benefit plan. If proper documentation is obtained at a later date, dependent(s) may be added at the next open enrollment. Necessary verification documents for adding each type of dependent are as follows:

**Legal Spouse** — The covered employee’s husband or wife under federal law  
Document Options for Verifying Eligibility:

- Government issued marriage certificate and federal tax return issued within last two years OR
- Government issued marriage certificate and proof of joint ownership issued within last six months OR
- Government issued marriage certificate only (if married in the past 12 months)

**Common Law Spouse**  
Document Options for Verifying Eligibility:

- Notarized affidavit of common law marriage and proof of joint ownership issued within last six months

**Biological Child**  
Age Requirement: Under 26  
Document Options for Verifying Eligibility:

- Government issued birth certificate

**Disabled Biological Child**  
Age Requirement: Under 26  
Must be medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate

**Disabled Biological Child 26 and Over**  
Age Requirement: 26 and over  
Must be unmarried and medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate

**Adopted Child**  
Age Requirement: Under 26  
Document Options for Verifying Eligibility:

- Adoption placement agreement and petition for adoption OR
- Adoption certificate

**Disabled Adopted Child**  
Age Requirement: Under 26  
Must be medically certified as disabled  
Document Options for Verifying Eligibility:

- Adoption placement agreement and petition for adoption OR
- Adoption certificate

**Disabled Adopted Child 26 and Over**  
Age Requirement: 26 and over  
Must be unmarried and medically certified as disabled  
Document Options for Verifying Eligibility:

- Adoption placement agreement and petition for adoption OR
- Adoption certificate

**Foster Child**  
Age Requirement: Under 26  
Document Options for Verifying Eligibility:

- Foster care letter of placement

**Legal Ward**  
Age Requirement: Under 26  
Document Options for Verifying Eligibility:

- Government issued birth certificate and court ordered document of legal custody

**Disabled Legal Ward**  
Age Requirement: Under 26  
Must be medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate and court ordered document of legal custody

**Disabled Legal Ward 26 and Over**  
Age Requirement: 26 and over  
Must be unmarried and medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate and court ordered document of legal custody

**Step Child**  
Age Requirement: Under 26  
Document Options for Verifying Eligibility:

- Government issued birth certificate, government issued marriage certificate, and federal tax return issued within last two years OR
- Government issued birth certificate, notarized affidavit of common law marriage, proof of joint ownership issued within last six months, and federal tax return issued within last two years

**Disabled Step Child**  
Age Requirement: Under 26  
Must be medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate, government issued marriage certificate, and federal tax return issued within last two years OR
- Government issued birth certificate, notarized affidavit of common law marriage, proof of joint ownership issued within last six months, and federal tax return issued within last two years

**Disabled Step Child 26 and Over**  
Age Requirement: 26 and over  
Must be unmarried and medically certified as disabled  
Document Options for Verifying Eligibility:

- Government issued birth certificate, government issued marriage certificate, and federal tax return issued within last two Years OR
- Government issued birth certificate, notarized affidavit of common law marriage, proof of joint ownership issued within last six months, and federal tax return issued within last two years

**Qualified Medical Support Order**  
Age Requirement: Under 26  
Qualified Medical Child Support Order (ordered for the employee)  
Document Options for Verifying Eligibility:

- Qualified medical child support order



