

CRS RETIREE DEPENDENT HEALTHCARE ELIGIBILITY RULES

SUBSIDIZED HEALTHCARE COVERAGE MAY BE PURCHASED BY RETIREES
FOR THE FOLLOWING INDIVIDUALS ONLY:

- A Retiree's legally married spouse married prior to the Retiree's retirement date and not currently legally separated from the Retiree.
- A Retiree's biological or legally adopted children born or adopted prior to the Retiree's retirement date who are under 19 years of age; or who are under 24 years of age, unmarried, and are full time students (at least seven months a year) at an accredited school.
- A Retiree's biological or adopted children born or adopted prior to the Retiree's retirement date who were designated as permanently and totally disabled (as defined by the U.S. Social Security Administration) prior to reaching 19 years of age, and who live in the Retiree's household.

When a dependent no longer meets the eligibility requirements for CRS healthcare, the pensioner has 60 days to notify CRS of the change in status. The ineligible dependent is removed from CRS healthcare on the last day of the month following the month of the qualifying event.

CRS HEALTHCARE INSURANCE FRAUD POLICY

THE FOLLOWING POLICY APPLIES TO
HEALTHCARE COVERAGE OF INELIGIBLE DEPENDENTS

Penalty: Loss of CRS healthcare coverage, and coverage for all remaining eligible dependents for 3 years.

Recovery of Medical Claims: The member will be responsible for paying the provider for claims paid during ineligible period.

Recovery of Prescription Claims: The member will be responsible for reimbursing CRS for overpaid prescription claims.

No COBRA Coverage: COBRA coverage is not available during the penalty period.

Appeal Process: An appeal process is available for pensioners who are declared legally incompetent by a Court.