Online Open Enrollment Coverage Level Definitions

Employee Only – You are selecting coverage for yourself only

Employee + Spouse or Tax Dependent – You are either selecting coverage for yourself, your spouse or domestic partner that qualifies as a tax dependent under the federal tax law. Please note: A completed Affidavit of Domestic Partner’s (Opposite-Sex and Same-Sex) Federal Tax Dependent Status for University Health Benefits Plans form will need to completed, if not done so already, for any qualified tax dependents.

Employee + Child(ren) or Tax Dependent – You are either selecting coverage for yourself including your dependent children OR your domestic partner’s children that qualifies as a tax dependent under the federal tax law. Please note: A completed Affidavit of Domestic Partner’s (Opposite-Sex and Same-Sex) Federal Tax Dependent Status for University Health Benefits Plans form will need to completed, if not done so already, for any qualified tax dependents.

Family – You are selecting coverage for yourself, spouse and your child(ren).

One Parent Family + DP – You are selecting coverage for yourself, your child(ren), your opposite-sex/same-sex domestic partner and/or child(ren) of your domestic partner.

Employee + DP Child(ren) – You are selecting coverage for yourself and child(ren) of your opposite-sex/same-sex domestic partner.

Empl + Spouse/Tax Dep + DP Child – You are selecting coverage for yourself, your spouse or domestic partner that qualifies as a tax dependent under the federal tax law and your child(ren)of your tax dependent (who do not qualify as a tax dependent). Please note: A completed Affidavit of Domestic Partner’s (Opposite-Sex and Same-Sex) Federal Tax Dependent Status for University Health Benefits Plans form will need to completed, if not done so already, for any qualified tax dependents.

** Domestic Partner’s (opposite-sex and same-sex) and their dependent children’s coverage will be deducted on an after-tax base unless they qualify as a federal tax dependent.