

Covering Your Young Adult CHILDREN

Effective January 1, 2011, the federal Patient Protection and Affordable Care Act (PPACA) requires insurers to offer young adult children coverage as dependents on their parents' health insurance up to age 26. Currently, the New York State Health Insurance Program (NYSHIP) offers a Young Adult Option, which allows health insurance coverage to be purchased by young adult children up to age 30. This *NYSHIP Special Report* describes in further detail the coverage available for young adult children under the PPACA (up to age 26) and the Young Adult Option (up to age 30). Note: Young adult coverage under either option is for medical coverage only; the PPACA and Young Adult Option do not include dental or vision coverage.

1. The Patient Protection and Affordable Care Act

Under the Patient Protection and Affordable Care Act (PPACA), your young adult children can be covered on your health insurance plan up to age 26. Financial dependency, student status, marital status, employment and residency can no longer be used to determine eligibility. Although the new law extends coverage to married children, it does not apply to their spouse or children.

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SPECIAL REPORT

For active and retired employees of Participating Agencies



Continued from front cover

There will be a minimum 30-day open enrollment period beginning on November 1, 2010 for you to add your young adult children (up to age 26) as dependents to your NYSHIP coverage. For more information about this special open enrollment period, contact your agency Health Benefits Administrator (HBA). Any adult children who are under the age of 26 on January 1, 2011 and enrolled as your dependents, will continue to be enrolled until age 26, unless you choose to take them off your plan. To add a young adult child, you must complete and sign the attached Young Adult Dependent form on page 6 (YAD 26-01/11) and return it to your agency (HBA).

Your young adult children can be added to your family coverage at no additional cost to you. If you currently have individual coverage, you will need to change to family coverage. For a list of family coverage rates, contact your agency HBA.

2. The NYSHIP Young Adult Option

In addition to the PPACA, NYSHIP offers the Young Adult Option as required by State legislation. The Young Adult Option allows your unmarried, young adult children, up to age 30 to purchase their own NYSHIP coverage. To be eligible, your young adult children must live, work or reside in New York State or the insurer's service area and not be eligible for coverage through their own employer-sponsored insurance plan.

The special NYSHIP open enrollment period for the Young Adult Option will continue through December 31, 2010. Beginning in 2011, eligible adult children will be able to enroll in the Young Adult Option for the following year, every fall during a minimum 30-day open enrollment period. They may also enroll if/when NYSHIP eligibility is lost due to age or when they are newly eligible because of a change in circumstance, such as a loss of coverage through another plan.

To enroll in NYSHIP's Young Adult Option, you or your adult child must complete and sign the Young Adult Option form (YAO 30-01/10 PA) and return it to your agency HBA. For a copy of this form, go to <https://www.cs.state.ny.us/yao>, choose your group and click on Forms. Or, if you do not have internet access, please contact your agency HBA.

Under the Young Adult Option, you or your young adult child will pay a separate premium for coverage. The premium is the full cost for individual coverage. There is no employer contribution. For Young Adult Option rates, go to <https://www.cs.state.ny.us/yao>, choose your group and then click on Rates. Rates for 2011 are posted as soon as they are approved, usually in late November.

3. Continuation of Coverage

When your adult children lose eligibility for health insurance coverage, they may be entitled to continue coverage for up to 36-months under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) or the New York State Continuation of Coverage law.

If eligible, your dependent will receive written notice regarding continuation coverage and how to apply. To continue coverage, your dependent must submit a completed application within 60 days from the date his/her coverage would otherwise end.

The premium for continuation coverage is the full cost for individual coverage, plus an additional two percent administrative fee that may be charged by your employer. Contact your agency HBA for more information and to ask whether continuation coverage applies to your agency.

Young Adult Coverage

Q & As

- Q. My 23-year-old daughter is graduating from college in December. What do I need to do to keep her enrolled as a dependent on my NYSHIP coverage?**
- A.** Nothing. As of January 1, 2011, your daughter will continue to be eligible as a dependent on your family coverage up to age 26.
- Q. My 22-year-old daughter is enrolled in NYSHIP under the Young Adult Option. Will she be eligible to be covered as a dependent on my plan? If so, will she automatically be enrolled in my plan?**
- A.** Effective January 1, 2011, your daughter, up to age 26, may be eligible for NYSHIP coverage as your dependent, but *she will not be automatically enrolled*. To enroll her as a dependent, fill out the attached Young Adult Dependent form on page 6 (YAD 26-01/11) making sure to check box 8 to cancel her enrollment in the Young Adult Option and then return it to your agency HBA. You and your daughter must both sign and date the form. For eligibility requirements, please refer to the PPACA article on pages 1-2.
- Q. My daughter's birthday is at the beginning of the month. When she turns 26, will she lose coverage on her birthday or at the end of that month?**
- A.** Effective January 1, 2011, your daughter's coverage as a dependent will end on the last day of the month in which she turns 26-years-old. When she is no longer a dependent, she may be eligible for NYSHIP coverage under the Young Adult Option or continuation coverage under COBRA or New York State law. For eligibility requirements, please refer to the Young Adult Option and Continuation of Coverage articles on page 2.
- Q. I have two young adult children; my son is 27 and my daughter is 23. Can I cover them as dependents on my plan or will they be enrolled in a policy of their own and billed separately?**
- A.** Since your son is over the age of 26, he may be eligible for coverage under the Young Adult Option, which is billed separately from your plan. The premium will be the full cost of individual coverage. If your daughter is eligible, she can be added as a dependent on your NYSHIP coverage up to age 26. If your daughter enrolls in your plan, you will pay the premium for family coverage. For eligibility requirements, please refer to the PPACA and Young Adult Option articles on pages 1-2.
- Q. My 27-year-old daughter is enrolled in NYSHIP under the Young Adult Option. Will she be eligible to enroll in continuation coverage if I lose my job?**
- A.** No. If your adult children enroll in NYSHIP under the Young Adult Option, they are no longer eligible for continuation coverage under COBRA or New York State law. Note: If an enrollee loses NYSHIP eligibility, his/her dependent will also lose eligibility for the Young Adult Option.
- Q. I plan to enroll my 24-year-old son as a dependent; will there be an extra charge to cover him?**
- A.** Your premiums will not increase if you already have family coverage, because under the PPACA, eligible young adult children will be included as dependents on your family policy. However, if you are currently enrolled with individual coverage, you will need to change to family coverage and may see an increase in your premium costs.

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Young Adult Coverage Q & As, continued

- Q. My son is about to turn 26 and he lost NYSHIP coverage two years ago when he graduated from college. His employer does not offer health insurance. Will he have any options for health insurance coverage under NYSHIP?**
- A.** After your son's 26th birthday, he may be eligible for NYSHIP coverage under the Young Adult Option. For eligibility requirements, please refer to the Young Adult Option article on page 2.
- Q. My 25-year-old son has been enrolled in continuation coverage for the past 14 months. I plan to reenroll him as a dependent on my coverage this fall. When he turns 26, will he once again be eligible for the full length of continuation coverage?**
- A.** Yes. When your son turns 26, he will be eligible for the full length of continuation coverage. He can also enroll in NYSHIP's Young Adult Option up to age 30. The Young Adult Option may be less expensive than continuation coverage, because the premium may not include the two percent administrative fee that your employer can charge for continuation coverage. However, if he enrolls in the Young Adult Option, he will no longer be eligible for continuation coverage. Note: If an enrollee loses NYSHIP eligibility, his/her dependent will also lose eligibility for the Young Adult Option.
- Q. If I add my son as a young adult dependent, can I also cover his daughter?**
- A.** No. Under the PPACA, coverage does not apply to the spouse or children of your young adult dependent. However, if your son's daughter is financially dependent on you and lives with you, she may be eligible to be covered on your health insurance as an "other eligible dependent." See page 7 for more information.
- Q. My 23-year-old son is currently enrolled as a temporarily disabled dependent on my NYSHIP coverage. He has been approved to remain on my plan through December 31, 2011. If my son is still disabled on December 31, 2011, will I need to apply for an extension of his disabled dependent status for him to remain covered?**
- A.** No. Effective January 1, 2011, your son will continue to be a dependent on your coverage up to age 26. If your son is still disabled when he approaches his 26th birthday, another disabled dependent application must be completed and approved prior to his 26th birthday for him to remain covered after age 26.

If You Are Adding a Young Adult Child as a **Dependent**

- 1. Complete the Young Adult Dependent form on the back of this page:**
 - Enrollee Information section (boxes 1-8)
 - Adult Child Dependent Information section
 - Enrollee must sign and date form
 - Dependent's signature and date is required when the dependent being added is electing to cancel their own NYSHIP coverage under COBRA or the Young Adult Option
- 2. Submit Required Proofs:**
 - Dependent's birth certificate (photocopies **only**, no original documents)
 - Dependent's Social Security Card (photocopies **only**, no original documents)
- 3. Bring the signed and completed Young Adult Dependent form with photocopies of the required proofs to your agency Health Benefits Administrator.**



State of New York
Department of Civil Service
Albany, NY 12239

EMPLOYEE BENEFITS DIVISION
NYS HEALTH INSURANCE TRANSACTION FORM
YOUNG ADULT DEPENDENT
11/2010

ENROLLEE INFORMATION

1. Last Name		First Name	MI	2. Social Security Number		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
4. Street Address			City	State	Zip		
5. Date of Birth		6. Telephone Numbers Home ()			Work ()		
7. Work location and address							
8. Dependent is currently covered under NYSHIP through the Young Adult Option (YAO) or COBRA Health Insurance paying full share premium and wishes to terminate this coverage to enroll as a dependent under parent's coverage: Check one: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, both enrollee and dependent must sign below.							

ADULT CHILD DEPENDENT INFORMATION (use additional sheets if necessary)

Check One: A (Add), or C (Change TO FAMILY COVERAGE)

	Last Name	First Name	MI	Relationship	Date of Birth	Sex	Address (if different)	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> C								
<input type="checkbox"/> A <input type="checkbox"/> C								
<input type="checkbox"/> A <input type="checkbox"/> C								
<input type="checkbox"/> A <input type="checkbox"/> C								

Personal Privacy Protection Law Notification

This information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director of the Employee Benefits Division, New York State Department of Civil Service, Albany, NY 12239. For information concerning the Personal Protection Law, call (518) 457-9375. For information related to the Health Insurance Program, **contact your Agency Health Benefits Administrator**. If, after calling your Agency Health Benefits Administrator, you need more information, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m.

AUTHORIZATION

I certify that the information I have supplied is true and correct. Any person who makes a material misstatement of fact or conceals any pertinent information shall be guilty of a crime, conviction of which may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. I hereby **authorize deduction from my salary or retirement allowance** of the amount required, if any, for insurance indicated above. This authorization shall be in effect until I revoke it in writing.

→ Enrollee's Signature (Required) _____ Date (Required) _____
 Dependent's Signature _____ Date _____
 (Required if choosing to cancel YAO or COBRA coverage)

AGENCY/EBD USE ONLY

Action/Reason	Date of Event	Agency Code	Date Entered on NYBEAS
Health Benefits Administrator Signature Required:			Date:

See Reverse Side for Instructions

Special Situations

Disabled Dependents

Effective January 1, 2011, a young adult child, who becomes disabled while under the age of 26 may qualify to be covered under his or her parents' health insurance plan as a disabled dependent. To add a disabled dependent, complete the Disabled Dependent form (PS-451) and return it to your agency HBA.

Military Service

A young adult child who has served in a branch of the U.S. Military may qualify for up to four additional years of health insurance coverage (as a dependent) from age 26, provided they are unmarried and a full-time student. You must be able to provide written documentation from the U.S. Military.

“Other Eligible Dependents”

A young adult child (*other than* an enrollee's biological, adopted, stepchild, or domestic partner's child) who is financially dependent on and permanently resides with a NYSHIP enrollee, may be eligible for coverage as an “other eligible dependent,” up to age 26. Upon enrollment and every two years thereafter, the enrollee must verify eligibility by providing an approved Statement of Dependence form (PS-457) and supporting documentation.



State of New York
 Department of Civil Service
 Employee Benefits Division
 P.O. Box 1068
 Schenectady, New York 12301-1068
<https://www.cs.state.ny.us>

**Please do not send mail
 or correspondence
 to the return address.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.state.ny.us>). Click on Benefit Programs then NYSHIP Online for timely information that meets universal accessibility standards adopted by New York State for NYS Agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator.

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Young Adult Eligibility at a Glance

Dependent Characteristic	PPACA (Young Adult Dependent)	Young Adult Option	COBRA
Age			
Up to 26	X	X	X
Up to 30		X	X
Marital Status			
Married	X		X
Single	X	X	X
Relationship			
Biological Child	X	X	X
Adopted Child	X	X	X
Step Child	X	X	X
Other Eligible Dependent	X	X	X
Residency Restrictions			
Yes		X	
No	X		X
Based on Parent's NYSHIP Eligibility			
Yes	X	X	
No			X
Cost	Usual Family Premium	Full Share Premium (separate bill)	Full Share Premium plus 2% - check with your agency (separate bill)