



New York State Correctional Officers & Police Benevolent Association, Inc.

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TO: NYSCOPBA Chief Sector Stewards

FROM: Sharon Smith, Health Benefits Specialist

DATE: September 8, 2009

RE: Health Insurance Updates – September 2009

Be advised that the hours of operation for the NYSHIP Dependent Eligibility Project Service Center has been expanded from 9:00 am to 7:30 pm EST effective immediately (previous hours were 12:00 pm to 8:00 pm EST). Members with questions can contact Budco at 1-888-358-2198 during those hours.

Attached please find general information regarding legislation Governor Paterson signed into law regarding “Coverage Expansion Through Age 29” for dependents. The change becomes effective 1/1/10 and Civil Service is working out the details as they pertain to NYSHIP coverage. Further details will be provided when made available.

SS
Attachment

cc: NYSCOPBA Executive Board and Vice Presidents
NYSCOPBA Jt. Committee on Health Benefits

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Coverage Expansion Through Age 29

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Young Adult Option - Frequently Asked Questions

Who is eligible?

In order to participate, the "Age 29" law requires the coverage, the young adult's parent, and the young adult to meet certain requirements.

◆ [The Coverage](#)

The coverage must:

1. Be a group health insurance policy that includes coverage for dependents;
2. Be issued for delivery in New York State; and
3. Be fully insured (this benefit does not apply to self-insured plans).

◆ [The Parent](#)

The parent must be eligible for coverage under the group policy as an employee or member of the group.

◆ [The Young Adult](#)

The young adult must:

1. Be unmarried;
2. Be 29 years of age or under;
3. Not be insured by or eligible for health insurance through his or her own employer;
4. Live, work or reside in New York State or the health insurance company's service area; and
5. Not be covered under Medicare.

Please note that the young adult does not have to live with a parent, be financially dependent on a parent, or be a student.

When does this law take effect?

The law affects policies or contracts issued, renewed, modified, altered or amended on or after September 1, 2009. In most policies, the new benefit will apply on the policy's annual renewal date. You can contact your insurer or group administrator to determine the renewal date.

Who will notify me of this benefit?

The insurer will provide written notification to employees (not young adults) in each certificate of coverage *and* at least 60 days prior to the date the young adult who is covered as a dependent under the parent's policy would otherwise have coverage terminate due to reaching the maximum age for dependent coverage.

Insurers must also notify employees of the initial 12-month open enrollment period, which runs for 12 months following renewal of the health insurance policy or contract.

If you think that you are eligible for this benefit but do not receive notice, please contact your parent's insurer.

When may I enroll?

There are four times when you may enroll:

1. **When You Would Otherwise Age Off a Policy**
If you are currently covered under a parent's policy, you may enroll within 60 days of the date that your coverage would otherwise end due to reaching the maximum age for dependent coverage. Coverage will be retroactive to the date that your coverage would otherwise have terminated.
2. **When You Experience a Change in Circumstances**
You may enroll within 60 days of newly meeting the eligibility requirements. Coverage will be prospective and will start within 30 days of when the insurer receives notice of your election and premium payment. Examples of changes in circumstance would be a young adult moving back to New York State after living outside the state or losing health insurance coverage sponsored by an employer.
3. **During an Annual 30-Day Open Enrollment Period**
Your parent's insurer will have an annual 30-day open enrollment period. If you meet the eligibility requirements, you may elect coverage during this period. Coverage will be prospective and will start within 30 days of when the insurer receives notice of your election and premium payment.
4. **During the Initial 12-Month Open Enrollment Period**
There is an initial 12-month open enrollment period, which runs for 12 months following the first renewal of the health insurance policy or contract. If you meet the eligibility requirements during this initial 12-month open enrollment period, you may enroll during this time. Coverage will be prospective and will start within 30 days of when the insurer receives notice of your election and premium payment.

If I elect this benefit, when will my coverage start? Will it be retroactive to the last time that I had coverage?

Coverage will be retroactive if you elect it within 60 days of the date that you would otherwise age off a parent's policy. In all other cases, coverage will be prospective and will start no more than 30 days from the date that the insurer receives notice of your election and premium payment.

What is the cost?

The cost may not exceed 100% of the single premium rate.

How do I enroll?

To enroll, you should notify the insurer in writing and include payment of the first month's premium. Contact the plan administrator or insurer to find out the amount of the premium.

Does this law apply to self-insured plans?

No, it does not apply to self-insured plans.

I have a child. Does this make me ineligible?

No. Young adults with children may make an "Age 29" election if they meet the eligibility criteria. However, young adult children cannot be covered under the "Age 29" law. If you need to cover your children, you may want to consider **Child Health Plus**. Child Health Plus is available at a reduced premium to children in families who are up to 400% of Federal Poverty Level (\$58,280 for a family of two) and at full price for children above that level.

I am eligible for coverage through my employer, but it has very poor benefits. Am I eligible for the "Age 29" benefit?

If your employer provides health insurance that includes both medical and hospital benefits, then you cannot make "Age 29" election. If your employer provides coverage that does not include both medical and hospital benefits, then you may be eligible if you meet the other requirements.

I am eligible for COBRA/state continuation coverage from my former employer. Am I eligible?

Yes, as long as you meet the other requirements for the young adult option. You can elect COBRA/continuation coverage through your employer or you can instead make an "Age 29" election.

I am covered through Healthy NY. May I still make an "Age 29" election?

If you have Healthy NY coverage as an individual, then you may make an "Age 29" election if you meet the eligibility requirements. If you have Healthy NY through your employer, then you cannot make an "Age 29" election, because you have employer-sponsored insurance.

If my parent separates from his or her employer or group and is no longer eligible for health insurance, am I eligible?

No. If this occurs, then you would lose the right to the young adult option.

If my parent has COBRA/state continuation coverage, am I eligible?

Yes, you are still eligible while your parent has COBRA/state continuation coverage, if you meet the eligibility requirements.

I had "Age 29" coverage and then it ended because I no longer met the eligibility requirements. My situation has changed, and I meet the eligibility requirements again. Can I get "Age 29" coverage again?

Yes. You are not limited to having this coverage only once. You may elect it within 60 days of newly meeting requirements or during the annual 30-day open enrollment period.

If I exhaust my benefits under the "Age 29" law, may I elect COBRA or state continuation coverage and receive an additional 36 months of coverage?

No, when your coverage under the "Age 29" young adult option terminates, you would not have a COBRA/state continuation right at that time.

What else should I consider before making an "Age 29" election?

You should weigh all of your options carefully. You should verify with your parent's employer or insurer the age at which you would no longer be considered a dependent under the policy. You may also want to determine if you are eligible for programs such as **Family Health Plus** or **Healthy NY**, which may be less expensive than coverage through the young adult option.

adult option. You should carefully consider the pros and cons of each type of coverage, including determining what benefits each plan covers, what your out-of-pocket costs would be, and whether your doctors or providers are in network, if applicable.

Can the parent enroll the young adult in the young adult option?

Yes. Parents may enroll their young adults in the option for them.

If my parent's employer offers several different benefit packages, do I get to choose which one I want?

No. You will receive the same benefit package as your parent.

I have "Age 29" coverage but cannot make my premium payment on time. Is there a grace period?

Yes. There is a 30-day grace period. If you do not make full payment within the 30-day grace period, then your coverage will be terminated back to the end of the period for which the last premium payment was received.

When will coverage end?

Coverage will end when one of the following occurs:

1. You terminate your coverage pursuant to the terms of the policy.
2. Your parent loses eligibility for group health insurance.
3. You no longer meet the eligibility requirements.
4. You do not pay the premium in full within the grace period.
5. The group insurance policy is terminated and not replaced.

What if I am not eligible for this benefit?

If you are not eligible to make an "Age 29" election, you may be able to elect [COBRA/state continuation coverage](#) up to 36 months. You would be responsible for up to 102% of the premium. You could consider [Healthy NY](#), which provides reduced-cost coverage to those people meeting eligibility requirements. You may also want to consider [Fair Health Plus](#), which provides free coverage to people meeting income and other eligibility requirements.

What if I need more information about this law?

Contact the Insurance Department's Consumer Services Bureau at (212) 480-6400 or 1-800-342-3736.

Updated 08/26/2009

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