



DAVID A. PATERSON  
GOVERNOR

STATE OF NEW YORK  
DEPARTMENT OF CIVIL SERVICE  
ALFRED E. SMITH STATE OFFICE BUILDING  
ALBANY, NEW YORK 12239  
www.cs.state.ny.us

NANCY G. GROENWEGEN  
COMMISSIONER

**PA 10-33**  
**PA EX 10-29**

**TO:** Participating Agency Health Benefit Administrators (HBAs)

**FROM:** Employee Benefits Division (EBD)

**SUBJECT:** Federal Health Care Reform and NYSHIP Coverage of Children to Age 26

**DATE:** October 19, 2010

As required by the Patient Protection and Affordable Care Act (PPACA), effective January 1, 2011, the eligibility rules for covering dependents under the New York State Health Insurance Program (NYSHIP) will change to allow an enrollee's child to continue coverage as an eligible dependent up to age 26.

An enrollee's natural, legally adopted, step and/or domestic partner child is eligible for this coverage regardless of financial dependency, residency, student status, employment and/or marital status. The extension of coverage to age 26 applies also to "other" eligible dependent children upon submission of an approved PS 457 Statement of Dependence and supporting documentation. An adult child under age 26 who is currently enrolled as a dependent under their parent's family coverage on January 1, 2011 will continue to be covered to age 26; no action is required by the enrollee or the HBA.

### **Special Enrollment Period**

The special enrollment period for eligible adult children not currently covered under their parent's family coverage begins November 1, 2010 and continues through the end of the option transfer period, for coverage effective January 1, 2011. During this period, enrollees who currently have individual coverage and want to add a young adult dependent under the age of 26 will be able to do so without a waiting period. The normal family premium contribution will apply. NYBEAS transaction processing guidelines for the open enrollment period are attached.

Employees will be instructed to contact their agency HBA to have their eligible adult dependent(s) added to their NYSHIP coverage. A NYSHIP Special Report announcing the dependent coverage extension to age 26 will be mailed to all enrollees next week. This report will include an enrollment form (enclosed) for enrollees to complete. HBAs must ensure that proper documentation is on file for any young adult dependent added back on to coverage (birth certificate, Social Security card, PS 457 if required).

HBAs must process the appropriate transaction on NYBEAS to enroll the dependent on the employee's record. Adult children who are also currently enrolled in either COBRA continuation coverage or the Young Adult Option through NYSHIP will be required to indicate on the enrollment form if they wish to cancel the current coverage. If an adult child indicates they wish to cancel the current COBRA or Young Adult Option coverage, the HBA must process the cancellation prior to enrolling the dependent on their parent's policy.

### **NYBEAS Processing**

Through the end of the option transfer period, use the dates and transactions below when adding young adult dependents to NYBEAS:

<b>Current Coverage</b>	<b>Transaction to Enter</b>	<b>Date of Event</b>	<b>Date of Request</b>
Family	DEP/ADD	01/01/2011	N/A
Individual	CCO/DEP	01/01/2011	01/01/2011

For enrollees requesting to add young adult dependents after the Special Enrollment Period has ended, normal waiting periods resume and will be based on date of first eligibility and date of request.

### **Military Service**

Dependents age 26 and over will continue to be credited with up to 48 months of benefits eligibility for time served in the military, as long as they remain in full-time student status.

### **Automated Dependent Deletions and Reports**

Beginning January 1, 2011, NYBEAS programming will be adjusted to automatically remove dependents at the end of the month in which the dependent turns 26. You will continue receiving the Automated Dependent Delete Report notifying you when a change to individual coverage is necessary due to the last dependent on file reaching age 26.

### **COBRA/New York State Continuation Coverage**

Young adult dependents under the age of 26 being re-added to an enrollee's file should be offered another 36-month period of COBRA or NYS Continuation Coverage when they reach age 26 or otherwise become ineligible.

**New York State Young Adult Option (Implemented 01/01/2010)**

Young Adult Dependents that reach age 26 or otherwise become ineligible may choose to enroll in the Young Adult Option. The availability of the Young Adult Option coverage is based on the parent's eligibility for NYSHIP. Termination of coverage under the Young Adult Option does not cause a "qualifying event;" therefore, the Young Adult has no right to federal COBRA or State continuation coverage when the Young Adult Option coverage ends.

Enclosed is a copy of the dependent enrollment form, and the list of frequently asked questions that is included in the Special Report being mailed to all enrollees.

If you have any questions, please contact your processor.

Enclosures:

Dependent Enrollment Form  
Frequently Asked Questions

## PA Young Adult Q&A

**Q1. 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.

**Q2. 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 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.

**Q3. 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.

**Q4. 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.

**Q5. 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.

**Q6. 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.

**Q7. 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.

**Q8. 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.

**Q9. 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.

**Q10. 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.

## **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 other 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