

“Young Adult Health Insurance Option”

Summary

As a result of recently enacted legislation (Chapter 240 of the Laws of 2009, sometimes called the “Age 29” law), unmarried children of SUNY Research Foundation (RF) Health Insurance enrollees who are under the age of 30 and not eligible for health insurance through their own employer will be eligible to enroll in the same Research Foundation coverage as their parents beginning **January 1, 2010**.

It is called the young adult option benefit because it permits eligible young adults to continue their coverage through a parent’s health insurance coverage once they reach the maximum age of dependency under the policy. Under the new law, the young adult’s coverage is subject to all terms of the group policy. Young adults may also elect this coverage when they newly meet the eligibility criteria, such as if they lose eligibility for group health insurance coverage. Either the young adult or his/her parents may enroll in this option and either may be billed for the young adult’s premiums.

This change applies to health insurance only. Dental and Vision coverage are NOT available under the “Young Adult Option”. The coverage for these young adult dependents will be “COBRA-like” coverage in that it will be at the full-share individual rate, and each dependent will enroll in his or her own individual policy or option selected. Employees or their eligible dependents may then elect the benefit and pay the premium, which cannot be more than 100% of the single premium rate.

There is an initial “open enrollment” period for such young adults throughout 2010 (from 1/1/10-12/31/10). Additionally, young adult continuation option also includes:

- Within 60 days after young adult would otherwise lose eligibility for coverage under his/her parent’s contract due to age;
- Within 60 days of becoming newly eligible under the law;
- During the RF 30-day Fall “Open enrollment period” which takes place November 1- 30

In most cases, coverage will be effective on the 1st. of the month following receipt of the written notice and full payment of the 1st. month’s premium.

Eligibility Criteria

The Young Adult Option is available to young adults who meet all of the following eligibility requirements:

1. Be a child, adopted child, or stepchild of an RF Health Insurance enrollee (including those enrolled under COBRA)

2. Be age 29 or younger
3. Be unmarried
4. Not be insured by or eligible for coverage through the young adult's own employer sponsored health plan, whether insured or self-funded, provided that the health plan includes both hospital and medical benefits
5. Live, work or reside in New York State or the Plan's service area (Young Adult is not required to live with enrollee or financially dependent on enrollee)
6. Not be covered under Medicare

Enrollment under the RF Health Insurance Plans will be processed directly through the RF Central Benefits Office, similar to the existing process for COBRA enrollees. Complete the Young Adult Dependent Election and Eligibility Form and return it to the Research Foundation of SUNY (Albany, NY). General information regarding this benefit was included in the most recent "Benefits Bulletin" mailed to individual RF employee's home address. For more detail information including Election & Eligibility Form and Monthly premium rates, please go to the following RF website link:

<https://portal.rfsuny.org/portal/page/portal/Benefits%20Administration>

NYS Dept. of Financial Services web site link which provides FAQs for employees when enrolling their children.

https://www.dfs.ny.gov/consumers/health_insurance/faqs_Age29_make_option

To learn about the *monthly* premiums for the Young Adult election option, please visit <https://www.rfsuny.org/media/RFSUNY/Forms/youngadultrates.pdf>.

If you have any questions regarding this program, please contact **Heidi Steckel**, in the Human Resources' Benefit Office at 464-4964 or email her at SteckelH@upstate.edu.



Young Adult Election and Eligibility Form

For Use When Covered Employee or Child (“Young Adult”) Exercises Right of Election to Extend Young Adult Coverage through Age 29.

Employees covered under group health insurance policies issued in New York State, and their eligible children, may purchase extended coverage for the children through age 29. To qualify for the extended coverage, the child (Young Adult) must meet each of the eligibility requirements listed below.

The Young Adult coverage will be the same as for the employee covered under the Research Foundation for the SUNY group policy. The additional premium due with respect to the extended Young Adult coverage is solely the responsibility of the employee or the young adult.

DIRECTIONS:

Provide the following information in full and submit the signed form to the RF central office benefits services unit at the address on the other side of this form. In all cases, an enrollment form for the PPO or HMO health plan must also be completed to extend coverage for the dependent. Use one form for each person electing coverage.

MEMBER AND GROUP INFORMATION:

Member Name (RF Employee)

RF ID # (Employee # or SSN)

Health Plan Name

CHILD / YOUNG ADULT INFORMATION:

Last Name

First Name

MI

Date of Birth (mm/dd/yyyy)

Dependent Address

Relationship to Employee

ELIGIBILITY REQUIREMENTS:

Under New York state law, an adult child (or children) may be able to continue or elect RF coverage until the adult child's 30th birthday if you or the adult child pays the full premium, provided the adult child to be covered is:

- Unmarried;
- 29 years of age or under;
- Not insured by or eligible for comprehensive (i.e., medical and hospital) health insurance through his or her own employer;
- Living, working or residing in New York state or the health insurance company's service area; **AND**
- Not covered under Medicare.

ACKNOWLEDGEMENT OF PREMIUM PAYMENT OBLIGATION:

I understand and agree that I will be fully responsible for payment of the additional premium due with respect to the extended young adult coverage being requested hereby, which may not exceed 100% of the single premium rate.

If signing as the employee, I hereby certify that I am eligible for coverage under the group policy listed above.

I hereby certify that the above statements regarding eligibility for myself and my child are complete and correct to the best of my knowledge.

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Signature of Employee or Young Adult

Date

Print Name

Please send the completed forms to:
The Research Foundation for SUNY
Benefits Services Unit
35 State Street Albany, NY 12207