



# Office of Labor Relations

## EMPLOYEE BENEFITS PROGRAM

22 Cortlandt Street, 12<sup>th</sup> Floor, New York, NY 10007  
nyc.gov/olr

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### Instructions for Enrollment in the Young Adult Option Through Age 29

Under New York State Law Chapter 240 of the Laws of 2009, also known as the “Age 29” law, your dependent has the opportunity to continue health benefits coverage through the City of New York through age 29 as of July 1, 2010.

In order to enroll in the Young Adult coverage, the parent must be covered under the group policy as an employee or retiree, or pursuant to a right under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA).

The Young Adult must also meet the following requirements:

1. Be unmarried,
2. Be 29 years of age or under,
3. Not be insured by, or eligible for, comprehensive (i.e. medical and hospital) health insurance through his or her own employer,
4. Live, work or reside in New York State or the health plan’s service area, and
5. Not be covered under Medicare.

The Young Adult, or his or her parent, will be responsible for a separate premium for the Young Adult option (over and above, and separate from, what the parent pays for the group coverage).

Note: The Young Adult does not have to live with a parent, be financially dependent on a parent, or be a student. However, if the Young Adult is eligible for coverage through their employer, they cannot elect the Young Adult coverage option.

The Young Adult may enroll in this coverage during one of the following events:

#### 1. When the Young Adult Would Otherwise Age Off a Policy

If the Young Adult is currently covered under a parent’s coverage through the City of New York Health Benefits Program, they may enroll within 60 days of the date that coverage would otherwise end due to reaching the maximum age for dependent coverage. Coverage will be retroactive to the date that it would otherwise have terminated.

#### 2. When the Young Adult Experiences a Change in Circumstances

The Young Adult may enroll within 60 days of newly meeting the eligibility requirements. Coverage will be prospective and will start within 30 days of when the health plan receives notice of the Young Adult’s election.

### **3. During an Annual 30-Day Transfer Period**

The City of New York Health Benefits Program will have an annual 30-day open enrollment period. If the Young Adult dependent meets the eligibility requirements, coverage will be prospective and will start within 30 days of when the health plan receives notice of the Young Adult's election and any necessary documentation.

Young adult coverage will terminate when one of the following occurs:

1. The Young Adult terminates coverage pursuant to the terms of the policy,
2. The Young Adult's parent is no longer enrolled in group health insurance coverage, including COBRA.
3. The Young Adult no longer meets the eligibility requirements.
4. The Young Adult does not pay the premium in full within the grace period.
5. The group insurance policy is terminated and not replaced.

For more information contact the New York State Insurance Department's Consumer Services Bureau at 212-480-6400 or 800-342-3736 or visit the New York State website at

[https://www.dfs.ny.gov/consumers/health\\_insurance/cobra\\_and\\_premium\\_assistance](https://www.dfs.ny.gov/consumers/health_insurance/cobra_and_premium_assistance).

City of New York  
Office of Labor Relations - Health Benefits Program  
Young Adult Option Enrollment Form  
[www.nyc.gov/olr](http://www.nyc.gov/olr)

**For Use When an Eligible Young Adult Child of a Group Subscriber Elects Coverage Through Age 29.**

Eligible Young Adult children of subscribers covered under group health insurance policies issued in New York State may purchase coverage through age 29. To qualify for the Young Adult coverage, the Young Adult child must meet each of the eligibility requirements listed below. By completing this form, the undersigned subscriber is certifying that the undersigned Young Adult child is eligible for this coverage under the terms listed below and the undersigned Young Adult child is electing this coverage. The Young Adult child's coverage will be the same as the subscriber's coverage under the current group policy.

**Eligibility Requirements** - The Young Adult child must: be under age 30; and be unmarried; and be a child of the employee/retiree insured by the City; and not be covered by, or eligible for, employer-sponsored insurance, a self-insured employer plan, or Medicare; and live, work or reside in New York State or in the plan's service area.

**DIRECTIONS** — Provide the following information in full and mail the signed form to your Health Plan.

**SUBSCRIBER INFORMATION -- EMPLOYEE ☐ RETIREE ☐ (YOU MUST CHECK ONE)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Home Telephone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Name of City Agency employed by/retired from: \_\_\_\_\_

**YOUNG ADULT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Home Telephone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
/ /

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Relationship to Subscriber: \_\_\_\_\_

**YOUNG ADULT - CHECK THE BOX BEFORE THE PLAN YOU ARE ENROLLING IN AND CHECK "YES OR NO" FOR THE OPTIONAL BENEFITS (YOUNG ADULT MUST ELECT THE SAME HEALTH PLAN AS SUBSCRIBER ).**

- |  |  |   |                                     |   |  |
|--|--|---|-------------------------------------|---|--|
| <input type="checkbox"/> Aetna HMO     | <input type="checkbox"/> GHI-CBP/EBCBS | <input type="checkbox"/> DC 37 Med-Team | <input type="checkbox"/> Anthem EPO | <input type="checkbox"/> Anthem Gated EPO | <input type="checkbox"/> Vytra Health Plan |
| <input type="checkbox"/> HIP Prime HMO | <input type="checkbox"/> HIP Prime POS | <input type="checkbox"/> GHI HMO        | <input type="checkbox"/> MetroPlus  |   |  |

Optional Benefits: ☐ Yes ☐ No

**ACKNOWLEDGEMENT OF PREMIUM PAYMENT OBLIGATION**

I, as the Young Adult, certify that I meet the eligibility requirements as stated above and that the above information is complete and correct and agree that I will be fully responsible for payment of the premium due with respect to the dependent coverage being requested as of the Effective Date.

Signature of Young Adult Applicant \_\_\_\_\_ Print Name \_\_\_\_\_ Effective Date \_\_\_\_\_

I understand that any person who knowingly and with intent to defraud any insurance company or other persons who files an application for insurance or statement of claims 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 Subscriber \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Young Adult Option “Through Age 29” Health Plan Addresses

**Enrollment applications should be mailed directly to the health plan. The health plan addresses are:**

<b>Health Plans</b>	<b>Attention</b>	<b>Address</b>
Aetna	Attn: Melissa Keisling	Aetna c/o City of New York PO BOX 818092 Cleveland, OH, 44181-8092  Fax 1-860-907-3010 Email: conymailbox@aetna.com
Anthem EPO  Anthem Blue Access Gated EPO	Attn: Membership Dept	Anthem 3 Huntington Quadrangle, Suite 104S, Melville, NY 11747  Fax 1-877-487-6732
DC 37 Med-Team	Attn: Membership Dept	DC 37 Med-Team 125 Barclay Street, 3 <sup>Rd</sup> Floor New York, New York 10007
<u>EmblemHealth:</u> <ul style="list-style-type: none"> <li>• GHI-CBP/Anthem BCBS</li> <li>• GHI HMO</li> <li>• HIP Prime HMO</li> <li>• HIP Prime POS</li> <li>• VYTRA</li> </ul>	Attn: Emblem Health Enrollment	EmblemHealth 55 Water Street New York, NY 10041  Email: NYCmembership@emblemhealth.com Or NYCleads@embemhealth.com
MetroPlusHealth Plan	Attn: Membership Dept.	MetroPlusHealth Plan 50 Water Street, 7th Floor New York, NY 10004

**YOUNG ADULT OPTION Monthly Rates Effective July 2025**

PLAN	Coverage	RATE
Aetna EPO	INDIVIDUAL BASIC	\$2,056.52
	INDIVIDUAL with RIDER	\$5,162.23

Anthem EPO	INDIVIDUAL BASIC	\$2,513.81
	INDIVIDUAL with RIDER	\$3,155.31

Anthem Blue Access Gated EPO	INDIVIDUAL BASIC	\$1,642.48
	INDIVIDUAL with RIDER	\$2,283.98

DC-37 Medteam (NO RIDER AVAILABLE)	INDIVIDUAL BASIC	\$1,186.59

GHI-CBP/BCBS	INDIVIDUAL BASIC	\$1,149.91
	INDIVIDUAL with RIDER	\$1,300.28

GHI HMO	INDIVIDUAL BASIC	\$1,582.87
	INDIVIDUAL with RIDER	\$2,200.63

PLAN	Coverage	RATE
HIP HMO Gold Preferred Plan (Grandfathered)	INDIVIDUAL BASIC	\$1,186.59
	INDIVIDUAL with RIDER	\$1,647.43

HIP HMO Gold Preferred Plan (Standard)	INDIVIDUAL BASIC	\$1,186.59
	INDIVIDUAL with RIDER	\$1,348.42

HIP PRIME POS	INDIVIDUAL BASIC	\$2,654.48
	INDIVIDUAL with RIDER	\$3,245.25

Metroplus (Grandfathered)	INDIVIDUAL BASIC	\$1,186.59
	INDIVIDUAL with RIDER	\$1,465.56

Metroplus (Standard)	INDIVIDUAL BASIC	\$1,186.59
	INDIVIDUAL with RIDER	\$1,318.10

Vytra	INDIVIDUAL BASIC	\$1,508.26
	INDIVIDUAL with RIDER	\$2,035.00

**Rates are subject to change**