



**City of New York  
Office of Labor Relations  
Health Benefits Program  
[www.nyc.gov/olr](http://www.nyc.gov/olr)**

### **Instructions for Enrollment Young Adult Option “Through Age 29”**

Under New York State Law Chapter 240 of the Laws of 2009, sometimes called the “Age 29” law, you have the opportunity to continue health benefits coverage through the City of New York group.

The following information is contained in this package:

- Application – complete and send directly to health plan (keep a copy for your records)
- Health Plan Addresses – mail application to health plan
- Health Plans Premium Rate Chart
- Frequently Asked Questions

City of New York  
 Office of Labor Relations - Health Benefits Program  
 Young Adult Option Enrollment Form  
 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 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.

<b>SUBSCRIBER INFORMATION -- EMPLOYEE <input type="checkbox"/> RETIREE <input type="checkbox"/> (YOU MUST CHECK ONE)</b>				
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:	

<b>YOUNG ADULT INFORMATION</b>				
Last Name:	First Name:	M.I.:	Social Security Number:	Home Telephone #: (    )
Address: _____		Apt.: _____	Date of Birth /    /	
City:	State:	Zip Code:	Relationship to Subscriber:	

<b>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).</b>						
<input type="checkbox"/> Aetna HMO	<input type="checkbox"/> Cigna Health Plan	<input type="checkbox"/> DC 37 Med-Team	<input type="checkbox"/> Anthem EPO	<input type="checkbox"/> Anthem Gated EPO	<input type="checkbox"/> GHI-CBP/EBCBS	<input type="checkbox"/> GHI HMO
<input type="checkbox"/> HIP Prime HMO	<input type="checkbox"/> HIP Prime POS	<input type="checkbox"/> MetroPlus	<input type="checkbox"/> Vytra Health Plan			
Optional Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No						

<b>ACKNOWLEDGEMENT OF PREMIUM PAYMENT OBLIGATION</b>
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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:**

**Aetna HealthCare  
151 Farmington Avenue  
Hartford, CT 06095  
Attention: Michele Wrenn**

**GHI-CBP/EBCBS  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attention: Membership Dept.**

**CIGNA Healthcare  
499 Washington Blvd., 4<sup>th</sup> Floor  
Jersey City, NJ 07310  
Attention: Membership Dept.**

**HIP Prime HMO  
HIP Prime POS  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attention: Membership Dept.**

**DC 37 Med-Team  
125 Barclay Street, 3<sup>rd</sup> Floor  
New York, NY 10007  
Attention: Membership Dept.**

**Metro Plus Health Plan  
160 Water Street, 3<sup>rd</sup> Fl.  
New York, NY 10038  
Attention: Membership Dept.**

**Anthem EPO  
Anthem Blue Access Gated EPO  
P.O. Box 1407  
Church Street Station  
New York, NY 10008-1407  
Attn: Lashern Pendergrast  
Fax: 1-800-780-1224**

**VYTRA  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attention: Membership Dept.**

**GHI HMO  
EmblemHealth  
55 Water Street  
New York, NY 10041  
Attention: Membership Dept.**

## YOUNG ADULT OPTION Monthly Rates Effective July 2024

PLAN	Coverage	RATE
Aetna EPO	INDIVIDUAL BASIC	\$1,657.29
	INDIVIDUAL with RIDER	\$4,150.95

Anthem EPO	INDIVIDUAL BASIC	\$2,236.19
	INDIVIDUAL with RIDER	\$2,877.69

Anthem Blue Access Gated EPO	INDIVIDUAL BASIC	\$1,635.44
	INDIVIDUAL with RIDER	\$2,276.94

Cigna	INDIVIDUAL BASIC	\$2,676.48
	INDIVIDUAL with RIDER	\$3,066.04

DC-37 Medteam (NO RIDER AVAILABLE)	INDIVIDUAL BASIC	\$952.34
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GHI-CBP/BCBS	INDIVIDUAL BASIC	\$1,010.18
	INDIVIDUAL with RIDER	\$1,119.51

GHI HMO	INDIVIDUAL BASIC	\$1,447.79
	INDIVIDUAL with RIDER	\$2,014.46

PLAN	Coverage	RATE
HIP HMO Gold Preferred Plan (Grandfathered)	INDIVIDUAL BASIC	\$1,057.91
	INDIVIDUAL with RIDER	\$1,434.46

HIP HMO Gold Preferred Plan (Standard)	INDIVIDUAL BASIC	\$1,057.91
	INDIVIDUAL with RIDER	\$1,176.94

HIP PRIME POS	INDIVIDUAL BASIC	\$2,412.16
	INDIVIDUAL with RIDER	\$2,904.47

Metroplus (Grandfathered)	INDIVIDUAL BASIC	\$1,057.91
	INDIVIDUAL with RIDER	\$1,336.88

Metroplus (Standard)	INDIVIDUAL BASIC	\$1,057.91
	INDIVIDUAL with RIDER	\$1,201.01

Vytra	INDIVIDUAL BASIC	\$1,381.96
	INDIVIDUAL with RIDER	\$1,865.12

**Rates are subject to change**

## Frequently Asked Questions

### “Young Adult Option” Through Age 29

Below are some frequently asked questions about the Coverage Expansion Through Age 29 (also referred to as “Young Adult Option” or “Age 29”) legislation recently issued by the State of New York.

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#### **Who is eligible?**

In order to participate, the Young Adult Option requires that the Young Adult’s parent and the Young Adult meet certain requirements.

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:

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

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. For the City of New York this date is July 1, 2010.

## **When may the Young Adult enroll?**

There are four times when the Young Adult may enroll:

- **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.

- **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.

- **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.

- **During the Initial 12-Month Open Enrollment Period**

There is an initial 12-month open enrollment period. For the City of New York this will commence on July 1, 2010. If the Young Adult meets the eligibility requirements during this initial 12-month open enrollment period, the Young Adult may enroll during this time. Coverage will be prospective and will start within 30 days of when the health plan receives notice of the election and any necessary documentation.

## **When will coverage start? Will it be retroactive to the last time that the Young Adult had coverage?**

Coverage will be retroactive if elected within 60 days of the date that the Young Adult 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 health plan receives notice of election and any necessary documentation.

**What is the cost?**

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).

**How does the Young Adult enroll in the Young Adult Option?**

To enroll, the Young Adult should follow the instructions included in this package and/or on the City of New York Health Benefits Program website at [www.nyc.gov/olr](http://www.nyc.gov/olr).

**If the Young Adult has a child does this make the Young Adult ineligible?**

Young Adults with children may make an Age 29 election if they meet the eligibility criteria. However, children of Young Adults cannot be covered under the Age 29 law.

**If the Young Adult is eligible for coverage through their employer, but that coverage has very poor benefits, is the Young Adult eligible for the Age 29 benefit?**

If the Young Adult's employer provides health insurance that includes both medical and hospital benefits, then the Young Adult cannot make an Age 29 election.

**If the Young Adult is eligible for COBRA from their former employer are they eligible for the Young Adult Option?**

Yes, as long as they meet the other requirements for the Young Adult option.

**If the parent employee/retiree separates from the City of New York and is no longer eligible for health insurance, is the Young Adult eligible?**

No. If this occurs, then the Young Adult would lose the right to the Young Adult Option.

**If the Young Adult's parent has COBRA, is the Young Adult eligible?**

Yes, the Young Adult dependent is still eligible while the parent has COBRA, if they meet the eligibility requirements.

**The Young Adult had Age 29 coverage and then it ended because the Young Adult no longer met the eligibility requirements. The Young Adult's situation has changed, and they meet the eligibility requirements again. Can the Young Adult get Age 29 coverage again?**

Yes. The Young Adult is not limited to having this coverage only once. They may elect it within 60 days of newly meeting the requirements or during the annual 30-day transfer period.

**If the Young Adult is no longer eligible for benefits under the Age 29 law, may they elect COBRA coverage and receive an additional 36 months of coverage?**

No. When coverage under the Young Adult Option terminates they would not have a COBRA right at that time.

**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 date that the last premium payment was paid.

**When will coverage end?**

Coverage will end when one of the following occurs:

- The Young Adult terminates coverage pursuant to the terms of the policy.
- The Young Adult's parent is no longer enrolled in group health insurance coverage, including COBRA.
- The Young Adult no longer meets the eligibility requirements.
- The Young Adult does not pay the premium in full within the grace period.
- 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).