



**City of New York
Office of Labor Relations
Health Benefits Program
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.

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------|-------------|-----------|-----------------------------------------------|-----------------------|
| SUBSCRIBER INFORMATION -- EMPLOYEE <input type="checkbox"/> RETIREE <input type="checkbox"/> (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: | |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|----------------------------------------|----------------------------------|
| 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"/> Cigna Health Plan | <input type="checkbox"/> DC 37 Med-Team | <input type="checkbox"/> Empire EPO | <input type="checkbox"/> Empire HMO | <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 | | | | | | |

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:

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

CIGNA Healthcare
499 Washington Blvd., 4th Floor
Jersey City, NJ 07310
Attention: Membership Dept.

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

Empire EPO/HMO
Empire BlueCross BlueShield
3 Huntington Quadrangle, 4th Floor
Melville, NY 11747
Attention: Membership Dept.

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

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

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

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

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

YOUNG ADULT OPTION Monthly Rates Effective September 2023

| PLAN | Coverage | RATE |
|-----------|-----------------------|------------|
| AETNA EPO | INDIVIDUAL BASIC | \$1,521.13 |
| | INDIVIDUAL with RIDER | \$3,763.36 |

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|-------|-----------------------|------------|
| CIGNA | INDIVIDUAL BASIC | \$2,596.35 |
| | INDIVIDUAL with RIDER | \$3,018.61 |

| | | |
|------------|-----------------------|------------|
| EMPIRE EPO | INDIVIDUAL BASIC | \$2,256.85 |
| | INDIVIDUAL with RIDER | \$2,750.58 |

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|---------------------------------|-----------------------|------------|
| EMPIRE Blue Access Gated EPO | INDIVIDUAL BASIC | \$1,667.88 |
| | INDIVIDUAL with RIDER | \$2,161.61 |

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|---------|-----------------------|------------|
| GHI HMO | INDIVIDUAL BASIC | \$1,346.03 |
| | INDIVIDUAL with RIDER | \$1,845.32 |

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|--------------|-----------------------|------------|
| GHI-CBP/BCBS | INDIVIDUAL BASIC | \$1,010.98 |
| | INDIVIDUAL with RIDER | \$1,124.50 |

| | | |
|-------------------------------------------|------------------|----------|
| DC 37 MED TEAM (NO RIDER AVAILABLE) | INDIVIDUAL BASIC | \$926.91 |
|-------------------------------------------|------------------|----------|

| PLAN | Coverage | RATE |
|---------------------------------------------------|-----------------------|------------|
| HIP HMO Gold Preferred Plan (Grandfathered) | INDIVIDUAL BASIC | \$992.48 |
| | INDIVIDUAL with RIDER | \$1,337.40 |

| | | |
|----------------------------------------------|-----------------------|------------|
| HIP HMO Gold Preferred Plan (Standard) | INDIVIDUAL BASIC | \$992.48 |
| | INDIVIDUAL with RIDER | \$1,110.19 |

| | | |
|---------------|-----------------------|------------|
| HIP PRIME POS | INDIVIDUAL BASIC | \$2,281.13 |
| | INDIVIDUAL with RIDER | \$2,709.16 |

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|------------------------------|-----------------------|------------|
| METROPLUS (Grandfathered) | INDIVIDUAL BASIC | \$992.48 |
| | INDIVIDUAL with RIDER | \$1,271.45 |

| | | |
|-------------------------|-----------------------|------------|
| METROPLUS (Standard) | INDIVIDUAL BASIC | \$992.48 |
| | INDIVIDUAL with RIDER | \$1,131.41 |

| | | |
|-------|-----------------------|------------|
| VYTRA | INDIVIDUAL BASIC | \$1,288.04 |
| | INDIVIDUAL with RIDER | \$1,713.75 |

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.

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.

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 http://www.dfs.ny.gov/consumer/S6030_Age29.htm.