

Q & A –DEPENDENT HEALTH AND DENTAL COVERAGE
FOR DEPENDENTS BETWEEN THE AGES OF 19 AND 26

I have a dependent turning 19, what should I do to keep them on my health and/or dental policies?

Dependents will remain on your **health** insurance policy until the last day of the month of their 26th birthday regardless of their eligibility in any other health insurance plan, and without having to do dependent certification forms that were previously required. To be eligible to continue on the **dental** plan, **dependents over the age of 19 must be full time students. In order to keep them on the dental plan after their 19th birthday, a dependent verification form needs to be completed, signed and sent to the Employee Benefits department.** These certifications must be on file at time they turn 19, and need to be updated each January and August to keep dependents on the dental plan. Onondaga County will send dependent certification forms when needed, and they should be returned to the Employee Benefits Dept. Any dependent that is over the age of 19 without current certification in place will have dental coverage terminated. It is important for members to notify Employee Benefits if their child is no longer a full time student. Once notification is made, dependent will be offered COBRA insurance if within 6 months of change in student status. If notice is given after 6 months, it will be too late to offer COBRA.

What is COBRA?

COBRA is a continuation of current coverage in which the member contributes the full cost of the premium plus a 2% administration fee. Dependents may continue their coverage up to 36 months on COBRA. When benefits end, Onondaga County notifies the COBRA administrator to mail paperwork offering COBRA coverage to the terminated member. Member must fully complete form and return to the COBRA administrator with payment as instructed in the COBRA letter. If it is determined that member lost eligibility more than 6 months prior, COBRA may not be offered due to the length of time elapsed between loss of eligibility date, and date county is notified of eligibility change. The current COBRA administrator is Lifetime Benefit Solutions (LBS).

How much does COBRA cost?

Rates can be found on the Employee Benefits Intranet site, or you may call Employee Benefits at 315-435-3498. COBRA offer with pricing will also be sent by Lifetime Benefit Solutions (LBS), the county's COBRA administrator.

Where can I find the dependent verification form?

The dependent certification form is available on the intranet, or internet at <http://www.ongov.net/ebenefits/dental.html>. It is also available at the Employee Benefits office on the 15th floor of the Civic Center, or call the Employee Benefits Department at 435-3498 and request one to be sent to you.

What if my dependent graduates or stops attending school?

If your dependent stops attending school or graduates, you are required to notify Employee Benefits department immediately to remove them from your dental policy. Dental eligibility ends upon the last day of full time enrollment. Dependents would be eligible to continue COBRA coverage for up to 36 months by contributing the full cost for premiums plus a 2% administration fee. Instructions regarding how to enroll in COBRA and COBRA pricing will be mailed by Lifetime Benefit Solutions (LBS), our COBRA administrator. If we are notified retroactively, coverage will terminate back to the date eligibility ended, and any claims paid after eligibility ended will be reversed and become the member's responsibility. COBRA may or may not be available depending on how far back the termination would need to go. **PLEASE**

NOTE THAT COUNTY DOES NOT AUTOMATICALLY CHANGE YOUR DEDUCTION TO SINGLE IF THERE ARE NO OTHER MEMBERS ON YOUR POLICY. REQUEST TO CHANGE TO SINGLE COVERAGE MUST BE DONE VIA BENEFIT ENROLLMENT APPLICATION (available from your payroll clerk, or the employee benefits office) **WITHIN 31 DAYS OF THE LOSS OF ELIGIBILITY** (IE – 31 DAYS FROM LAST DATE OF FULL TIME CLASSES). If 31 day deadline is missed, employee must wait to submit benefit enrollment application during the next open enrollment period to be effective January 1st of the following year. Student status has no bearing on health coverage – dependent health coverage will be extended through the age of 26 (or later if dependent has been approved of handicapped status) regardless of student status.

My dependent who is not on my dental plan has now enrolled in full time classes. How can I add them back to the dental plan?

Dependents can be added back to the dental plan as of the first day of classes by providing completed benefit enrollment application, copy of child's birth certificate, dependent certification form and documentation from school showing first day of classes within 31 days of start of classes to Employee Benefits dept. If it has been more than 31 days since the start of classes, dependent may only be added back either during the next open enrollment period to be effective January 1 of the next year, or within 31 days of the first day of classes the next full time semester, and coverage would begin the first day of classes that semester.

What if my dependent chose to end coverage on my health insurance plan due to the availability of other coverage, and loses his/her other coverage – can I add him/her to my policy?

Dependents up to age 26 can always be added to your policy if they lose coverage, as long as an application is turned in to your payroll clerk or Employee Benefits department within 31 days of either the loss of coverage, or the notification of lost coverage. Document from the insurance company or employer on letterhead stating the date coverage terminated, and a copy of the dependent's birth certificate would need to accompany the application. If your dependent has gone back to school full time, he/she may also be added to the dental plan by adding dependent certification and school documentation showing first day of class, in addition to other paperwork mentioned.

What if I want to add my dependent and it has been over 31 days since he/she lost coverage?

If it has been over 31 days from the loss of coverage, you will need to wait until the next open enrollment period to add the dependent and coverage would begin January 1 of the following year.

Do you automatically send me the dependent certification form for dental coverage when it's due?

Yes. You will be mailed the form needed prior to the 19th birthday, and twice yearly when due in January and August. Forms must be returned to the Employee Benefits office. **Please note that if you did not respond to the county request for certification by the deadline on the request, coverage for that dependent will terminate and COBRA will be offered. There will be no exceptions made for late certification paperwork.**

What happens once my dependent turns 26?

Dependents become ineligible to continue on the benefits program the last day of the month of their 26th birthday (unless dependent was certified as handicapped and incapable of self-support before their 26th birthday). Dependents would be eligible to continue coverage through COBRA for up to 36 months by contributing the full cost for premiums plus a 2% administration fee. Instructions regarding how to enroll in COBRA and COBRA pricing will be mailed by Lifetime Benefit Solutions (LBS), COBRA administrators for Onondaga County

If my dependent is no longer eligible for county benefits and I am the only one left on my health or dental plan, does it automatically change to single coverage?

No – the county does not have the authority to change your benefits plan without your express written notice. If that dependent is the **last** dependent on the policy, the loss of your dependent's coverage would be considered a "qualifying event" that would allow the change to single coverage outside of open enrollment, however it is your responsibility to send a completed and signed Onondaga County Benefits Enrollment form with the request to change to individual coverage within 31 days of the dependent ceasing to be eligible. If you do not send an application with your request to change coverage levels within this time frame, you would need to wait until the next open enrollment period to do so.

What if I forget to send in the dependent certification form before the due date?

Dental coverage for dependent will be terminated and COBRA will be offered.

Do we still need to send in proof of student status from the school attending?

No, unless there is a question on eligibility date or a lapse in certification – in this case further documentation may be requested.

My child is handicapped. How can I get their coverage extended past their 26th birthday?

For any child that was handicapped prior to the age of 26 for health and 19 for dental, health and/or dental coverage could be requested past the normal termination date by completion of a handicapped certification form. Forms are available online on either the intranet or www.ongov.net website by going to the Employee Benefits page and clicking either the health or dental coverage links. Handicapped dependent certification needs to be completed by both the employee and the child's physician. If status is approved, it may be approved permanently (meaning no further documentation will be needed), or temporary (meaning yearly updates will be required to insure they still meet the plan criteria to continue). The health and dental administrators will notify members of the status of their certification and if updates are required, forms will be sent by the plan administrators when due. If dependent no longer meets the criteria of a handicapped dependent, coverage would be terminated, and COBRA would be offered. Note that the health and dental administrators handle the handicapped child certifications, therefore there are separate forms for health and dental. Please print and complete the forms listed on both the health and dental pages of our website to apply to have coverage extended as a handicapped dependent for both health and dental. Directions on where to submit the forms is printed on each form.