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

Beginning January 1, 2015, 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 or POMCO. 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. POMCO will send dependent certification forms when needed, and they would be returned either to POMCO or to Employee Benefits Dept. Any dependent that is over the age of 19 without current certification in place will have claims pended. It is important for members to notify Employee Benefits or POMCO if their child is no longer a full time student. Once notification is made, POMCO can then offer 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.

Do I still need to do the county’s dependent certification form?

Beginning January 1, 2015, POMCO took over the dependent certification process for dental coverage. The only form now needed is the Dependent Verification form which is sent by POMCO, or available online on the Employee Benefits page under the “dental coverage” link on either the intranet or ongov. website (www.ongov.net).

What is COBRA Insurance?

COBRA insurance 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, POMCO automatically mails paperwork offering COBRA coverage to the terminated member. Member must fully complete form and return to POMCO 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.

How much does COBRA cost?

2017 Single COBRA dental rate is $36.60 per month. COBRA rate for health coverage varies by union group of main policy holder. 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 POMCO.

Where can I find the dependent verification form?

The dependent certification form is available on the intranet, or internet at www.ongov.net, click link for “departments”, Employee Benefits dept., Dental Insurance link and the form will be available to print. 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 POMCO, 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.

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 enrollment application, copy of child’s birth certificate, dependent certification form and documentation from school showing full time enrollment date within 31 days of start of classes to Employee Benefits dept. If you have single dental coverage and the addition changes your enrollment to family coverage, addition can only be done within 31 days of the start of classes. If it has been more than 31 days since the start of classes, and you have family dental coverage already, dependent could be added back as of the first day of the month after Employee Benefits receives the paperwork mentioned. If you have single coverage and it has been more than 31 days since classes started, you will need to wait until open enrollment and request the change at that time (per IRS guidelines).

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. We would also need a document from the insurance company or employer on letterhead stating the date coverage terminated, and a copy of the dependent’s birth certificate. 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 you already have family coverage, you would need to submit an Employee Benefits Enrollment form requesting the dependent addition, and copy of the birth certificate. If your dependent has gone back to school full time, he/she may also be added to the dental plan by adding the dependent verification form and school documentation in addition to other paperwork mentioned. The dependent would have the normal waiting period per your union contract. Or you may choose to add them during open enrollment to be effective January 1st of the following year. If you have single coverage, you will need to wait and submit during open enrollment.

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

Yes – as of January 1, 2015, POMCO has taken over the dependent certification process for dental. They will mail the form needed prior to the 19th birthday, and twice yearly when due in January and August. Forms can be returned to either POMCO or the Employee Benefits office.
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 POMCO, 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. The loss of your dependent’s coverage would be considered a “qualifying event” that would allow the change 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 either the dependent ceasing to be eligible, or the date you were notified in writing of the loss in eligibility. 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 claims for dependent will be pended until dependent verification form is received. Dependent would remain with pended dental status until either dependent verification form is received or they receive notice that your dependent is not a student. Once they receive notice dependent is no longer a student, coverage will be terminated retroactively back to last date of classes and COBRA will be offered (as long as within 6 month of term.) If dependent has been on pended status for more than one semester due to lack of verification form, and verification form is then provided, further documentation of student status will be required from registrar’s office to accompany your dependent verification form. If further documentation is needed, you will be notified by POMCO.

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 will be requested by POMCO.

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, health and/or dental coverage could be requested past the 26th birthday 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. Once the completed form is returned to either POMCO or the Employee Benefits office, it will be reviewed. 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). POMCO will notify members of the status of their certification and if updates are required, forms will be sent by POMCO when due. If dependent no longer meets the criteria of a handicapped dependent, coverage would be terminated, and COBRA would be offered by POMCO, our COBRA administrators.