



Board of Education \* 7465 Loannes Dr. Madeira, OH 45243 \* (513) 985-6070

TO: ALL HEALTH PLAN ENROLLEES, ELIGIBLE EMPLOYEES AND COBRA PARTICIPANTS

FROM: SUSAN CRABILL, TREASURER, MADEIRA CITY SCHOOLS

SUBJECT: **DEPENDENT HEALTH CARE COVERAGE OF CHILDREN TO AGE 26**

DATE: MAY 5, 2011

-----

In accordance with federal health care reform, dependent coverage of children will be extended to age 26 under the health care coverage offered by the Madeira City School District, effective **July 1, 2011**. Your adult child under 26 years of age (regardless of marital status) is eligible to enroll for dependent health care coverage, unless your child is eligible to enroll in an employer-sponsored health plan other than a group health plan of a parent. Any child or spouse of your child is not eligible for coverage with your child.

You will be able to enroll an eligible adult child during a special enrollment period beginning on **May 16, 2011 and ending at 4:00 p.m. on June 14, 2011**. Please submit a written request to **Melody Gregory** to receive the necessary enrollment forms. The completed enrollment forms, along with a **copy of your dependent's birth certificate and the enclosed Adult Dependent Child Certification**, must be received by **Melody Gregory** no later than **June 14, 2011** at 4:00 p.m. If the completed enrollment forms are received by this deadline, enrollment for your child will be effective July 1, 2011. If the completed enrollment forms are not received by **Melody Gregory** by **June 14, 2011 at 4:00 p.m.**, you will not be able to enroll an eligible child except in connection with normal enrollment opportunities, such as the annual open enrollment.

If you currently have single coverage, your coverage will be switched automatically to family coverage at the applicable premium upon enrollment of your child. If you already have family coverage, you will remain on family coverage without any change in your premium due to enrollment of your child.

**If you have a dependent child age 19 or older who is already enrolled** for health care coverage with Madeira City Schools, and **if you want your dependent's coverage to continue after July 1, 2011**, please complete and return a copy of your dependent's birth certificate and the enclosed Adult Dependent Child Certification form by June 14, 2011 as instructed above.

An enrolled eligible child will be able to continue dependent coverage until age 26. Please note the state law that extends dependent coverage of children to age 28 does not apply to the Madeira City Schools.

Please see the enclosed Notice "*Grandfathered Health Plan and Extension of Dependent Coverage to Age 26 and Opportunity to Enroll.*" Please refer to the enclosed *Frequently Asked Questions* for any questions that you may have. If you have any additional questions, please contact **Melody Gregory or Susan Crabill in the Treasurer's Office.**

# The Greater Cincinnati Insurance Consortium

*As a member of The Greater Cincinnati Insurance Consortium, your school district provides health care benefits to eligible employees and dependents through The Greater Cincinnati Insurance Consortium's health care plan. Below is important information regarding your health care benefits.*

## HEALTH CARE REFORM: DEPENDENT COVERAGE OF ADULT CHILDREN FREQUENTLY ASKED QUESTIONS

### **Q1: Will the age limit for eligibility of children change?**

Yes. Children to age 26 will be eligible for dependent coverage under The Greater Cincinnati Insurance Consortium's health care plan (the "Plan") for medical, prescription drug and dental benefits.

### **Q2: When will the change in the age limit be effective?**

July 1, 2011

### **Q3: When will dependent coverage for my child terminate?**

Dependent coverage for an eligible child will terminate at the end of the month in which the child turns age 26.

### **Q4: Are there any circumstances under which my school district may exclude from coverage under the Plan an otherwise eligible child who has not attained age 26?**

Yes. Until July 1, 2014, any adult child who is eligible to enroll in an employer-sponsored health plan (other than a group health plan of a parent) may be excluded from coverage under the Plan, provided your school district's benefits continue to be "grandfathered" under the federal health care reform law.

### **Q5: Will my child's eligibility for dependent coverage to age 26 be based on any factors other than his/her relationship with me?**

No (unless excluded as explained above). For example, you or your child will not be required to verify financial dependency, residency, or student status.

### **Q6: What if my child is married?**

Marriage does not make your child ineligible for coverage.

### **Q7: Is the spouse or child of my child eligible for coverage under the Plan?**

No.

### **Q8: Will the Plan be providing notice of the opportunity for my child to enroll in the Plan in connection with the extension of dependent coverage to age 26?**

Yes. No later than July 1, 2011, the Plan will provide to all enrolled employees, eligible employees, and COBRA participants written notice that any child whose coverage ended or who

was denied coverage (or was not eligible for coverage) because the availability of dependent coverage ended before attainment of age 26 is eligible to enroll in the Plan.

**Q9: How long is the enrollment period for my child?**

Your child will have 30 days from the date of notice (to be given no later than July 1, 2011) to enroll in the Plan.

**Q10: When can my child enroll in the Plan if he/she is not enrolled during the 30-day enrollment period that will begin no later than July 1, 2011?**

Dependent coverage may be elected for an eligible child in connection with normal enrollment opportunities under the Plan, such as your school district's annual open enrollment.

**Q11: When will my child's enrollment in the Plan be effective?**

Your child will be enrolled effective July 1, 2011, provided your child is enrolled during the 30-day enrollment period.

**Q12: Will I be required to pay an additional premium or contribution to cover my child?**

You will not be required to pay an additional premium or contribution if you already have family coverage. If you have single coverage, you will be responsible for paying your cost for family coverage.

**Q13: What benefit packages under the Plan will be offered to my child?**

Your child will be offered all the benefit packages available to similarly situated individuals who did not lose coverage due to a loss of dependent status under the Plan. Your child will be included in your family coverage for medical, prescription drug and dental benefits.

**Q14: Once my child loses eligibility for coverage under the Plan due to reaching the age 26 limit, will my child be able to elect COBRA continuation coverage?**

Yes. Your child could elect COBRA continuation coverage in accordance with the applicable COBRA requirements.

**Q15: Will my child be eligible for dependent coverage to age 28 under Ohio's dependent coverage law?**

No. Ohio's dependent coverage to age 28 law does not apply to the Plan.

**Q16: Whom should I contact for more information regarding extension of dependent coverage to age 26 and enrollment in the Plan?**

Please contact your school district's benefits office for more information.

# The Greater Cincinnati Insurance Consortium

## NOTICE

*As a member of The Greater Cincinnati Insurance Consortium, your school district provides health care benefits to eligible employees and dependents through The Greater Cincinnati Insurance Consortium's health care plan (GCIC Health Plan). Below is important information regarding your health care benefits.*

### **GRANDFATHERED HEALTH PLAN**

Your school district believes the benefit package made available to you under the GCIC Health Plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the "Affordable Care Act"). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means the benefit package made available to you under the GCIC Health Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your school district's Benefits Office. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

### **EXTENSION OF DEPENDENT COVERAGE TO AGE 26 AND OPPORTUNITY TO ENROLL**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the GCIC Health Plan (medical, prescription drug and dental benefits) unless such individuals are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective July 1, 2011. For more information contact your school district's Benefits Office.

# The Greater Cincinnati Insurance Consortium

---

## ADULT DEPENDENT CHILD CERTIFICATION

I hereby request coverage with The Greater Cincinnati Insurance Consortium's health care plan (the Plan) for my dependent child shown below.

Employee's School District: \_\_\_\_\_ Group Number \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Plan ID # \_\_\_\_\_

Employee's Address: \_\_\_\_\_  
Number and Street City State Zip

## ADULT DEPENDENT CHILD INFORMATION

Dependent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Employee: \_\_\_\_\_ (Note: A copy of the dependent's birth certificate or other appropriate documentation to verify the relationship must be submitted with this form.)

Address: \_\_\_\_\_  
Number and Street City State Zip

Is this Dependent Child employed?  Yes  No

• Name and address of employer: \_\_\_\_\_

• Does this employer offer any health insurance (regardless of cost) for which this Dependent Child is eligible?  Yes  No

Is this Dependent Child covered under any other group medical insurance?  Yes  No

• Name and address of other insurance carrier: \_\_\_\_\_

• Policy Number: \_\_\_\_\_ Policyholder: \_\_\_\_\_

• Group Number: \_\_\_\_\_ Other insurance covers:  Medical  Drug  Dental  Vision

### Certification and Signatures

I certify that all information provided on this form is correct to the best of my knowledge, and authorize the release of any information requested with respect to this Certification. I understand the Plan may rescind coverage on the basis of fraud or intentional misrepresentation in accordance with applicable law.

\_\_\_\_\_  
Signature of Employee / \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dependent / \_\_\_\_\_  
Date

*Please return this completed form, along with a copy of the birth certificate or other appropriate documentation, as instructed by your school district.*