

Division of Human Resources Tel 201 216 5122 Fax 201 216 8029

All Full-Time Faculty and Staff
Leslie Devine, Director, Faculty & Staff Benefits and Compliance
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New Jersey Law Coverage for Dependents up to Age 31

In 2006 the State of New Jersey passed a law requiring medical plans like Stevens' to extend coverage to certain dependents of covered employees. In 2008, changes in the law allowed this coverage to be extended to age 31. Please note that the law applies to medical benefits only; it does not apply to dental or vision plans.

In order to be eligible for this extension of coverage, the dependent must satisfy <u>all</u> of the following:

- 1. The dependent must be the child of an employee who is covered by a Stevens group medical contract issued in the state of New Jersey. As of January 1, 2017 Stevens' contracts with Horizon BCBS are all issued in New Jersey.
- 2. The dependent must be the covered employee's child by blood or law;
- 3. The dependent must be younger than 31 years old;
- 4. The dependent must be unmarried;
- 5. The dependent must have no dependents of his/her own;
- 6. The dependent must be a New Jersey resident <u>OR</u> must be enrolled as a full-time student at an accredited institution of higher learning; and
- 7. The dependent must not be covered for medical benefits under any other group medical plan, individual medical plan, receiving Social Security benefits, etc.

In general, the new law applied to Stevens' medical plans as of January 1, 2007. Dependents who become eligible for the extended coverage after May 12, 2006 must enroll within 30 days of the date they lose coverage under Stevens' plan or wait until the next annual enrollment period to enroll as of January 1 of the following year.

Please note that under the law, employees who enroll a dependent will be responsible for payment of the full additional cost of the dependent's coverage. For 2017, the monthly premiums for the

dependents' coverage will be as shown in the table below. If your dependent is currently enrolled in this coverage, these rates will also apply as of 1/1/2017:

Medical Plan	Monthly Coverage Cost		
	Medical	Rx	Total
Horizon BCBS Core Plan	\$308.93	\$73.93	\$382.86
Horizon BCBS Plus Plan	321.71	73.93	395.64
Horizon EPO Plan	230.41	73.93	304.34

The dependent will be required to enroll in the same medical plan as the covered employee (for example, if employee John Smith is enrolled in the Horizon BCBS Core plan, his dependent(s) who enroll under this law must also select the Horizon BCBS Core plan).

If you would like to enroll a dependent under this law, please contact Human Resources to confirm eligibility and to obtain an enrollment form. Human Resources will confirm whether the dependent is eligible for coverage and will send you a form if appropriate. When you receive the form, fill it out and return it to Human Resources, which will forward the form to Horizon BCBS.

Once the dependent is enrolled, Horizon BCBS will mail monthly premium invoices for medical coverage directly to the address listed on the enrollment form. In addition, Stevens will send a separate quarterly invoice for the prescription drug component.

Coverage for the dependent will be continued until the earliest of the following events:

- 1. The dependent no longer satisfies the requirements for a qualifying dependent under the law;
- 2. The dependent (or covered employee) fails to make timely payment of the required monthly premium (generally, within 30 days of the due date);
- 3. The date on which Stevens no longer provides coverage to the employee who is the parent of the qualifying dependent; or
- 4. The date on which Stevens discontinues the group medical plan.

If you have any questions please contact Takesha Ellerbie, Benefits Coordinator, x5123, Leslie Devine, Director, Faculty & Staff Benefits and Compliance, x5146 or Human Resources, x5122.

Thank you.

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