

## NYS DENTAL AND VISION BENEFITS FOR CHILDREN BETWEEN AGES 19 AND 25

Many employees have children who will be graduating or changing student status after this semester. Although children are eligible to remain dependents on health insurance plans through the month in which they turn 26 (*regardless* of student status), their dental and vision dependent eligibility generally ends at 19, unless they are either full-time students under 25 or already certified by their insurer as disabled.

**For NYS dental and vision enrollees represented by NYSCOPBA, PBA of NYS, PEF, or in M/C positions:** Please read below if you have unmarried, dependent full-time students between 19-25 who will graduate **or** complete the spring 2019 semester and **not** return to full-time student status at the start of the semester next fall. (Eligibility continues over the summer if full-time student status will resume in the fall; insurers may require verification to confirm eligibility.)

A 3-month extension of dependent dental and vision coverage may be available immediately upon successful completion of a full-time semester or course requirements for graduation. Either event must be documented (for example, by a letter from the Registrar's Office). "Successful completion" means that the student attended classes through the last scheduled date of classes of the semester. Note: The extension is not available if dependent eligibility has been extended beyond age 25 due to military service.

### To Apply for the 3-Month Extension Of Free NYS Dental and Vision Dependent Coverage:

1. Complete only the following sections on the [New York State Health Insurance Transaction Form\(PS-404\)](#)
  - On page 1: Fill in #1-8.
  - On page 2:
    - Under Dependent Information, list **only** the dependent(s) ineligible for dental/vision coverage. To the left of his or her name, check "D" (Delete) in the first column and "D"/"V" (Dental/Vision) in the second. **Specify the Date of Event (month/day/year) of the last class or exam, whichever is later, in the blank above the dependent's address.** *This information is required and the form cannot be processed if this field is left blank.*
    - Sign the Authorization box and date the form before or within the month of the last class or exam, whichever is later.\*
2. Attach documentation of graduation or successful completion of a full-time semester. *If the proof of the successful completion of the semester or graduation is delayed, submit the completed PS-404 form without it to ensure it is received by the deadline. The removal of your ineligible dependent and three month extension will be processed after the additional documentation is received.*
3. Mail or deliver the completed form and documentation to the Office of Human Resources Management (OHRM), UAB 300, Albany, NY 12222.  
**A completed PS-404 must be received in OHRM by the end of the month during which your dependent student's last day of classes or exams occurs in order for the three month extension to be provided.**

Example:

Your full-time student's last class will be held on 5/4/19 and his/her last exam will be taken on 5/8/19. The date of event is 5/8/19. Complete and submit the PS-404 form, along with documentation by 5/31/19 to OHRM. In this case, the extension of free dependent dental/vision coverage will continue through 8/31/19. Civil Service will automatically send information about the option to continue dental/vision coverage as of 9/1/19 by paying the COBRA (full-share) premiums\*

Currently, individual COBRA dental coverage costs approximately \$28 per month; individual COBRA vision premiums vary between approximately \$4 and \$7 per month, depending on your negotiating unit. ***Specific rates and deadlines will be sent to you by Civil Service. If you have questions regarding the COBRA information that you receive, please call Civil Service at (518) 457-5754.***

If you have any other questions, please call the Benefits Office at (518) 437-4729.

For more dependent insurance eligibility information, please go to <http://www.cs.ny.gov/ebd/>.