

Additional instructions for the individual and family application affecting applicants under age 19

Please read these instructions first and return the appropriate documents with your application.

The Patient Protection and Affordable Care Act (PPACA) has resulted in changes in eligibility for subscribers and dependents under age 19. As a result, Washington state has established Open Enrollment Periods for 2011 that will allow subscribers and dependents under age 19 to enroll in an individual and family plan. The information provided below will aid you in completing the application. Please read the information carefully to ensure that you or your dependents meet the necessary eligibility requirements and that the application is completed accurately. Incomplete information or missing documentation may delay processing for all subscribers.

For more detailed information regarding enrollment periods, please visit ghc.org/under19

Upcoming Open Enrollment Period for 2011

During the Open Enrollment Period, Group Health will accept completed applications for applicants under age 19 and the completion of the Standard Health Questionnaire will not be required during this time. Enrollment materials are due to Group Health by the 20th of the month, or the first business day following the 20th when it falls on a weekend or holiday. Applicants may request an effective date 90 days from the date they sign their application.

The next 2011 Open Enrollment Period is: September 15–October 31.

Important: If you are a:

- New applicant under age 19 and without dependents, see **Section 1 (a)** for instructions.
- New applicant under age 19 with dependents under age 19, see **Section 1 (b)** for instructions.
- New applicant over age 19 with dependents under age 19, see **Section 2** for instructions.
- Current subscriber adding a dependent under age 19, see **Section 2** for instructions.

SECTION 1 (A): INSTRUCTIONS FOR NEW APPLICANTS UNDER AGE 19 AND WITHOUT DEPENDENTS

If you are applying for an individual and family plan, you are under the age of 19 and without dependents, please determine one of the **two enrollment options** below (in Section 1 (B)) that may apply and follow the instructions. If neither apply, then you will need to reapply during open enrollment, or see **Section 3** for other options.

SECTION 1 (B): INSTRUCTIONS FOR NEW APPLICANTS UNDER AGE 19 WITH DEPENDENTS UNDER AGE 19

If you are applying for an individual and family plan, you are under the age of 19 and with dependents, please determine one of the **two enrollment options** below that may apply and follow the instructions. If neither apply, then you will need to reapply during open enrollment, or see **Section 3** for other options.

Please note: If you are the financial guarantor applying for more than one under age 19 subscriber, select a primary subscriber as the contact and then list all subsequent children as dependents.

Enrollment Option #1: Open Enrollment Period: If you are under age 19 and you wish to apply as a subscriber during the upcoming open enrollment period, you may do so by completing the following sections of the individual and family application: the eligibility checklists on page 1 and sections 1, 2, 3, 4, 5, 9, 10 (if applicable), and 11. Under the federal regulations, the wait period for pre-existing conditions is waived, so you will not be required to provide Certificate of Creditable coverage.

Enrollment Option #2: Special Enrollment Period: If you are under age 19 and you wish to apply as a subscriber outside of the upcoming open enrollment period, you must meet one of the five conditions below in order to qualify for a special enrollment period. The Special Enrollment Period lasts for a period of thirty-one (31) calendar days from the date of the qualifying event. Determine the event that applies and provide the required documentation for that event, and complete the eligibility checklists on page 1 and sections 1, 2, 3, 4, 5, 8, 9, 10 (if applicable), and 11 of the accompanying application. Under the federal regulations, the wait period for pre-existing conditions is waived, so you will not be required to provide Certificate of Creditable coverage.

- 1.) You lost your employer-sponsored insurance for one of the following reasons: your position was eliminated, you were terminated, or you were a dependent under someone else's plan and that person lost their job or voluntarily dropped you from their plan.

Supporting documentation required: copy of the letter that indicates health plan coverage was lost, or COBRA offer letter.

- 2.) You lost your eligibility under Medicaid or another public program providing health benefits.

Supporting documentation required: copy of termination letter.

- 3.) You lost your coverage as the result of dissolution of marriage.

Supporting documentation required: copy of your divorce decree and a copy of the letter that indicates you lost your health plan coverage, or COBRA offer letter.

- 4.) You changed residence, and the health plan under which you were covered does not provide coverage in your new area.

Supporting documentation required: include a copy of a utility bill in your name or in the name of your guarantor that lists the previous address and is dated within the last 31 days and a letter of verification from your prior carrier verifying that because you moved, you no longer reside in their service area and they cannot provide coverage to you at your new location.

- 5.) You are applying for coverage on behalf of a newborn, a child recently placed for adoption, or a child who has been adopted within sixty days of the application date. The sixty-day time period applies only to this qualifying event.

Supporting documentation required for newly adopted children only: court documents that indicate the date the child was placed.

SECTION 2: INSTRUCTIONS FOR NEW APPLICANTS OVER AGE 19 WITH DEPENDENTS UNDER AGE 19, AND FOR CURRENT SUBSCRIBERS ADDING DEPENDENTS UNDER AGE 19

Please determine one of the **two enrollment options** below that may apply and follow the instructions. If neither apply, then you will need to reapply during open enrollment, or see **Section 3** for other options.

Enrollment Option #1: Open Enrollment Period

If you'd like to add a dependent under age 19 during the Open Enrollment Period, please complete the accompanying application as instructed. Your dependent under age 19 will not have to complete a Standard Health Questionnaire.

Enrollment Option #2: Special Enrollment Period

If you'd like to add a dependent under age 19 outside of the upcoming open enrollment period, each dependent must meet one of the five conditions below to qualify for a Special Enrollment Period. The Special Enrollment Period lasts for a period of thirty-one (31) calendar days from the date of the qualifying event. Dependents under age 19 will not have to complete a Standard Health Questionnaire. Determine the event that applies and provide the required documentation for each dependent, along with your completed application.

- 1.) Your dependent was dropped from employer-sponsored insurance for one of the following reasons: their position was eliminated, they were terminated, or they were a dependent under someone else's plan and that person either lost their job or voluntarily dropped the dependent from their plan.
Supporting documentation required: copy of the letter that indicates health plan coverage was lost, or COBRA offer letter.
- 2.) Your dependent lost eligibility under Medicaid or another public program providing health benefits.
Supporting documentation required: copy of termination letter.
- 3.) Your dependent lost coverage as the result of dissolution of marriage.
Supporting documentation required: copy of their divorce decree and a copy of the letter that indicates they lost their health plan coverage, or COBRA offer letter.
- 4.) Your dependent changed residence, and the health plan under which they were covered does not provide coverage in their new area.
Supporting documentation required: include a copy of a utility bill in your name or in the name of your guarantor that lists the previous address and is dated within the last 31 days and a letter of verification from their prior carrier verifying that because your dependent moved, they no longer reside in the carrier's service area and the carrier cannot provide coverage to your dependent at their new location.
- 5.) You are adding a dependent who is a newborn, a child recently placed for adoption, or a child who has been adopted within sixty days of the application date. The sixty-day time period applies only to this qualifying event.
Supporting documentation required for newly adopted children only: court documents that indicate the date the child was placed.

SECTION 3: OTHER OPTIONS FOR HEALTH COVERAGE OUTSIDE OF THE OPEN ENROLLMENT PERIOD

If you are applying outside of the open enrollment period and do not meet one of the special qualifying events, applicants under age 19 may enroll into the Washington State Health Insurance Pool (WSHIP) or may be eligible to enroll through the Pre-existing Condition Insurance Plan – Washington State (PCIP-WA). For more information, please go to www.wship.org or call 1-800-877-5187 for WSHIP or 1-877-505-0514 for PCIP-WA. Other options may be Washington Basic Health, Apple Health for Kids, DSHS, SCHIP, or Medicaid Special Needs plan for kids.

Coverage provided by Group Health Cooperative or Group Health Options, Inc.

