



Frequently Asked Questions: Children and Young Adults

In this section:

[Coverage for Dependents Under Age 26](#)

[Coverage for Children Under Age 19 with a Pre-Existing Health Condition](#)

[Coverage for Dependents Under Age 26](#)

What does health reform law say about coverage for children under age 26?

Under the Affordable Care Act (ACA), a parent can keep or add children under the age of 26 to their family health plan.

When did this apply to Blue Shield plans?

This federal health reform mandate became effective for Blue Shield of California group plans that started or were renewed on or after June 1, 2010, and for individual and family plans that started or were renewed on or after January 1, 2011.

Can I add a grandchild or other dependent family member under the age of 26 to my health plan?

No. The U.S. Department of Health and Human Services has defined the only eligibility requirement as the relationship of parent and child. Grandchildren and other dependent family members under the age of 26 are not eligible for coverage under your plan.

Does my child need to be a full-time student to get coverage under my plan?

No. Student status makes no difference.

Does my child need to be unmarried to get coverage under my plan?

No. Marital status makes no difference. (Note: Your adult child's spouse and children are not eligible for coverage under your plan.)

Does my child need to be living with me to get coverage under my plan?

No. You do not need to share the same residence.

Does my child need to have no other coverage in order to get coverage under my plan?



No. Your adult child can still be covered under your plan even if he or she is covered under another plan, such as their employer's or spouse's plan.

Coverage for Children Under Age 19 with a Pre-Existing Health Condition

What does health reform law say about coverage for children under age 19 with a pre-existing health condition?

Under the Affordable Care Act (ACA), health insurance can't be denied to a child under the age of 19 due to a pre-existing health condition. This means that health insurers must enroll any child until their 19th birthday, no matter what their health status is—as long as that child meets other eligibility criteria. This is known as “Guaranteed Issue.”

When did Blue Shield implement this mandate?

This federal health reform mandate became effective for Blue Shield of California group plans that started or were renewed on or after September 23, 2010, and for individual and family plans that or were renewed on or after January 1, 2011. This law does not yet apply to plans that started prior to those dates. Those plans are called [“grandfathered” plans](#).

Which Blue Shield plans can I enroll my child in if he or she has a pre-existing condition?

You can enroll them in any non-grandfathered Blue Shield individual or family plan.

Is there a special application I need to fill out?

No, you can fill out the standard individual/family Blue Shield application.

How are Blue Shield plan premium rates determined for my child?

Plan premium rates vary depending on when the child is enrolled. If you enroll your child within 63 days of a qualifying event (see information below about qualifying events), your child will be eligible for a rate anywhere from the standard published rate to a maximum of twice the standard published rate. If you enroll your child outside of this enrollment time period, your child will receive a higher rate. This rate may be “underwritten.” This means it is based on custom calculation for the child's estimated health care needs. However, if you re-enroll your child the following year during an approved enrollment period, your child will be eligible for a lower rate.



When should I enroll my child in a Blue Shield plan?

You should enroll your child **within 63 days of a qualifying event**. Qualifying events include:

- Birth or adoption of the child. A birth certificate or hospital documentation may be required.
- A California-born resident child not being enrolled during their birth month. (This means that if the parent did not enroll the child within 31 days of birth, they have an additional 32 days to submit an application to meet the 63-day enrollment deadline.)
- The child becoming a California resident during a month that is not their birth month.
- Loss of group coverage due to change of employment for the parent of the child.
- Loss of all employer contribution toward the parent's or the child's coverage. (This is **not** a qualifying event if the employer just reduces the amount of contribution, or if the parent terminates the child's coverage.)
- Loss of coverage under the California Healthy Families Program (HFP), the California Access for Infants and Mother's Program (AIM), or Medi-Cal.
- Loss of coverage due to legal separation, divorce, or death of the insured parent. (Coverage is mandated by a state or federal court order. The child must reside in California for 6 months of the year.)

What if I enroll my child outside of 63 days from a qualifying event?

Your child can still be enrolled. However, your child's plan premium rate will be higher. The plan premium rate may be based on custom calculation for the child's estimated health care needs. (See more information above about how plan premium rates are determined.) If your child is a newborn, the entire covered family may be re-rated at the higher rate, and the child's effective date of coverage will be the first of the month after the application is received instead of the day of birth.

You will also need to pay a surcharge equal to 20% of the monthly premium for 12 months if you apply outside the enrollment period and your child didn't have continuous health coverage during the 90-day period before the application date. You will need proof of creditable coverage (see information below about proof of creditable coverage). A birth certificate or hospital documentation may be required for newborns.



If you re-enroll your child the following year during an approved enrollment period, your child will be eligible for a lower rate and the surcharge will not apply.

What does Blue Shield accept as proof of creditable coverage?

We accept at least one of the items below:

- A Certificate of Creditable Coverage for the child under age 19
- A letter from an employer on the company's letterhead attesting to creditable coverage for the child under age 19
- Billing statements, payment receipts, or banking statements to prove three months' payment for coverage (for a parent without coverage through an employer)
- A notification document showing the loss of CHIP or Medicaid coverage

How can I get the 20% surcharge removed if it has been applied?

You will need to provide proof of 90 days of continuous prior creditable coverage for your child. You need to provide this to Blue Shield within **30 days of the effective date** of coverage. The surcharge will then be stopped, and any surcharge payments will be credited to your account.

If you provide proof of creditable coverage after 30 days from the effective date, the surcharge will be removed the first day of the month that the proof was received. The surcharge paid for that month only will be credited back to your account. For example, say you pay the surcharge in April, May, and June. If proof of prior medical coverage is received by Blue Shield on June 20, you will be credited the June surcharge.

When I enroll my child, on what date is their coverage effective?

Effective dates for a child under the age of 19 vary by type of plan.

For PPO plans: The effective date is any day of the month at least 15 calendar days after the date the application was received. Example: The application is received on August 3, so the earliest effective date is August 18.

For HMO plans: The effective date is the first day of the month at least 15 calendar days after the date the application was received. Example: The application is received on July 28, so the effective date is September 1.