State of Idaho DEPARTMENT OF INSURANCE

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WILLIAM W. DEAL Director

Bulletin No. 09-05

DATE: May 12, 2009

TO: Insurance Carriers and Producers Selling Group and Individual Health Insurance Plans in Idaho and Self-Funded Health Plans Subject to Registration in Idaho

FROM: William W. Deal, Director

SUBJECT: New Dependent Age Limit Requirements

The 2009 Legislature amended Idaho Code Sections 41-2103, 41-2210, 41-3216, 41-3436, 41-3923, 41-4023, 41-4124, 41-4703, 41-5203 and 41-5501 to include within the definition of "dependent" for health coverage purposes **"an unmarried child under the age of twenty-five years and who receives more than one-half of his financial support from the parent."** Previously, only children under the age of twenty-one, or unmarried children who were full-time students were required to be included within the definition of dependent under these code sections. The changes were included in House Bill 108, which has been signed by the Governor and will apply to all new and renewing health coverage on and after July 1, 2009. All carriers issuing health coverage contracts and persons administering self-funded health plans subject to registration in Idaho should carefully review House Bill 108. The full text of the bill is available at the Legislature's website at: <u>http://www.legislature.idaho.gov/legislation/2009/H0108.htm</u>.

After July 1, 2009, all new and renewing individual and group health plans subject to Chapters 21, 22, 32, 34, 39, 40, 41, 47, 52 or 55, Title 41, Idaho Code, that provide coverage for dependents must define dependent in a manner that is consistent with the changes made by House Bill 108. Any new or renewed policy or plan subject to any of these chapters that contains a definition of dependent that is not consistent with House Bill 108 will be construed consistently with the new statutory definitions after July 1. See Idaho Code § 41-1821.

Carriers with outstanding contracts affected by HB 108 have the option of issuing amended contract forms to policyholders or issuing their policyholders a notice that clearly informs the policyholder of the change in law. Any notice or corrected policy forms must be filed with the Department.

Any formerly ineligible dependent that becomes eligible for coverage as a result of HB 108 will be eligible for re-enrollment as a newly eligible dependent.

The new laws do not set forth any particular method for determining whether a child is receiving more than one-half of his or her financial support from the parent. Therefore, carriers have discretion to determine how and to what extent covered persons will be required to demonstrate that a parent's financial support meets this requirement. However, any requirements imposed on covered persons to demonstrate that the support threshold is met must be fair and reasonable, and must be applied to dependents in a consistent manner.

Persons with questions regarding the changes made by HB 108 should contact the Department's Rates and Forms Section at (208) 334-4250.

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