



The Vita Viewpoint Important Information for Decision Makers

AB 910 . . . Continuing Coverage for Certain Disabled Dependents

Overview of Legislation

Assembly Bill 910 was passed during the summer of 2007, and became effective on January 1, 2008. The primary purpose of this new law is to protect disabled dependents from losing group health insurance benefits due to the plan's age limitation provision.

Definition of "Disabled Dependent" Modified

Previously, only dependents who were incapable of self-sustaining employment by reason of mental retardation or physical handicap were extended this privilege.

Under the newly mandated definition, eligibility has been expanded to allow those incapable of self-sustaining employment by reason of *physically or mentally disabling illness, injury, or condition*. A doctor's written certification of disability must be provided to the health plan.

Notification Requirements

The law also requires carriers to provide written notice to parents of children approaching the age limits of the plan, as outlined below:

1. Carrier must provide notice to the subscriber or insured at least 90 days before the dependent child attains the limiting age.
2. Subscriber or insured has 60 days from receipt of the notice to submit proof that over-age dependent child is:
 - Incapable of self-sustaining employment due to a physically or mentally disabling injury, illness, or condition, and
 - Chiefly (at least one-half) dependent upon the subscriber for support and maintenance
3. Upon receipt of the subscriber's request for continued coverage and proof of criteria described above, carrier will determine whether the child meets the criteria before the child attains the limiting age, or coverage will be continued until a determination is made by the carrier.

For questions or additional information, please contact Vita Benefits Group at (650) 968-8811.