



Over-age Dependent Quick Guide Certified Enrollers

Overview

Covered California sends a [notice](#) to Head of Households who may have over-age dependents enrolled on their health or dental plans. In most cases, dependents who reach 26 years of age are not qualified to remain on their current family plan.

The notice advises the Head of Household that one or more household members are at risk of losing coverage and gives information on how the members may transition to an individual plan. If the consumer receives the notice, it will be displayed in CalHEERS under the Documents and Correspondents page.

For the purpose of this Quick Guide, dependents are defined as a child, eligible for health and dental coverage until the age of 26, as long he or she is entirely dependent for financial support.

Exception Criteria for Disabled Child

Over-age Dependents must meet both of the following requirements for a disability exception:

- 1) They are incapable of self-sustaining employment due to a physically or mentally disabling injury, illness, or condition
- 2) They are chiefly dependent on the subscriber for support and maintenance

If the individual(s) does not meet the above criteria, they are NOT considered for the disability exception for Over-age Dependents.

Special Enrollment Period

Dependents who experience an involuntary loss of coverage because they have turned 26 qualify for a Special Enrollment Period (SEP).

Note: A person without health coverage may be [subject to a tax penalty](#) for the months the consumer did not have coverage or an exemption.

Enrollment Options for Over-age Dependents

- Over-age Dependents who are no longer tax dependents will need to apply for their own health coverage on a separate application
- Over-age Dependents who are still tax dependents can remain a part of the application, but must enroll in their own health plan by the end of the year that they turn 26.
- Over-age Dependents eligible for Medi-Cal can enroll year-around

Note: When a consumer contacts the service center for assistance to transition from dependent coverage to a new individual plan, both the case primary contact and Over-age Dependent should call in together to authenticate and make changes to the existing case or start a new individual application.



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Terminating Covered California Health and Dental Plans

If an Over-age Dependent obtains other health coverage and wants to terminate their Covered California health and dental plan, they can do so by [logging into their Covered California account](#).

Covered California requires at least 14 days advance notice to process this request. It is strongly recommended the dependent request plan termination to be effective at the end of the month. If the coverage needs to be terminated with fewer than 14 days advance notice, have the consumer contact the Covered California consumer service center at 800-300-1506. Agents can contact the Agent Service Center at 877-453-9198 and Community Enrollment Partners can contact the CEC/PBE Help Line at 855-324-3147 with the primary contact on the line. These requests are handled on a case-by-case basis.

If an Over-age Dependent needs to terminate their vision coverage, please call the vision carrier directly.