# (To be prepared on Employer Letterhead)

# SAMPLE TLC ANNUAL AGE 26 LETTER

# FOR RETIREE GROUP PARTICIPANTS

MM/DD/YYYY

Dear Retiree: (to be sent to the original participant, not the dependent)

Under the terms of The Local Choice Health Benefits Program, covered dependent children are no longer eligible for health coverage at the end of the calendar year in which they turn age 26. At the beginning of the next calendar year, they automatically lose coverage under your health plan.

**The program’s Benefits Eligibility System indicates that you provide coverage for a child whose eligibility will cease as of January 1, 2014. Your 26-year-old-child will be automatically removed from coverage.** Because your child will no longer be eligible for the program, you may be eligible for a reduced membership and lower premium cost. If you qualify, your membership will be reduced effective on January 1, 2014.

There are four health benefit options listed below for children who will lose coverage in The Local Choice Health Benefits Program due to age.

1. Continued coverage under The Local Choice Health Benefits Program if your child qualifies as an incapacitated dependent due to a physical or mental health condition, and:

* the child was covered by your health plan and the incapacitation existed prior to the loss of eligibility due to age,
* the child is unmarried, resides full-time with the retiree (or the other natural/adoptive parent) and the retiree provides more than one half of the child’s support, and
* the plan administrator approves continued coverage.

Retirees should contact the plan in which they are enrolled to obtain the necessary paperwork to begin the continuation process for incapacitated dependents that are age 26 and losing coverage. **Completed requests must be returned to the plan prior to January 1, 2014.**  
Retirees enrolled in:

* **Key Advantage or TLC HDHP** – contact Anthem at 1-800-552-2682.
* **Kaiser** **Permanente** – contact Kaiser Permanente at 1-800-777-7902.

**Please note that the approval process can be very time consuming. If you feel that your child may qualify for this provision, we recommend that you take immediate action. Contact your Group Benefits Administrator for assistance.**

1. Groups with 20 or more employees are eligible for Enrollment in Extended Coverage under the provisions of the Public Health Service Act (PHSA). This coverage may last up to 36 months. A Certificate of Creditable Health Coverage, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), is included with this letter. An Extended Coverage Election Notice and a TLC Enrollment Form will be attached, if applicable.
2. Enrollment in non-group coverage available through your current health benefits plan. Additionally, there are many other companies that offer individual coverage in the marketplace. Contact the plans directly to purchase non-group coverage.
3. Enrollment in the Virginia Health Insurance Marketplace. Visit [www.HealthCare.gov](http://www.HealthCare.gov) for more information.

If our records are incorrect and you are not covering a dependent child who will reach age 26 by December 31, 2013 please notify your Group Benefits Administrator of your child’s correct date of birth.

Sincerely,

Enclosures:

Certificate of Creditable Coverage

TLC Enrollment Form, if applicable

Extended Coverage Election Notice, if applicable