



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

**Group Administrator Memo #02-06**

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**To:** Group Benefits Administrators  
**From:** Charles Reed, Associate Director  
State and Local Health Benefits Programs  
**Date:** June 28, 2002  
**Re:** Participation in Long-Term Care Program

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A number of The Local Choice employers opted in 2001 to offer long-term care insurance to their employees through the Commonwealth's program with Aetna Life Insurance Company. For those TLC groups **who did not**, we are providing a second opportunity to participate in the long-term care program.

Benefits in our contract are identical to those offered to employees of the Commonwealth of Virginia. Information kits available from Aetna contain complete details on the long-term care insurance plan including a general explanation of long-term care, rates, a summary of the plan design and a long-term care glossary. No premium contribution is required from employers. However, if you wish to reduce the cost to your employees, you may contribute. For additional information on long-term care, visit The Local Choice Web site at <http://www.thelocalchoice.state.va.us/addlbenefitsltc.htm>.

Some of our member groups may already offer a long-term care product or for other reasons may not wish to participate. Please let us know if you want to receive the information kits and have this product made available to your employees by completing the attached participation form and returning it to The Local Choice office. **Complete the participation form even if you do not want to participate in the program.** If you choose to participate, the information will be sent to the contact designated on your returned form.

## **Eligibility for Long-Term Care Insurance**

Aetna is licensed to provide long-term care insurance to specific, eligible family members. A TLC group's full-time employees, their spouses, parents and parents-in-law, along with retirees, their spouses and surviving spouses are eligible for long-term care insurance. You may also choose to cover part-time employees and their eligible dependents. **No other family members may complete an application.** Actively at work employees who enroll on or before November 30, 2002 will not have to provide proof of good health. Late applicants, retirees and eligible family members must complete a medical questionnaire and must be approved by Aetna before coverage becomes effective.

## **Long-Term Care Insurance Effective Dates and Benefits**

An individual employee, retiree or eligible family member's individual coverage will take effect at a time determined by Aetna after a completed application is received and processed. The effective date will be included on the certificate of coverage that the enrolled participant receives.

To receive benefits, the participant must be unable to perform without substantial assistance two of six activities of daily living, such as eating, dressing, and getting in and out of bed, or the participant must have a severe cognitive impairment.

The program pays for actual expenses up to a specified daily limit at a specific reimbursement level. Daily benefit options range from \$50 to \$200. Benefit levels will vary according to whether the services are performed at a nursing home, assisted living facility, hospice facility (all 100% of the daily benefit amount), at home or in adult day care (both 50%). There is a 90-day waiting period.

## **Additional Information**

If you have questions or need further information on health benefits, you may contact Walter Norman at (804) 786-6460. For long-term care information, contact Sharon Finn at (804) 371-6210 or you may review information on the Aetna web site at:

<http://www.aetna.com/group/commonwealthva/>

Please return the enclosed form **by August 16, 2002**. Thank you.

Enclosure

# Commonwealth of Virginia Long Term Care Insurance



This form shall be used by local employers to implement long-term care coverage under The Local Choice Health Benefits Program sponsored by the Commonwealth of Virginia.

Date: \_\_\_\_\_

## **I. TO BE COMPLETED BY ALL TLC HEALTH BENEFITS PROGRAM GROUPS**

- As a participating group in The Local Choice Health Benefits Program, we will participate in the TLC Long Term Care contract. (Please complete this application and return it to TLC.)
- We will not participate in the TLC Long Term Care contract. (Please sign this form and return it to TLC.)

## **II. GENERAL INFORMATION**

1. Full name of local employer

\_\_\_\_\_

Type of group (*check both if applicable*)

Local government     School district     Other (Please indicate):

\_\_\_\_\_

2. Street Address

\_\_\_\_\_

Mailing Address/P.O. Box

\_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

3. Plan administration executive correspondent (*This person will receive contractual information.*)

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address (*if different from above*)

\_\_\_\_\_

\_\_\_\_\_

4. Plan administration routine correspondent

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Address (*if different from above*)

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**II. ELIGIBILITY REQUIREMENTS**

Please specify whether your criteria for active employee coverage for long term care differs in any way from the eligibility criteria for your healthcare program.

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**TOTAL ELIGIBLES** \_\_\_\_\_

Active Full-time Employees \_\_\_\_\_

Active Part-time Employees (if applicable) \_\_\_\_\_

Retirees \_\_\_\_\_

**III. CERTIFICATION**

I certify that the information supplied by me on this form is accurate to the best of my knowledge.  
Prepared by

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Fax Number*

\_\_\_\_\_  
*E-Mail Address*

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**Forward completed form to:**  
The Local Choice Health Benefits Program  
Commonwealth of Virginia  
Department of Human Resource Management  
101 North 14th Street – 13th Floor  
Richmond, VA 23219