



Key Advantage

Notification of Changes to Your Member Handbook
The Local Choice Health Benefits Program
Commonwealth of Virginia, Department of Human Resource Management

Keep this notification and the consolidated booklet of Notification of Changes to Your Member Handbook (T20546) effective July 1, 2007 (or October 1, 2007 for certain school groups) with your Key Advantage Member Handbook and the appropriate Benefits Summary Insert, for a full and complete description of your coverage. You or your Benefits Administrator may view and print the most current member handbook from The Local Choice Web site at www.thelocalchoice.virginia.gov.

1) **The exclusion for care of obesity or services related to weight loss or dietary control is replaced as follows: Effective July 1, 2007**

Your coverage does not include benefits for care of **obesity** or services related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem.

An exception to this exclusion is for **Morbid Obesity** as set forth in the “**Hospital Services**” section of this handbook.

Exclusions, care of obesity
Member Handbook, page 52 (Printed copy)
Member Handbook, page 53 (Web copy)

2) **The following information is added to “Services Which Are Eligible for Reimbursement” in the “Hospital Services” section of this member handbook. Effective July 1, 2007**

10) Your health plan covers some services (such as abdominoplasties, panniculectomies, and lipectomies) to correct deformity after a previous therapeutic process involving gastric bypass surgery, other bariatric surgery procedures, or other methods of weight loss. In order to be covered, a service must be medically necessary. Before rendering any of these services, Your Provider should contact the Plan Administrator and request a medical necessity review.

Hospital Services, Services Which Are Eligible for Reimbursement
Member Handbook, page 12 (Web copy)
Member Handbook, page 13 (Printed copy)

3) The following replaces Item 16) Death of a Member

Effective July 1, 2008

Coverage will end for a dependent enrolled with the Member if the Member dies unless continuation of coverage is properly elected and maintained pursuant to paragraph 9) of this section. Coverage for the dependent will end on the last day of the month in which the Member's death occurs unless the local employer elects, in advance, a one month option for continued survivor coverage. If this option is elected, coverage for surviving dependents of a deceased member will continue until the end of the month following the date of the member's death. Full premium, with continued employer and dependent contribution, is required. Survivors must participate and no plan changes are permitted. The one month additional survivor benefit is a local employer option and must be elected annually by the local employer. The Local Choice Group will notify the Plan Administrator so that conversion privileges may be extended to the dependent.

Basic Plan Provisions

Member Handbook - page 63 (Printed copy)

Member Handbook - page 64 (Web copy)

4) This is to make a correction that the plan covers Orthodontic benefits with no deductible.

Benefit Summary Insert - page 4

5) Annual Routine Wellness and Preventive Care visits do not include routine vision benefits.

Benefit Summary Insert - page 6

6) The well child visits schedule has been revised as shown below.

Effective July 1, 2008

- Birth
- 3-5 days
- 2-4 weeks
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3 years
- 4 years
- 5 years
- 6 years

Professional Services

Member Handbook - page 22

7) Key Advantage 200 covers routine vision services.

Effective July 1, 2008

Vision Services

Member Handbook - page 29