Enrollment Information

For Retirees Eligible for Medicare

About This Brochure

Your employer has selected The Local Choice Health Benefits Program to provide Medicare Supplemental health care coverage for you and your eligible family members. This brochure provides important information about how to enroll and special provisions that apply to The Local Choice plans. Take time to review the other materials in your enrollment package as well:

- **Benefits Summary** — Your enrollment package contains a Benefits Summary of the Medicare plan offered by your employer. The Benefits Summary outlines the benefits and general information about the plan. The Benefits Summary along with the Medicare-Coordinating Plans member handbook, constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan. Be sure to keep the Benefit Summary with your member handbook for a full description of your coverage.
- **Enrollment/Waiver Form** — This form must be used to enroll yourself and any other eligible family members in a plan. You must also complete this form if you choose to waive coverage (Part 3 of form). Whatever your decision, you must return the enrollment/waiver form to your former employer's Group Benefits Administrator.

About The Local Choice Health Benefits Program

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia's Department of Human Resource Management (DHRM). It was created especially for local governments, school boards, and constitutional officers seeking affordable health care benefits for their employees and retirees. No matter which plan you join, you will be served by customer service and claims processing professionals dedicated to serving The Local Choice members.

The Medicare-Coordinating health care coverage offered through The Local Choice provides medical benefits that work with Medicare Part A and Part B. You must have Parts A and B to receive maximum benefits under this plan.

Prescription drug coverage is not available through this plan. If prescription drug coverage is desired, you should also obtain Medicare Part D coverage.

For the Medicare-Coordinating health care plans offered through The Local Choice, the medical benefits are administered by Anthem Blue Cross and Blue Shield. If your employer offers the Advantage 65 with Dental/Vision plan or the Medicare Complementary plan, routine vision is administered by Anthem and dental coverage is administered by Delta Dental.

A One-Time Opportunity To Enroll

You have a one-time opportunity to enroll in a Medicare-Coordinating plan through The Local Choice Health Benefits Program. You may enroll upon initial eligibility for Medicare, or in the future when you become Medicare eligible. If you decline or terminate Medicare-Coordinating coverage, you will not be allowed future enrollment.

Your Group Benefits Administrator is prepared to help you enroll and will assist you with enrollment procedures. In this brochure you will find more enrollment information and guidelines for making changes at other times of the year.

If you are eligible for Medicare, you must now decide whether to enroll or to waive coverage in The Local Choice program for Medicare eligible retirees.

- **If you decide to waive enrollment**, you and/or your eligible family members will not be able to join at a later date.
- **If you decide to enroll**, eligible family members also may enroll now, at a future Open Enrollment, or if a qualifying mid-year event occurs.

To take advantage of your one-time enrollment opportunity, simply complete the enclosed Enrollment/Waiver Form and return it to your Group Benefits Administrator.

The Local Choice is the only program that your employer offers to retirees. If your employer currently sponsors a health benefits program or plan for retirees, it will end as of the effective date of The Local Choice program.

Types Of Membership

Single Membership

Each person eligible for Medicare has his or her own individual membership in Advantage 65, Advantage 65 with Dental/Vision or Medicare Complementary.

Membership When Other Family Members Enroll

The following types of membership are available if you wish to enroll yourself and eligible family members:

- Retiree ***Eligible*** for Medicare and Dependents Not Eligible for Medicare
- Retiree ***Not Eligible*** for Medicare and Dependents Eligible for Medicare
- Retiree ***Eligible*** for Medicare and Dependents Eligible for Medicare

Retiree Plus One or Family Membership

If you have one or more dependents that are not eligible for Medicare, contact your Group Benefits Administrator for assistance. Dependents not eligible for Medicare may choose from the same plans as active employees until they qualify for Medicare.

Why Your Eligible Family Members Should Enroll Now

It's important to enroll family members now. Otherwise you must wait until the next annual Open Enrollment period to add family members, unless you experience a qualifying mid-year event such as marriage, divorce or death of an enrolled family member. Please see the complete list of qualifying mid-year events on page 3. Always contact your Group Benefits Administrator when any of these changes occur.

Your Group Benefits Administrator has Enrollment/Waiver Forms. You must complete and return a form to your Group Benefits Administrator within 60 days of the qualifying mid-year event.

The following family members are eligible to enroll:

- Your legal spouse (the marriage must be recognized by the Commonwealth of Virginia);
- Your children, biological or legally adopted;
- Your stepchildren who live with you in a parent-child relationship and are dependent upon you for federal income tax purposes; and
- Other children if a court orders the eligible retiree to assume sole, permanent, court-ordered custody of the child.

The age limit for dependent children is the last day of the calendar year in which the child reaches age 26.

A dependent child, regardless of age, may continue membership if he or she is incapable of self-support because of a severe physical or mental handicap diagnosed while the child is enrolled under the plan. Application to continue coverage must be completed and returned to the Group Benefits Administrator at least 60 days before the child becomes ineligible due to age. The physical or mental handicap must have existed prior to the end of the year in which the child reached age 26.

How To Enroll

Your Group Benefits Administrator will answer questions and assist you with enrollment procedures. To enroll in a Local Choice plan, simply complete, sign, and return the enclosed Enrollment/Waiver form to your Group Benefits Administrator.

If you decide not to enroll, complete Parts 3 and 5 of the form and return it to your former employer's Group Benefits Administrator.

Your Group Benefits Administrator can give you guidance, but cannot make decisions for you. Remember, it's your responsibility to ensure that your Enrollment/Waiver form is returned by the required deadline.

Qualifying Mid-Year Events

These events may permit an election change outside the annual Open Enrollment period. Most allow you to change your membership. To be allowed, changes must be consistent with and on account of the qualifying mid-year event. If you fail to submit an Enrollment/Waiver Form to your Benefits Administrator within 60 days of the event, you will not be allowed to make a change until the next Open Enrollment Period, or unless you experience another consistent qualifying mid-year event. If you have questions about these events, contact your Group Benefits Administrator.

Events Which Allow You To Change Your Membership Outside Of The Open Enrollment Period

- Birth, Adoption, or Placement for Adoption
- Child Covered under You Health Plan Lost Eligibility
- Death of Child
- Death of Spouse
- Dependent Care Cost or Coverage Change
- Divorce
- Employment Change – Full-time to Part-time
- Employment Change – Part-time to Full-time
- Employment Change – Unpaid Leave of Absence
- Gained Eligibility under Medicare or Medicaid
- HIPAA Special Enrollment
- Judgment, Decree, or Order to Add Child
- Judgment, Decree, or Order to Remove Child
- Lost Eligibility under Governmental Plan
- Lost Eligibility under Medicare or Medicaid
- Marriage
- Move Affecting Eligibility for Health Care Plan
- Other Employer's Open Enrollment or Plan Change
- Spouse or Child Gained Eligibility under Their Employer's Plan
- Spouse or Child Lost Eligibility under Their Employer's Plan

Placement, or being placed, for adoption means the assumption and retention of a legal obligation for total or partial support of a child by a person with whom the child has been placed in anticipation of the child's adoption. The child's placement for adoption with such person ends upon the termination of such legal obligation. An agreement for full or partial support of a child will constitute a legal obligation only if the obligation is enforceable in a court of competent jurisdiction, which depends on the facts and circumstances associated with the agreement. The employee must be party to the support agreement and the agreement must extend beyond the obligation to provide medical coverage.

If You Need More Information

Eligibility and Enrollment

Contact your Group Benefits Administrator with questions about eligibility and enrollment.

Program Administration

The Local Choice Health Benefits Program

Web Address . . . . . www.thelocalchoice.virginia.gov
E-Mail . . . . . tlc@dhrm.virginia.gov

Medical and Vision Plan Claims Administration

Anthem Blue Cross and Blue Shield – Blue View Vision

Member Services 1-800-552-2682
Web Address . . . . . www.anthem.com/tlc
Select "Medicare Retirees" under Tools & Information.
Hours of Operation . . . . . .
Monday through Friday, 8:00 a.m. to 6:00 p.m.
Saturday, 9:00 a.m. to 1:00 p.m

Dental Plan Claims Administration

Delta Dental of Virginia

Customer Service. 1-888-335-8296
Web Address . . . . . www.deltadentalva.com
Click on "The Commonwealth of Virginia Retiree Health Benefits Program"
Hours of Operation . . . . . .
Monday through Thursday, 8:15 a.m. to 6:00 p.m.
Friday, 8:15 a.m. to 4:45 p.m.

Questions and Answers

I have health benefits already, why should I enroll?

If you are enrolled in another health benefits plan sponsored by your employer for retirees, it will be canceled when The Local Choice program becomes effective. That means unless you complete and return an Enrollment/Waiver Form, you will not be covered and will not be able to join at a later date.

If you are enrolled in another program which is not sponsored by your employer, compare the benefits available. If the other program ends at any time for any reason, and you are not a member of your employer's retiree plan, you will not be able to join at a later date. Remember, this is a one-time opportunity.

Are there waiting periods?

The Local Choice Health Benefits Plans do not have waiting periods or pre-existing condition restrictions.

Is it important to choose Medicare participating physicians?

Yes. It is extremely important for you to be enrolled in both Medicare Part A and Part B and to select a Medicare participating physician. Here's why: Doctors have the option to sign a participating agreement with Medicare. A doctor who signs this agreement "accepts assignment" for all services furnished to Medicare patients. This means the doctor files your Part B claims for you and accepts Medicare's payment for covered services. It also means your copayment is limited to a percentage of the Medicare-approved charge.

- Advantage 65 pays your Medicare Part B copayment in full up to the Medicare-approved charge, after you meet the Medicare Part B calendar year deductible.
- With Medicare Complementary, you pay out of pocket the first $1,000 of Medicare-approved Part B expenses. Then the plan pays your coinsurance in full up to the Medicare-approved charge.

On the other hand, if you go to a physician who does not accept assignment for Medicare, you are responsible for any amounts above the Medicare-approved charge. However, the amount may not exceed 115% of the Medicare-approved charges.

Call your nearest Social Security office for more information about Medicare participating physicians.

You should enroll in Medicare Part D. The Local Choice Program does not cover outpatient prescription drugs.

Will I receive other information?

Yes. You will receive an identification card from Anthem to be used (along with your Medicare card) each time you receive health care services. If you are enrolling in a plan that also includes dental coverage, you will receive an identification card from Delta Dental of Virginia. Also, you will receive a Medicare-Coordinating Plans Member Handbook that provides complete information about your health benefits plan.

What if my claim is denied and I disagree?

Any plan you choose during this one-time enrollment opportunity has an appeals procedure. The appeals procedure is outlined in detail in the Medicare-Coordinating Plans Member Handbook. If all or part of a claim is denied, you have the right to appeal the plan's decision. If Medicare denies a claim, the appeals procedure is handled in the manner prescribed by the Social Security Administration.

T20866 (1/2013)