

DEPENDENTS WHO LOSE ELIGIBILITY DUE TO AGE

Dependent children who are otherwise eligible for The Local Choice Health Benefits Program lose eligibility at the end of the year in which they turn age 26. Dependents that are ineligible due to age will be removed from coverage effective January 1, <year>, and the employee's or retiree group participant's membership will be reduced appropriately. **Although we do not need a new Enrollment Form for this reduction, you may want to have the member complete a form for your files. In the event of an audit, it could be helpful to provide a copy of the form along with our BES-Dependent-Age-26-Termination-Rpt.**

Be sure to reconcile your payroll system to the Benefits Eligibility System (BES) to ensure that correct premiums are being deducted.

The Local Choice Health Benefits Program will continue to allow children who are incapacitated to remain covered dependents as long as they remain incapacitated and meet the eligibility criteria found below:

- the incapacitation existed prior to the loss of eligibility due to age,
- the dependent resides full time with the employee, retiree group enrollee or other natural or adoptive parent,
- the dependent is not married,
- the dependent receives his or her financial support from the employee/retiree,
- the dependent remains continuously covered on a parent's employer group coverage, and
- the plan administrator approves continued coverage.

It is the employee's or retiree's responsibility to contact the plan directly for the necessary paperwork to begin the request for continuation process for incapacitated dependents who are age 26 and losing coverage. **Completed requests must be received by the plan prior to January 1, <year>.**

Members enrolled in:

- **Members in Key Advantage, TLC HDHP** or a plan that coordinates with Medicare must contact Anthem at 1-800-552-2682.
- **Members in Kaiser Permanente** must contact Kaiser at 1-800-777-7902.
- **Members in Optima Health** must contact Optima at 866-846-2682.

Group Benefit Administrators are responsible for immediately notifying employees or retiree group enrollees whose children will lose eligibility on January 1. Attached are sample letters you may use to notify affected participants. In the retiree group, letters should be sent to the original participant.

A report showing the affected employees/retirees and dependents is available by logging into your group's HuRMan File Repository. This report may be found at www.DHRM.virginia.gov then go to "Quick Links" and select HuRMan/ITECH. The name of the report is "BES-Dependent Age 26 Approaching Termination".

For assistance logging into the HuRMan File Repository, please see the attached "How to Access HuRMan". If you don't know your credentials or they have expired, please contact IHelp@dhrm.virginia.gov . Questions about a particular report found within your HuRMan folder should be directed to TLC@dhrm.virginia.gov .

Please note that because the report was run in August <year>, it does not include participants who were entered into the system after that date. You must identify and notify anyone entered after that date.

If timely application for continued coverage for an incapacitated dependent child is made and the approval is not received by December 31, <year>, the child will be removed from coverage. Dependents removed from The Local Choice Health Benefits program upon reaching age 26 can only re-enroll in coverage in one very limited situation. Upon approval for continuous coverage, the incapacitated dependent may be reinstated retroactively to January 1, <year>.

NOTE: WE WILL SEND A SEQUENTIAL MEMO IN OCTOBER OF EACH YEAR WITH INSTRUCTIONS AND SAMPLE LETTERS TO PROVIDE TO YOUR PARTICIPANTS.