# SAMPLE ANNUAL AGE 26 LETTER

# FOR ACTIVE EMPLOYEES IN COVA CARE, HDHP, COVA HEALTHAWARE AND KAISER PERMANENTE

 MM/DD/YYYY

Dear Employee:

Under the terms of the Health Benefits Program for state employees, covered dependent children are no longer eligible for health coverage at the end of the calendar year in which they turn age 26.

 The program’s Benefits Eligibility System indicates that you provide coverage for a child whose eligibility will cease as of January 1. Thus, the 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 automatically effective January 1, 2015. Consistent plan changes are permitted when a child loses eligibility. You may make a plan change within 60 days of your child losing eligibility. Any change in plan enrollment will be on a prospective basis.

There are four health benefit options listed below for children who will lose coverage in the Health Benefits Program for state employees due to age.

1. Continued coverage under the Health Benefits Program for state employees if your child qualifies as an incapacitated dependent due to a physical or behavioral health condition, and:
	* the incapacitation existed prior to the loss of eligibility due to age;
	* the child is unmarried, resides full-time with the employee (or the other natural/adoptive parent) and the employee provides more than one half of the child’s support, and
	* the plan administrator approves continued coverage.

Employees need to contact the plan in which they are enrolled 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 returned to the plan prior to January 1, 2015. Employees enrolled in:

* **COVA Care** and **COVA HDHP** must contact Anthem at 1-800-552-2682.
* **Kaiser** **Permanente** must contact the plan at 1-800-777-7902.
* **COVA HealthAware** must contact the plan at 1-855-414-1901.

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 agency Benefits Administrator for assistance.

1. Enrollment in Extended Coverage under the provisions of the Public Health Service Act (PHSA) for a period of up to 36 months. An Extended Coverage Election Notice will be sent to your child.
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 [HealthCare.gov](file:///C%3A%5CUsers%5Cshm74943%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C3KEW5FEN%5CSAMPLE%20Active%20Annual%20AGE%2026%20LETTER2012final.docx)  for more information.

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

 Sincerely,