# SAMPLE ANNUAL AGE 26 LETTER

# FOR RETIREE GROUP EMPLOYEES

MM/DD/YYYY

Dear Retiree Group Enrollee (to be sent to the original participant, not a dependent (e.g., not a linked spouse covering the child who is aging out of the plan):

Under the terms of the Health Benefits Program for Retirees, covered 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.

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

1. Continued coverage under the Health Benefits Program for Retirees 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 retiree group enrollee (or the other natural/adoptive parent) and the retiree group enrollee provides more than one half of the child’s support, and
* the plan administrator approves continued coverage.

Retiree group enrollees need to contact the plan in which the child is enrolled for the necessary paperwork to begin the process for review of incapacitated dependent children that are age 26 and losing coverage. Completed requests must be returned to the plan prior to January 1, 2015.

Retiree group participants enrolled in:

* **COVA Care**, **COVA HDHP** or a plan that coordinates with Medicare must contact Anthem at 1-800-552-2682.

**COVA HealthAware** must contact Aetna Concierge at 855-414-1901.

**Kaiser Permanente** must contact the plan at 1-800-777-7902.

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 the Benefits Administrator signing this correspondence 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. Contact the plans directly to purchase non-group coverage.
3. Enrollment in the Virginia Health Insurance Marketplace. Visit [HealthCare.gov](file:///C:\Users\shm74943\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\3KEW5FEN\SAMPLE%20Active%20Annual%20AGE%2026%20LETTER2012final.docx)

for more information.

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

Sincerely,