

Medicare-Coordinating Plans

Notification of Changes to Your Member Handbook

Effective January 1, 2015

Commonwealth of Virginia Retiree Health Benefits Program

Keep this notification with your Medicare-Coordinating Plans Member Handbook. This notification and your Member Handbook constitute a full description of your coverage. You may obtain the most current Medicare-Coordinating Plans Member Handbook, including the following changes, from the Department of Human Resource Management Web site at www.dhrm.virginia.gov.

1. On the above effective date, the Medicare Complementary/Option I Plan will no longer be an available plan option in the State Retiree Health Benefits Program. Any references to the Medicare Complementary/Option I Plan are, therefore, removed from your Medicare-Coordinating Plans Member Handbook. Medicare Complementary/Option I participants will be moved to an Advantage 65 Plan.

The following changes apply to the elimination of the Medicare Complementary/Option I Plan:

Page	Section	Revision
1	Important Notice	Remove Medicare Complementary/Option I as an available plan.
7	Coverage Chart	Remove the coverage summary for the Medicare Complementary/Option I Plan.
20	Professional and Other Part B Services	Remove Medicare Complementary/Option I reimbursement and deductible information.
23	Major Medical Services	Remove information regarding the Medicare Complementary/Option I Plan.
29	Dental/Vision Coverage	Remove "but all Medicare Complementary/Option I Participants have dental/vision coverage as a part of their Plan."
47	Definitions	Plan – remove Medicare Complementary/Option I as a plan described in this handbook.
47	Definitions	Primary Coverage – remove Medicare Complementary/Option I as a Medicare-coordinating plan in the state program.

2. For those participants enrolled in the optional Dental/Vision benefit, reference to the Medicare Complementary/Option I Plan will be removed from page one of the Dental/Vision Member Handbook insert under IMPORTANT NOTICE.
3. For participants with the Medicare-Coordinating Plans Member Handbook dated January 2011, the following amendment was also provided effective July 1, 2011. (Any Medicare-Coordinating Plans Member Handbooks dated July 2011 already include the following information.)

The two Eligibility sections below are replaced as follows:

Replacement 1)

Eligible Retiree Group Enrollees may cover the following dependents:

The Retiree Group Enrollee's Spouse (except for spouses of non-annuitant survivors—see **Termination of Coverage**): The marriage must be recognized as legal in the Commonwealth of Virginia.

The Retiree Group Enrollee's Children

Under the State Retiree Health Benefits Program (the program), the following eligible children may be covered to the end of the calendar year in which they turn age 26 (the program's limiting age). The age requirement is waived for adult incapacitated children:

- (1)** Natural Children, Adopted Children, and Children Placed for Adoption
- (2)** Stepchildren: A stepchild is the natural or legally adopted child of the Retiree Group Enrollee's legal spouse. Such marriage must be recognized by the Commonwealth of Virginia.
- (3)** Incapacitated Dependents: Adult children who are incapacitated due to a physical or mental health condition, as long as the child was covered by the program and the incapacitation existed prior to the termination of coverage due to the child attaining the limiting age. The Retiree Group Enrollee must make written application, along with proof of incapacitation, prior to the child reaching the limiting age. Such extension of coverage must be approved by the Plan and is subject to periodic review. Should it be determined that the child no longer meets the criteria for coverage as an incapacitated child, the child's coverage will be terminated at the end of the month following notification from the Plan to the Retiree Group Enrollee. The child must live with the Retiree Group Enrollee as a member of his or her household, not be married, and be dependent upon the Retiree Group Enrollee for financial support. In cases where the natural or adoptive parents are living apart, living with the other parent will satisfy the condition of living with the Retiree Group Enrollee. Furthermore, the support test is met if either the Retiree Group Enrollee, the other parent, or combination of the Retiree Group Enrollee and the other parent provide over one-half of the child's financial support.

Adding Adult Incapacitated Dependents as a Qualifying Mid-Year Event: Adult incapacitated dependents that are enrolled on a parent's group employer coverage, or in Medicare or Medicaid, may be enrolled in the program with a consistent qualifying mid-year event (as defined by the Office of Health Benefits) if the dependent remained continuously incapacitated, eligibility rules are met, required documentation is provided, and the administrator for the plan in which the Retiree Group Enrollee is enrolled approves the adult dependent's condition as incapacitating. Eligibility rules require that the incapacitated dependent lives at home, is not married, and receives over one-half of his or her financial support from the Retiree Group Enrollee.

The following documentation is required by the claims administrator to approve the dependent's coverage:

- Evidence that the dependent has been covered continuously as an incapacitated dependent on a parent's group employer coverage or covered under Medicaid or Medicare since the incapacitation first occurred;

- Proof that the incapacitation commenced prior to the dependent attaining age 26; and,
- An enrollment form adding the dependent within 60 days of the qualifying mid-year event, accompanied by a letter from a physician explaining the nature of the incapacitation, date of onset, and certifying that the dependent is not capable of financial self-support. The plan reserves the right to request additional medical information and to request an independent medical examination.

If an incapacitated dependent leaves the program and later wants to return, the review will take into consideration whether or not the same disability was present prior to reaching the limiting age and continued throughout the period that the child was not covered by the program. If the dependent was capable of financial self-support as an adult, and then became disabled, the disability is considered to have begun after the plan's limiting age, and the person cannot be added for coverage.

- (4) Other Children:** An unmarried child for which a court has ordered the Retiree Group Enrollee (and/or the Retiree Group Enrollee's legal spouse) to assume sole permanent custody. The principal place of residence must be with the Retiree Group Enrollee, the child must be a member of the Retiree Group Enrollee's household, the child must receive over one-half of his or her support from the Retiree Group Enrollee, and custody was awarded prior to the child's 18th birthday.

Additionally, if the Retiree Group Enrollee or spouse shares custody with his or her minor child who is the parent of the "other child", then the other child may be covered. The other child, the parent of the other child, and the spouse, if the spouse is the one who has shared custody, must be living in the same household as the Retiree Group Enrollee.

When the minor child, who is the parent of the other child, reaches age 18, the Retiree Group Enrollee must obtain sole permanent custody of the other child and provide this documentation to the Benefits Administrator.

Documentation Requirements: The Retiree Group Enrollee must provide proof of a dependent's eligibility, as defined by the Department of Human Resource Management, when the Retiree Group Enrollee submits the enrollment request. The Benefits Administrator can provide specific requirements.

Note: Individuals may not be covered as dependents unless they are US citizens, US resident aliens, US nationals, or residents of Canada or Mexico. However, there is an exception for certain adopted children. Retiree Group Enrollees who legally adopt a child who is not a US citizen, US resident alien, or US national, may cover the child if the child lived with the Retiree Group Enrollee as a member of his/her household all year. This exception also applies if the child was placed with the Retiree Group Enrollee for legal adoption.

Page 49 – 51, Eligibility – Eligibility Retiree Group Enrollees may cover the following dependents

Replacement 2)

Termination of Coverage: Coverage terminates the last day of the month in which a participant loses eligibility based on the policies and procedures of the Department of Human Resource Management or a Retiree Group Enrollee requests termination of coverage.

Generally, eligible dependent children of a Retiree Group Enrollee may be covered through the end of the year in which the child turns age 26 as long as the child remains otherwise eligible. An eligible non-annuitant surviving spouse may continue coverage until death, remarriage, alternate health coverage is obtained, or the spouse otherwise ceases to be eligible based on the policies and procedures of the Department of Human Resource Management.

Page 52, Eligibility – Enrollment and Plan or Membership Changes – Termination of Coverage
(no change to New Retiree Group Enrollees and Dependents and Making changes sections)