

Medicare-Coordinating Plans Member Handbook

Notification Member Handbook Changes

Effective January 1, 2017

Commonwealth of Virginia Retiree Health Benefits Program

This Notification, the Member Handbook, and any other Notification/Amendments previously communicated constitute a full description of coverage in this plan. You can obtain the most current Medicare-Coordinating Plans Member Handbook and all changes from the Department of Human Resource Management Web site at www.dhrm.virginia.gov.

I. Exclusions

Remove the following exclusion to comply with Affordable Care Act (ACA) Section 1557, Nondiscrimination in Health Programs and Activities

- For surgical sex transformation and follow-up care (page 31)

II. Eligibility

The following Eligibility section is replaced as follows (page 49):

Eligibility for the State Retiree Health Benefits Program requires that:

VRS Retirees (not including Optional Retirement Plan (ORP) Participants):

- You are a retiring State employee who is eligible for a monthly retirement benefit from the Virginia Retirement System, and
- You start receiving (not deferring) Your retirement benefit immediately upon retirement, and
- Your last employer before retirement was the Commonwealth of Virginia, and
- You were eligible for coverage as an active employee in the State Health Benefits Program until Your retirement date (not including Extended Coverage) and
- You enroll within 31 days of your retirement date.

Optional Retirement Plan (ORP) Participants:

- You are a terminating state employee who participates in one of the qualified Optional Retirement Plans, and
- Your last employer before termination was the Commonwealth of Virginia; and,
- You were eligible for (even if you were not enrolled) coverage in the State Employee Health Benefits Program for active employees at the time of your termination; and,

- You meet the age and service requirements for an immediate retirement benefit under the non-ORP Virginia Retirement System plan that you would have been eligible for on your date of hire had you not elected the ORP and,
- You enroll in the State Retiree Health Benefits Program no later than 31 days from the date you lose coverage (or lose eligibility for coverage) in the State Health Benefits Program for active employees due to your termination of employment .

OR

Virginia Sickness and Disability Participants (LTD)

- You are a VSDP Long-Term Disability Participant or other state sponsored long term disability Plan Participant (e.g., a university-sponsored plan) and
- You enroll in retiree group coverage within 31 days of Your loss of active employee eligibility.

OR

Survivors

- You are an eligible survivor of an active employee, retiree or long-term disability Participant, and
- You enroll in retiree group coverage within 60 days of the employee/retiree’s death

III. The following paragraphs include clarifications to existing benefit provisions. These do not represent any changes in benefits. The clarification language is *bolded in italics*. No other paragraphs in this section require clarification

Eligibility (page50)

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 ***full-time*** 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: Eligibility rules require that the incapacitated dependent live **full-time** at home, not be married, and receive 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:

- ***Photocopy of birth certificate or legal adoptive agreement showing the retiree group enrollee's name;***
- 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 ***State Health Benefit 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.