

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

# State Health Benefits Program

## Eligibility Rules

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### Overview

The State Health Benefits Program provides a variety of health benefits plans to eligible state employees, including covered services for medical and surgical, dental and vision care, outpatient prescription drugs, and behavioral health services. You are eligible for membership in the State Health Benefits Program if you are a part- or full-time, salaried, classified employee or regular, full-time or part-time, salaried faculty. Your eligible dependents also may be covered.

Please see below the types of membership available for the health benefits program.

### Membership Types

**Employee Single** - Choose this membership category if you want to *cover yourself only*.

**Employee Plus One** - To *cover yourself and one eligible dependent (spouse or child)*, select this membership group.

**Family** -- *For covering yourself and two or more eligible dependents*, choose this category of membership.

### More About Membership

If you have **Employee Plus One** or **Family**, the following individuals are eligible for enrollment under your plan:

- ❖ Legally married spouse of an employee
- ❖ Unmarried, biological, or legally adopted children, or children placed in the home under a pre-adoptive agreement approved by the Department of Human Resource Management (DHRM)
  - The unmarried child(ren) must live at home and be eligible to be claimed on the parents' federal income tax return. There are exceptions, such as a child attending school full-time away from home, or living with the other parent if the employee is divorced or separated.

- An unmarried child who meets the above criteria may be covered until the last day of the calendar year in which the child turns age 23.
- ❖ Unmarried stepchildren living full time with the employee in a parent-child relationship and who are eligible to be claimed as a dependent on the member's or member's spouse's federal tax return
- ❖ Other children, on an exception basis, if they are in the permanent, court-ordered custody of the employee
- ❖ A dependent child over age 23 may continue to be covered if he or she is incapable of self-support because of a severe physical or mental disability. The qualifying disability must be diagnosed and have caused the incapacitation prior to the loss of eligibility for coverage due to age and be approved by the plan administrator. For the statewide COVA Care plan, enrollment must occur within 31 days of loss of coverage as dependent children due to age. The Kaiser Permanente regional plan requires that the request be made before ineligibility for coverage due to age occurs. A child certified as disabled who later recovers is no longer eligible and must be removed from the program. If the child is re-diagnosed at a future time with a disability, the child may not re-enroll in the State Health Benefits Program.

## Who Cannot Participate

The following individuals cannot be enrolled under your plan, even if they are dependents of the employee:

- ❖ Divorced spouses\*
- ❖ Parents
- ❖ Grandparents
- ❖ Grandchildren\*\*
- ❖ Brothers or sisters\*\*
- ❖ Stepchildren unless both these conditions are met: 1) the stepchild lives with the employee, and 2) the stepchild is eligible to be a dependent of the member or member's spouse for federal tax purposes.
- ❖ Dependent child, after the end of the month in which the child marries
- ❖ Children who are age 19 or older and are not eligible to be claimed on the parents' income tax as a dependent (i.e., children who are self-supporting).

The lists of eligible and ineligible participants are not all-inclusive. Employees who enroll or fail to remove ineligible persons may be removed from the program for a period of up to three years.

*\* A court order to provide coverage for an ex-spouse does not make the ex-spouse eligible for coverage through the State employee program.*

*\*\* DHRM may determine when children who normally would not be eligible for coverage may qualify as eligible under the "other children" category of DHRM's rules. Your agency Benefits Administrator can help you with your questions on eligibility.*

## Enrollment and Changes

There are only certain times when you may enroll yourself and eligible dependents in a health benefits plan, or change your type of membership or plan.

Remember to check with individual plans to see if you are required to select a primary care physician (PCP). The state's self-insured plan currently does not require designation of a PCP.

### When Newly Eligible – Within 31 Days of Eligibility

Enroll **within 31 days of the date of hire or gaining eligibility**. Your health coverage is effective the first of the month after the submission of your enrollment is received. If you are hired or become eligible on the first working day of the month and the form is received that day, your coverage is effective the first of that month.

### During Open Enrollment

Health Benefits Open Enrollment occurs in the spring for active employees and retirees who are not eligible for Medicare. The spring Open Enrollment is your opportunity to make changes in your health benefits plan or type of membership. The benefits and premiums associated with your Open Enrollment selections will be effective July 1 through June 30 of the following calendar year.

### Making Changes Outside of Open Enrollment

**You may make changes during the plan year that are based on Qualifying Mid-Year Events.** You must submit your change within 31 days of the event. The change will be effective the first of the month **after the date the submission of an election change is received**. If notice is received the first day of the month, the change is effective that day.

Exceptions are:

- birth, adoption, placement for adoption (changes take effect the first of the month in which the event occurs, and
- termination of ineligible members due to divorce or dependent child losing eligibility (changes are effective the last day of the month in which the member loses eligibility).

### Qualifying Mid-Year Events

The following events permit an election change outside Open Enrollment. You may change a benefit election when a valid change in status event occurs, but only if your change is made on account of, and corresponds with, a change in status that affects your own, your spouse's or your dependent's *eligibility for coverage*. You may make changes during the year if you apply to do so within 31 days of the event. If you have questions about these events, contact your Benefits Administrator.

### **Change in Your Employment Status:**

- Begins/ends eligibility with employer
- Begins/ends leave without pay or family medical leave
- Begins retirement

### **Change in Your Marital Status:**

- Marriage, divorce or death of a spouse

### **Change in Your Number of Eligible Family Members**

- Birth or adoption\*
- Death of a covered child
- Covered child is no longer eligible for coverage under your plan (exceed plan's age limit, marries, becomes self-supporting, etc.)
- Judgment, decree or order (including National Medical Support Notice) requiring coverage of a child or children, or allowing another party to cover a child or children
- Permanent custody of a child granted

**\*The Department of Human Resource Management must review all pre-adoptive placements to verify eligibility.**

### **Changes Affecting Your Family Member(s) Employment**

- Spouse or covered child gains employer eligibility (including switching from part-time to full-time employment)
- Spouse or eligible child loses employer eligibility (including switching from full-time to part-time employment)
- Spouse begins/ends leave without pay

### **Other Changes Affecting Your Dependent(s)**

- Annual enrollment or significant change allowed under another employer's plan
- Gains eligibility for Medicare or Medicaid
- Loses eligibility for Medicare or Medicaid
- Loses eligibility under another government-sponsored plan

### **Changes Due to Special Circumstances**

- Employee or dependent moves in or out of plan's service area
- HIPAA special enrollment due to loss of other coverage

## Moving In or Out of Your Plan's Service Area

You may change to another plan, but not change your membership, if you move in or out of your plan's service area. Submit your plan change within 31 days of the event. The change will be effective the first of the month after the submission is received.

For more information on qualifying mid-year events, see "Enrolling and Making Changes" on the DHRM Web site at <http://www.dhrm.virginia.gov/hbenefits/enrollingandmakingchgs.html>.

## Processing Changes

When you change membership or plans, submit your electronic action using EmployeeDirect or an Enrollment form within 31 days. The changes will become effective based on the following schedule unless it is one of the exceptions listed above:

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### When Coverage is Effective...

<u>Event Date Example</u>	<u>If Request/Form is Received Within 31-Days And...</u>	<u>Then Coverage is Effective...</u>
Aug. 20	By the end of the month (example: by Aug. 31)	The first of the next month (example: effective Sept. 1)
Aug. 20	On the first day of the month (example: on Sept. 1)	That day (example: effective Sept. 1)
Aug. 20	Into the next month (example: by Sept. 6)	The first of the following month (example: effective Oct. 1)

## Other Coverage Rules

### Survivors of State Employees

If a state employee dies while in service, benefits may be available to survivors who either will immediately receive a retirement benefit from the Virginia Retirement System, or who are covered under the State Health Benefits Program at the time of the employee's death and wish to continue coverage. The deadline to enroll in continuation coverage varies according to the type of survivor. Please note that the deadline is based on the date the employee died, not when coverage ends. Health coverage may continue in the active employee group for at least 30 days after the death of a state employee.

Contact the Benefits Administrator of the agency in which the State employee worked **to enroll in coverage**. For additional information, consult the Survivor Benefits Retiree Fact Sheet (#10) on the DHRM web site and also available from your Benefits Administrator.

## **Extended Coverage Enrollment.**

Extended Coverage allows former employees and covered family members to continue their State health benefits plan in certain situations at their own expense where coverage would otherwise end. Extended Coverage fulfills the same requirement that applies to non-government employees under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

The most common occurrence for choosing Extended Coverage is termination from State employment. However, other events may make you eligible for this coverage. See your Benefits Administrator for more information or see [Extended Coverage](http://www.dhrm.virginia.gov/compandbenefits.html) on the DHRM web site at <http://www.dhrm.virginia.gov/compandbenefits.html>.

## **Certificate of Coverage**

If your State health benefits coverage ends and you become covered under another group health plan, you may need to show your new employer a Certificate of Coverage to provide evidence of your prior health coverage. You are entitled to a Certificate of Coverage under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See your Benefits Administrator for more information about obtaining a Certificate of Coverage.

**For additional information on eligibility, see your plan's Member Handbook or contact your agency Benefits Administrator.**