



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

**Benefits Administrator Memo**

**#07-06**

---

**To:** Benefits Administrators  
**From:** State and Local Health Benefits Programs  
**CC:** All OHB  
**Date:** October 29, 2007  
**Re:** Dependents Who Lose Eligibility at the End of 2007

---

Dependent children who are otherwise eligible for the State Health Benefits Program lose eligibility at the end of the year in which they turn age 23. Dependents that are ineligible due to age will be removed from coverage effective January 1, 2008, and the employee's or retiree group participant's membership will be reduced as appropriate. The system purge to remove dependents losing eligibility will run on Friday, January 4, and agencies will see the changes in turnaround reports placed in FTP folders on Saturday morning.

Plans in the State Health Benefits Program will continue to allow children who are incapacitated and incapable of self-support to remain covered dependents as long as they remain incapacitated. The plans' provisions require that the following conditions must be met:

- the incapacitation existed prior to the loss of eligibility due to age,
- the dependent remained continuously covered, is unable to support him or herself, and continues to meet program eligibility criteria, and
- the plan administrator approves continued coverage.

It is the employee's or retiree's responsibility to contact the plan directly for the necessary paperwork to begin the request for continuation process. **Statewide**

**plan members must contact Anthem at 1-800-552-2682 to apply for continued coverage for incapacitated dependents that are age 23 and losing coverage. Individuals covered by Kaiser must contact the plan at 1-800-777-7902 to apply for continued coverage. Plans require that requests be made prior to January 1, 2008.**

Agency Benefits Administrators are responsible for notifying employees or retirees whose children will lose eligibility on January 1. Enclosed are sample letters that you may use to notify affected participants. In addition, be sure to send an Extended Coverage Election Notice, Extended Coverage Enrollment Form, and Certificate of Coverage to the children losing eligibility.

A report showing the affected employees/retirees and dependents is available in your agency's FTP folder. The file is named PM9640-00nnn-10022007.txt (nnn= agency number). If this file is missing in your FTP folder, your agency has no dependents to be purged at year-end. You may contact the DHRM Help Desk for assistance accessing your agency's FTP folder. Please note that because the report was run on October 1, 2007, it does not include participants who were entered into the system after that date.

If timely application for continued coverage for an incapacitated dependent child is made and the approval is not received by December 31, the child will be removed from coverage. Upon approval for continuous coverage, the incapacitated dependent may be reinstated retroactively to January 1, 2008.

Enclosures