

Dental/Vision

Notification of Changes to Your Member Handbook Effective January 1, 2003

*Commonwealth of Virginia Retiree Health Benefits Program
Department of Human Resource Management*

On the above effective date the following changes become part of your Medicare Dental/Vision Member Handbook. Keep this notification with your Member Handbook. You also may download an updated copy of this Member Handbook, including the changes shown here, from the following Web sites:

- Department of Human Resource Management at www.dhrm.state.va.us/hbenefit.htm.
- Anthem Blue Cross and Blue Shield at www.anthem.com.

1) The Routine Vision benefit changes as follows:

Eyeglass frames	Plan payment changes from \$50 to <u>\$75</u>
Single vision lenses	Plan payment changes from \$35 to <u>\$50</u>
Bifocal lenses	Plan payment changes from \$50 to <u>\$75</u>
Trifocal lenses	Plan payment changes from \$70 to <u>\$100</u>
Contact lenses	Plan payment is unchanged at \$100

Page 2 – Summary of Benefits
Page 11 – Reimbursement

- 2) The section in the Code of Virginia pertaining to the State Health Benefits Program was re-codified effective October 1, 2001. As a result, the section reference is now § 2.2-2818.
- 3) The following information is added to Eligibility:

Virginia Sickness And Disability Program (VSDP) Long Term Disability Participants

Employees who are eligible for benefits under VSDP long term disability and who are also eligible for Medicare may enroll in this plan as a part of the State Retiree Health Benefits Program. This includes eligible dependents of VSDP long term disability participants who are also eligible for Medicare.

Dependent eligibility for VSDP long term disability participants is identical to that of dependents of state retirees.

Enrollment and Membership Changes:

- **Newly Eligible for VSDP Long Term Disability:** Coverage for newly eligible participants is effective on the first of the month after the end of coverage as an active employee if the election is received within 31 days of the loss of that coverage.
- **Making Changes:** Membership changes generally may be made the first of the month following receipt of an Enrollment/Waiver Form by Your Benefits Administrator when there is a consistent qualifying midyear event that would allow such a change, or as outlined in the policies and procedures of the Department of Human Resource Management. However, notification must be received within 31 days of the event. Membership changes due to the birth, adoption, or

placement for adoption of a child will be made on the first day of the month in which the event occurs, as long as notice is given with 31 days of the event. Dependents who lose eligibility in the plan will cease to be covered at the end of the month in which the loss-of-eligibility event takes place, regardless of the date of notification. Participants may reduce Membership at any time, but participants who are terminated for non-payment of coverage or who terminate their own coverage during long term disability without a qualifying midyear event may not reenroll for the duration of long term disability. Note: While membership changes will be made based on these guidelines, eligible dependents must select a plan based on their eligibility for Medicare. Therefore, the specific plan that is addressed by this Member Handbook is only available to Medicare-eligible participants and dependents.

- **Termination of Coverage:** Coverage terminates on the last day of the month in which a Participant loses eligibility.

Pages 21 - 23 – Eligibility

4) The following section is added to Basic Plan Provisions:

Disclosure of Protected Health Information to the Employer As Defined and Outlined in the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation.

(1) Definitions. Whenever used in this Article, the following terms shall have the respective meanings set forth below.

- (a) Plan – means the Office of State Health Benefits Programs of the Department of Human Resource Management and the agents acting on its behalf.
- (b) Employer – means the Commonwealth of Virginia, which is the Plan sponsor.
- (c) Plan Administration Functions – means administrative functions performed by the Employer on behalf of the Plan, excluding functions performed by the Employer in connection with any other benefit or benefit plan of the Employer.
- (d) Health Information – means information (whether oral or recorded in any form or medium) that is created or received by a health care provider, health plan as defined in 45 CFR § 160.103, employer, life insurer, school or university, or health care clearinghouse as defined in 45 CFR § 160.103 that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.
- (e) Individually Identifiable Health Information – means Health Information, including demographic information, collected from an individual and created or received by a health care provider, health plan, employer, or health care clearinghouse that identifies the individual involved or with respect to which there is a reasonable basis to believe the information may be used to identify the individual involved.
- (f) Summary Health Information – means information that summarizes the claims history, expenses, or types of claims by individuals for whom the Employer provides benefits under the Plan, and from which the following information has been removed: (1) names; (2) geographic information more specific than state; (3) all elements of dates relating to the individual(s) involved (e.g., birth date) or their medical treatment (e.g., admission date) except the year; all ages for those over age 89 and all elements of dates, including the year, indicative of such age (except that ages and elements may be aggregated into a single category of age 90 and older); (4) other identifying numbers, such as Social Security, telephone, fax, or medical record numbers, e-mail addresses, VIN, or serial numbers;

(5) facial photographs or biometric identifiers (e.g., finger prints); and (6) any information the Employer does not have knowledge of that could be used alone or in combination with other information to identify an individual.

(g) Protected Health Information ("PHI") – means Individually Identifiable Health Information that is transmitted or maintained electronically, or any other form or medium.

(2) The Plan may disclose Summary Health Information to the Employer if the Employer requests such information for the purpose of obtaining premium bids for providing health insurance coverage under the Plan or for modifying, amending, or terminating the Plan.

(3) The Plan will disclose PHI to the Employer only in accordance with 45 CFR § 164.504(f) and the provisions of this Section.

(4) PHI disclosed to the Employer in accordance with this Section may only be used to carry out all plan administrative functions.

(5) The Plan hereby incorporates the following provisions (a) through (j) to enable it to disclose PHI to the Employer and acknowledges receipt of written certification from the Employer that the Plan has been so amended.

Additionally, the Employer agrees:

(a) not to use or further disclose PHI other than as permitted in Section (4) or as required by law;

(b) to ensure that any of its agents or subcontractors to whom it provides PHI received from the Plan agree to the same restrictions and conditions;

(c) not to use or disclose PHI for employment-related actions or in connection with any other benefit or employee benefit plan;

(d) to report to the Plan any use or disclosure of the information that is inconsistent with the permitted uses and disclosures in Section (4);

(e) to make PHI available to individuals in accordance with 45 CFR §164.524;

(f) to make PHI available for individuals' amendment and incorporate any amendments in accordance with 45 CFR § 164.526;

(g) to make the information available that will provide individuals with an accounting of disclosures in accordance with 45 CFR § 164.528;

(h) to make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Department of Health and Human Services upon request; and

(i) if feasible, to return or destroy all PHI received from the Plan that the Employer maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the Employer will limit further its uses and disclosures of the PHI to those purposes that make the return or destruction of the information infeasible.

(j) to ensure that adequate separation between the Plan and the Employer, as required by 45 CFR § 164.504(f), is established and maintained.

(6) The Plan will disclose PHI only to the following employees or classes of employees:

- Director, Department of Human Resource Management
- Director of Finance, Department of Human Resource Management
- Staff Members, Office of Health Benefits
- Commonwealth of Virginia Agency Benefits Administrators

Access to and use of PHI by the individuals described above shall be restricted to Plan Administration Functions that the Employer performs for the Plan. Such access or use shall be permitted only to the extent necessary for these individuals to perform their respective duties for the Plan.

(7) Instances of noncompliance with the permitted uses or disclosures of PHI set forth in this Section by individuals described in Section (6) shall be considered failure to comply with established written policy (a Group II offense) and must be addressed under the Commonwealth of Virginia's Policy 1.60, Standards of Conduct Policy, or appropriate disciplinary policy or procedures for employees not covered by the Virginia Personnel Act. The appropriate level of disciplinary action will be determined on a case-by-case basis by the agency head or designee, with sanctions up to or including termination depending on the severity of the offense, consistent with Policy 1.60 or the appropriate applicable policy.

(8) A health insurance issuer, third party administrator or HMO providing services to the Plan is not permitted to disclose PHI to the Employer except as would be permitted by the Plan in this Article and only if a notice is maintained and provided as required by 45 CFR § 164.520.

Pages 13-17 – Basic Plan Provisions

The most current edition of the Dental/Vision Member Handbook may be printed at any time from the following Web sites: www.dhrm.state.va.us/hbenefit.htm or www.anthem.com.