

# **Dental/Vision**

**Notification of Changes to Your Member Handbook  
Effective November 1, 2001**

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*Commonwealth of Virginia & The Local Choice  
Retiree Health Benefits Program  
Department of Human Resource Management*

**This notification, effective November 1, 2001, clarifies language to your plan Member Handbook. Please retain this document with your handbook.**

## Dental/Vision

### Notification of Changes to Your Member Handbook Effective November 1, 2001

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On the above effective date the following changes become part of your Dental/Vision Member Handbook. Keep this notification with your Member Handbook. This Member Handbook has been modified to apply to both the Commonwealth of Virginia and The Local Choice Retiree Health Benefits Programs. 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](http://www.dhrm.state.va.us/hbenefit.htm)
- The Local Choice at [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)
- Trigon Blue Cross Blue Shield's site at <http://state.trigon.com>.

#### 1) ELIGIBILITY – State Retirees

Under the **RETIREES** subsection titled **Enrollment and Plan or Membership Changes**, which applies to State retirees, the ***Making Changes*** paragraph is modified to read:

- ***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 mid-year 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 within 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. Retirees may reduce membership or cancel coverage prospectively at any time, but retirees who cancel coverage may not re-enroll in the future.

#### 2) ELIGIBILITY – The Local Choice Retirees

The following text, which applies to The Local Choice retirees, is added to the **ELIGIBILITY** section:

##### **RETIRED EMPLOYEES**

**The Local Choice Group may elect to offer coverage to retirees and their eligible dependents.**

- Non-Medicare eligible retirees may remain in the selected plan until reaching age 65 or eligibility for Medicare, whichever comes first.

- A Medicare supplement plan may be available to retirees upon enrollment in Medicare Parts A and B.
- Eligible dependents may be covered under either plan based on their Medicare status.
- Eligible dependent children of a retiree may be covered through the end of the year in which the child turns age 23 as long as the child is not self-supporting or married. Adult disabled children who are certified as such by the plan may be covered upon application by the eligible retiree filed within 31 days of the child's losing eligibility for membership due to age.
- The Local Employer must offer coverage for non-Medicare eligible retirees if a Medicare supplement plan is offered.

### **SURVIVING DEPENDENTS OF RETIRED EMPLOYEES**

**The Local Choice Group may also elect to offer coverage to survivors of deceased retirees, if retiree coverage is offered.**

- Health benefits for a covered surviving spouse and/or covered dependent children of a retired The Local Choice Group employee may be available through the Group's Retiree Health Benefits Program.
  - Coverage for the surviving spouse automatically terminates at remarriage; alternate health insurance coverage being obtained; or any applicable condition outlined in the policies and procedures of the Department of Human Resource Management.
  - Coverage for any surviving dependent children in this category automatically terminates at death; at the end of the year in which the child turns age 23 (unless eligible through disability); or if the child marries or becomes self-supporting. Loss of eligibility for a surviving spouse will result in the loss of eligibility for dependent children covered under the surviving spouse's membership.
- Special rules apply for dependents of public safety employees who are disabled or killed in the line of duty. See Your Benefits Administrator for more information.

### **3) STATUTORY BENEFITS**

The following statute is added to this section:

J. Any plan established by the Department of Human Resource Management shall provide to all covered Employees written notice of any benefit reductions during the contract period at least thirty days before such reductions become effective.

The following text (previously designated as Section 38.2-3407.13:1, has been incorporated into the Code of Virginia, Section 2.1-20.1, as follows:

N. Any group health insurance plan established by the Department of Human Resource Management that contains a coordination of benefits provision shall provide written

notification to any eligible Employee as a prominent part of its enrollment materials that if such eligible Employee is covered under another group accident and sickness insurance policy, group accident and sickness subscription contract, or group health care plan for health care services, that insurance policy, subscription contract or health care plan may have primary responsibility for the covered expenses of other family members enrolled with the eligible Employee. Such written notification shall describe generally the conditions upon which the other coverage would be primary for dependent children enrolled under the eligible Employee's coverage and the method by which the eligible Enrollee may verify from the plan which coverage would have primary responsibility for the covered expenses of each family member.

**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](http://www.dhrm.state.va.us/hbenefit.htm), [www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us) or <http://state.trigon.com>.**