



August 1, 2021

Dear Employee:

Under the terms of The Local Choice Health Benefits Program, covered dependent children are no longer eligible for health coverage at the end of the calendar year in which they turn age 26. At the beginning of the next calendar year, they automatically lose coverage under your health plan.

The program's Benefits Eligibility System indicates that you provide coverage for a child whose eligibility will cease as of January 1, 2022. Your 26-year-old-child will be automatically removed from coverage. You may be eligible for a reduced membership and lower premium cost since your child will no longer be eligible for the program.

Contact your Group Benefits Administrator before December 31, 2021 for a change effective on January 1, 2022 if you qualify for a reduced premium. If you wait longer than the time frame allowed by your employer's flexible benefit document, you may not be allowed to reduce premium until your next open enrollment or unless you have a consistent qualifying mid-year event.

There are four coverage options listed below for children who lose eligibility in The Local Choice Health Benefits Program due to age.

(1) Continued coverage under The Local Choice Health Benefits Program if your child qualifies as an incapacitated dependent due to a physical or mental health condition, and:

- the child was covered by your health plan and the incapacitation existed prior to the loss of eligibility due to age,
- the child is unmarried, resides full-time with the employee (or the other natural/adoptive parent) and the employee provides more than one half of the child's support,
- the plan administrator approves continued coverage.

Employees should contact the plan in which they are enrolled to obtain the necessary paperwork to begin the continuation process for incapacitated dependents that are age 26 and losing coverage. Completed requests must be returned to the plan prior to January 1, 2022.

Employees enrolled in:

- **Key Advantage or TLC HDHP** – contact Anthem at 1-800-552-2682.
- **Kaiser Permanente** – contact Kaiser Permanente at 1-800-777-7902.



Please note that the approval process can be time consuming. If you feel that your child may qualify for this provision, we recommend that you take immediate action. Contact your Group Benefits Administrator for assistance.

- (2) Groups with 20 or more employees are eligible for Enrollment in Extended Coverage under the provisions of the Public Health Service Act (PHSA). This coverage may last up to 36 months. An Extended Coverage Election Notice and a TLC Enrollment Form will be attached, if applicable.
- (3) Enrollment in non-group coverage available through your current health benefits plan. Additionally, there are many other companies that offer individual coverage. Contact the plans directly to purchase non-group coverage.
- (4) Enrollment in the Virginia Health Insurance Marketplace. Visit www.HealthCare.gov for more information.

If our records are incorrect and you are not covering a dependent child who will reach age 26 by December 31, 2021, please notify your Group Benefits Administrator of your child's correct date of birth.

Sincerely,

Kristie Spencer
Director of Human Resources