*David Ash – Chip Schutte – David Weiss - Sharon Keeler – Dr. Chuck Bishop*

# AGENDA

Joint Administrative Services Board
March 23, 2015 1:00 p.m.
Joint Government Center

1. **Call to Order.**

2. **Approval of Minutes. (February 26 Minutes Attached).**

3. **Health Insurance renewal.** Please find attached documents related to the health insurance renewal. The overall increase is 12.1% but the actual increase differs by plan option. Leslie Tucker, Anthem representative, will be on hand to answer questions about what is driving the large increase, and whether reserves can be used to smooth the increase over several years. I have asked that hard copies of the attached pdf be provided, because this pdf is difficult to print correctly. The Board is asked to take action on the renewal by April 1. If action is taken today, the School Board will be asked approval tonight, and the Board of Supervisors at their April 13 worksession.

4. **Anthem Security Breach.** Anthem originally stated that letters would be sent to members affected by the security breach. Letters have been sent, but these letters state only that members *may* have been affected. Therefore, it still remains unclear whether Clarke County employees have been affected, and whether we will ever find out. Identity protection is being provided by AllClearID, but only for two years. After that, it's $12.95 per employee, likely per month. Anthem held an employee briefing at Clarke County High School March 11 that was attended by approx. 20 employees.

5. **ERP Update.** Financials setup and trainer training has been completed. We go live May 1. In April:

- Further training and preparation with Tyler.
- End user training.
- Develop end user manual.
- Testing.
- Mass data entry.
- Site visits.
- Phase 2 data gathering.

Kickoff of Phase 2, Payroll and Human Resources, is scheduled for May 19, 20, & 21.

The Executive Committee (Ash, Roper, Bishop, Judge) discussed the project including steps necessary to successfully complete Phase 1, and issues such as payroll schedule, and policy changes, and their impact on Phase 2.

Joint Administrative Services Board

February 23, 2015 Regular Meeting 1:00 pm

At a regular meeting of the Joint Administrative Services Board held on Monday, February 23, 2015 at 1:00 pm in the Meeting Room AB, Berryville Clarke County Government Center, 101 Chalmers Court, 2nd Floor, Berryville, Virginia.

Members Present

David Ash; Chuck Bishop; Sharon Keeler; David Weiss

Members Absent

Chip Schutte

Staff Present

Tom Judge; Gordon Russell; Lora B. Walburn

Others Present

None

1. Call To Order - Determination of Quorum

At 1:10 pm, Vice Chairman Weiss called the meeting to order.

2. Approval of Minutes

**Chuck Bishop, seconded by Sharon Keeler, moved to approve the January 26, 2015 minutes as presented. The motion carried by the following vote:**

| | | |
|---|---|---|
| David Ash | - | Aye |
| Chuck Bishop | - | Aye |
| Sharon Keeler | - | Aye |
| Charles "Chip" Schutte | - | Absent |
| David Weiss | - | Aye |

3. JAS FY2016 Budget.

As with past practice, the JAS Budget request will be amended to reflect the salary increase proposed by the School Board.

Tom Judge reminded that the School Board and the Board of Supervisors were discussing raises; and if approved, Joint Administrative Services' FY2016 Budget would be adjusted to reflect the salary increase approved by the School Board.

4. Health Insurance renewal

We have not received the renewal at this writing. The Anthem Hack may have created the delay. The Board should be prepared to convene a meeting on short notice when it is received.

Tom Judge advised:

- Renewal has not been received.
- Staff is following up with Anthem today.
- Anticipate less than 10% increase.

**David Ash, seconded by Chuck Bishop, moved to proceed with renewal if the increase is 10% or under or should the increase be greater than 10% to convene a meeting of the Joint Administrative Services Board. The motion carried as follows:**

| | | |
|---|---|---|
| David Ash | - | Aye |
| Chuck Bishop | - | Aye |
| Sharon Keeler | - | Aye |
| Charles "Chip" Schutte | - | Absent |
| David Weiss | - | Aye |

5. ERP Update

Highlights of review include.

- On schedule and under budget.
- Conducted two weeks of set up training.
- Process training begins next week.
- Financial module goes live in May.
- Overall, Tyler is slow in responding to queries/issues. Some outstanding issues:
    - Email compatibility with Zimbra and Gmail

- Data conversion
- Testing and debugging settings

– Gordon Russell set up training modules on trainees' personal computers.

6. Joint Administrative Services Director Evaluation.

**David Ash, seconded by Chuck Bishop, moved to convene into Closed Session: "Be it resolved that the Joint Administrative Services Board go into Closed Session pursuant to Code of Virginia Section 2.2-3711(A)(1) for the purpose of discussing specific employees or appointees of the Board. The motion carried as follows:**

| | | |
|---|---|---|
| David Ash | - | Aye |
| Chuck Bishop | - | Aye |
| Sharon Keeler | - | Aye |
| Charles "Chip" Schutte | - | Absent |
| David Weiss | - | Aye |

The members of the Joint Administrative Services Board being assembled within the designated meeting place, with open doors and in the presence of members of the public and/or the media desiring to attend, **Chuck Bishop, seconded by David Ash, moved to reconvene in open session. The motion carried as follows:**

| | | |
|---|---|---|
| David Ash | - | Aye |
| Chuck Bishop | - | Aye |
| Sharon Keeler | - | Aye |
| Charles "Chip" Schutte | - | Absent |
| David Weiss | - | Aye |

**Chuck Bishop, seconded by David Ash, moved Certification of Closed Session**

CERTIFICATION OF CLOSED SESSION

WHEREAS, the Joint Administrative Services Board of the County of Clarke, Virginia, has convened a closed meeting on the date pursuant to an affirmative recorded vote and in accordance with the provisions of the Virginia Freedom of Information Act; and

WHEREAS, Section 2.2-3700 of the Code of Virginia requires a certification by the Joint Administrative Services Board of the County of Clarke, Virginia that such closed meeting was conducted in conformity with Virginia law.

NOW, THEREFORE BE IT RESOLVED, that the Joint Administrative Services Board of the County of Clarke, Virginia, hereby certifies that, to the best of each members knowledge, (i) only public business matters lawfully exempted from open meeting requirements by Virginia

law were discussed in the closed meeting to which the certification resolution applies, and (ii) only such public business matters as were identified in the motion convening the closed meeting were heard, discussed or considered by the Joint Administrative Services Board of the County of Clarke, Virginia.

**The motion was approved by the following roll-call vote:**

| | | |
|---|---|---|
| David Ash | - | Aye |
| Chuck Bishop | - | Aye |
| Sharon Keeler | - | Aye |
| Charles "Chip" Schutte | - | Absent |
| David Weiss | - | Aye |

No action was taken on matters discussed in Closed Session.

7. Set Next Meeting

The next regularly scheduled meeting is set for Monday, March 23, 2015.

8. Adjournment

At 2:50 pm, Vice Chairman Weiss adjourned the meeting.

________________________________________

Minutes Recorded and Transcribed by Lora B. Walburn

## FY 16 Monthly Health Benefit Rates

Effective 7/1/2015

Source: Joint Administrative Services

| A. Plan Rates | Cost | Employer | Employee | Employer FY 16 Share* | Employer FY 15 Share* |
|---|---|---|---|---|---|
| | | | | Rounding difference shifts year to year in KA 250. | |
| KA 250 Plan Option | | | | | |
| *Regular Full Time* | | | | | |
| Single | 645.00 | 543.93 | 101.07 | 84% | 85% |
| Dual | 1,193.00 | 593.40 | 599.60 | 50% | 50% |
| Family | 1,742.00 | 866.09 | 875.91 | 50% | 50% |
| *Transportation, Food Service & Other* | | | | | |
| Single | 645.00 | 458.96 | 186.04 | 71% | 72% |
| Dual | 1,193.00 | 500.70 | 692.30 | 42% | 42% |
| Family | 1,742.00 | 730.79 | 1,011.21 | 42% | 42% |
| KA 500 Plan Option | | | | | |
| *Regular Full Time* | | | | | |
| Single | 592.00 | 543.93 | 48.07 | 92% | 92% |
| Dual | 1,095.00 | 593.40 | 501.60 | 54% | 54% |
| Family | 1,598.00 | 866.09 | 731.91 | 54% | 54% |
| *Transportation, Food Service & Other* | | | | | |
| Single | 592.00 | 458.96 | 133.04 | 78% | 78% |
| Dual | 1,095.00 | 500.70 | 594.30 | 46% | 46% |
| Family | 1,598.00 | 730.79 | 867.21 | 46% | 46% |
| TLC High Deductible | | | | | |
| *Regular Full Time* | | | | | |
| Single | 467.00 | 467.00 | .00 | 100% | 100% |
| Dual | 864.00 | 531.01 | 332.99 | 61% | 61% |
| Family | 1,261.00 | 773.91 | 487.09 | 61% | 61% |
| *Transportation, Food Service & Other* | | | | | |
| Single | 467.00 | 394.05 | 72.95 | 84% | 84% |
| Dual | 864.00 | 448.06 | 415.94 | 52% | 52% |
| Family | 1,261.00 | 653.01 | 607.99 | 52% | 52% |

### B. Account Contributions

| | Employer |
|---|---|
| *Regular Full Time* | |
| TLC Health Savings Account Contribution (single) | 76.93 |
| TLC Health Savings Account Contribution (dual) | 62.39 |
| TLC Health Savings Account Contribution (family) | 92.18 |
| *Transportation, Food Service & Other* | |
| TLC Health Savings Account Contribution (single) | 64.91 |
| TLC Health Savings Account Contribution (dual) | 52.64 |
| TLC Health Savings Account Contribution (family) | 77.78 |

### C. Total Employer Cost Per Group Health Member

| | Employer | |
|---|---|---|
| *Regular Full Time* | | |
| Single Health | 543.93 | |
| Dual Health | 593.40 | |
| Family Health | 866.09 | |
| TLC Single Health & "HSA" | 543.93 | |
| TLC Dual Health & "HSA" | 593.40 | |
| TLC Family Health & "HSA" | 866.09 | |
| *Transportation & Food Service* | | |
| Single Health | 458.96 | |
| Dual Health | 500.70 | |
| Family Health | 730.79 | |
| TLC Single Health & "HSA" | 458.96 | |
| TLC Dual Health & "HSA" | 500.70 | Overall Increase |
| TLC Family Health & "HSA" | 730.79 | 12.10% |

Note: Where two employees are married, and they together opt for either a dual or family option, the employer will pay two times the single employer contribution for the plan option selected.

METHOD:
Force TLC employee single contribution to zero.
Force 500 rates to percentage contributions from prior year.
Force 250 employer contribution to same as 500 contribution.
Force "HSA" contribution so total employer equal across plans.

# THE LOCAL CHOICE HEALTH BENEFITS PROGRAM

## Clarke County And Schools

### Proposed Rates Effective from July 1, 2015 through June 30, 2016

### With Comprehensive Dental

| | Single | Dual | Family |
|---|---|---|---|
| **ACTIVE EMPLOYEES** | | | |
| Key Advantage Expanded | $709 | $1,312 | $1,914 |
| * Key Advantage 250 | $645 | $1,193 | $1,742 |
| * Key Advantage 500 | $592 | $1,095 | $1,598 |
| Key Advantage 1000 | $559 | $1,034 | $1,509 |
| * High Deductible Health Plan | $467 | $864 | $1,261 |
| **RETIREES NOT ELIGIBLE FOR MEDICARE** | | | |
| Key Advantage Expanded | $709 | $1,312 | $1,914 |
| * Key Advantage 250 | $645 | $1,193 | $1,742 |
| * Key Advantage 500 | $592 | $1,095 | $1,598 |
| Key Advantage 1000 | $559 | $1,034 | $1,509 |
| * High Deductible Health Plan | $467 | $864 | $1,261 |

### With Preventive Dental Only

| | Single | Dual | Family |
|---|---|---|---|
| **ACTIVE EMPLOYEES** | | | |
| Key Advantage Expanded | $696 | $1,288 | $1,879 |
| * Key Advantage 250 | $632 | $1,169 | $1,706 |
| * Key Advantage 500 | $579 | $1,071 | $1,563 |
| Key Advantage 1000 | $546 | $1,010 | $1,474 |
| * High Deductible Health Plan | $454 | $840 | $1,226 |
| **RETIREES NOT ELIGIBLE FOR MEDICARE** | | | |
| Key Advantage Expanded | $696 | $1,288 | $1,879 |
| * Key Advantage 250 | $632 | $1,169 | $1,706 |
| * Key Advantage 500 | $579 | $1,071 | $1,563 |
| Key Advantage 1000 | $546 | $1,010 | $1,474 |
| * High Deductible Health Plan | $454 | $840 | $1,226 |

### Medicare Retiree Rates

| | Single |
|---|---|
| **RETIREES WITH MEDICARE** | |
| Advantage 65 | $160 |
| * Advantage 65 and Dental/Vision | $190 |

*** Benefit Plans Currently Offered**

**Coverage under The Local Choice Key Advantage and HDHP contracts is for:**

- Active Employees and their Dependents
- Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or
- Dependents of Medicare eligible Retirees who are not Medicare eligible.

**If coverage is offered to Medicare eligible retirees and their Medicare eligible Dependents, it must be obtained through one of our Medicare Supplemental contracts which require participation in both Parts A and B of Medicare to receive maximum benefits.**

**The PCORI fee is the responsibility of the group and payment should be submitted directly to HHS, therefore, this fee has not been included in your rates.**

# The Local Choice

## Health Benefits Program

Fiscal Year 2016

# The Local Choice Health Benefits Program

**To:** TLC Group Administrators

**From:** Walter E. Norman
Program Manager

**Date:** January 2015

**Re:** The Local Choice Health Benefits Renewal

Thank you for your continuing support of The Local Choice program. We are pleased to enclose The Local Choice (TLC) renewal for fiscal year 2016. TLC will again offer five statewide plans to all local employer groups along with a regional plan in certain geographic areas:

**Statewide plans**
- Key Advantage With Expanded Benefits
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- TLC High Deductible Health Plan (HDHP) – HSA compatible

**Regional plan**
- Kaiser Permanente – available in certain service areas

**Retiree Plans**
- Key Advantage or Regional Plan coverage for retirees not eligible for Medicare
- Advantage 65
- Advantage 65 with Dental/Vision
- Medicare Complementary (Grandfathered for current participant groups, only)

For all Statewide plans, medical, behavioral health, outpatient prescription drugs and routine vision is administered by Anthem BCBS. Delta Dental will administer the dental benefits through a separate agreement with Anthem. The regional plan will continue to be administered by Kaiser Permanente.

All active employee TLC plans include the CommonHealth wellness programs at no additional cost to your employees. CommonHealth programs feature our *Future Moms* prenatal program, our highly acclaimed *Quit For Life* tobacco cessation program, confidential, at work medical screenings plus other health and wellness programs such as nutrition, stress management and fitness programs.

Your 2015-2016 renewal notebook includes a Comparison of Benefits brochure outlining the proposed benefits to assist you in determining which plan or plans you want to offer your employees.

Virginia Department of Human Resource Management • 101 North 14th Street • 13th Floor • Richmond, Virginia 23219
(804) 786-6460 • e-mail: tlc@dhrm.state.va.us

There are **several benefit changes** this year.

- In prior years, all plans have included full comprehensive dental benefits. Beginning this year, employees will have the option to reduce their costs by electing to reduce dental benefits to Diagnostic and Preventive coverage only. There is no copayment or coinsurance in the Diagnostic and Preventive dental plan. Employees may still choose a plan with Comprehensive Dental benefits.

- In order to remain compliant with the Affordable Care Act, prescription drugs will now count towards the out-of-pocket maximum on all plans. To mitigate the cost impacts of adding prescription drugs to the out-of-pocket maximum, all in-network and out-of-network out-of-pocket maximums on the Key Advantage plans will increase $1,000 for single coverage, and $2,000 for family coverage.

- Prescription copayments will be modified to a four tier structure of $10/$30/$45/$55 for retail pharmacy, and $20/$60/$90/$110 for mail order. Specialty drugs will move to the fourth tier.

- Lastly, to more closely match the commercial market, the HDHP offering will change to an embedded deductible $2,800/$5,600 80/20 coinsurance design. With the embedded deductible, deductible amounts for each individual member will accumulate toward the family plan year deductible ($5,600). However, no individual family member can contribute more than the single-only deductible amount ($2,800). The HDHP plan will also include routine vision coverage through Blue View Vision.

Rates for all available plan options are listed in Section 2 (Renewal Rate Sheets and Information). Together, the statewide Key Advantage plans, High Deductible Health Plan and the Kaiser Permanente HMO fully-insured regional plan (available in certain service areas) offer you a variety of choices with competitive administrative costs and quality coverage.

We encourage you to attend a TLC Regional Meeting in March of 2015. I, along with representatives from our program's vendors, will present plan highlights, improvements and changes in more detail. The RoadShow meeting schedule for 2015 will be distributed in January 2015.

Our goals are twofold – first, to help you offer a high quality, affordable health benefits package; and second, to assist you in attracting and retaining the highest quality employees. We value your business, and we look forward to continuing our partnership in to the future.

Thank you for selecting The Local Choice program.

Sincerely,

Walter E. Norman
Program Manager

## The Local Choice
## 2015 Regional Meeting Schedule

<table>
<tr><th>Monday, 3/2/2015</th><th>Tuesday, 3/3/2015</th><th>Wednesday, 3/4/2015</th><th>Thursday, 3/5/2015<br>10 AM - 12 PM</th><th>Friday, 3/6/2015<br>10 AM - 12 PM</th></tr>
<tr><td></td><td></td><td></td><td>Southside VA Community College<br>Workforce Development<br>Room 108<br>109 Campus Dr.<br>Alberta, VA 23821<br>http://www.sv.vccs.edu/<br><br>From I-85 South<br>• Exit 28 (Route 1). After the stop sign, turn left onto Route 1 South.<br>• After approximately one mile, turn right onto Route 46<br>• Turn left at the first left-turn pocket into the college parking area<br>• Follow the signs for visitor parking.</td><td>Tidewater Community College<br>Portsmouth Campus<br>Forum - Building A,<br>Room A100<br>120 Campus Drive<br>Portsmouth, VA 23701<br>http://www.tcc.edu/<br><br>From the Peninsula:<br>• From I-64, take Exit 264 (sign reads I-664-South Downtown Newport News, Suffolk, Chesapeake, Nags Head) through the Monitor Merrimac Bridge Tunnel<br>• Take Exit 15A, I-264 to Portsmouth/Norfolk<br>• Take Exit 3 and turn right onto Victory Blvd.<br>• Turn left on Greenwood Dr.<br>• Turn left onto McLean St.<br>• Campus is on the left<br><br>Directions website:<br>http://www.tcc.edu/welcome/locations/portsmouth/info/auto.htm</td></tr>
</table>

**The Local Choice**
**2015 Regional Meeting Schedule**

<table>
<tr><th>Monday, 3/9/2015</th><th>Tuesday, 3/10/2015<br>10 AM - 12 PM</th><th>Wednesday, 3/11/2015<br>10 AM - 12 PM</th><th>Thursday, 3/12/2015<br>10 AM - 12 PM</th><th>Friday, 3/13/201</th></tr>
<tr><td></td><td>Virginia Highlands Community College<br>Auditorium, Room 605<br>State Route 372<br>(off Rt. 140)<br>Abingdon, VA 24212<br>http://www.vhcc.edu/<br><br>From Roanoke<br>• I-81 South to Abingdon, VA<br>• Exit 14 (1 mile west of downtown Abingdon)<br>• Located between US Route 11 and I-81</td><td>Roanoke Higher Education Center<br>Main Building, Room 212<br>108 N Jefferson ST<br>Roanoke, VA 24016<br>www.education.edu<br><br>From I-581 South<br>• Take Exit 5. Turn right onto Wells Ave.<br>• Proceed past the Hotel Roanoke. Cross Jefferson St.<br>• Take next left into Jordan Alley to Parking Lot 1<br><br>From 220/I-581 North<br>• Take Exit 4E, immediately turn right onto Williamson Road.<br>• Proceed south to Wells Ave., and turn right onto Wells. Cross Jefferson St.<br>• Take next left into Jordan Alley to Parking Lot 1</td><td>NEW LOCATION<br>Frontier Culture Museum of Virginia<br>1290 Richmond Road<br>Staunton, VA 24401<br>(540) 332-7850<br>http://www.frontiermuseum.org<br><br>From North or South:<br>• Take I-81 exit #222 to Rt 250 west for about ½ mile<br>• Turn Left onto Cochran Blvd. (at light just before the Sheets Station) to museum entrance<br>• At the flags turn left on employee access road and follow the signs to the parking area.<br><br>From Charlottesville:<br>• Take I-64W to I-81N<br>• Immediately exit onto Rt 250W for about 1/4 mile<br>• Turn Left onto Cochran Blvd. (at light just before the Sheets Station) to museum entrance<br>• At the flags turn left on employee access road and follow the signs to the parking area</td><td></td></tr>
</table>

## The Local Choice
## 2015 Regional Meeting Schedule

| Monday, 3/16/2015<br>10 AM - 12 PM | Tuesday, 3/17/2015 | Wednesday, 3/18/2015<br>10 AM – 12 PM | Thursday, 3/19/2015 | Friday, 3/20/2015 |
|---|---|---|---|---|
| **University of Mary Washington** – Stafford Campus<br>University Hall<br>South Bldg<br>Fredericksburg, VA<br>www.umw.edu<br><br>**From I-95 North or South**<br>• Exit US 17 (Exit 133B)<br>• Proceed North on 17 for 3 miles<br>• Turn left onto Village Pkwy at traffic light<br>• Turn right onto University Blvd<br><br>Directions website:<br>http://www.umw.edu/visitors/stafford-campus/ | | **John Tyler Community College**<br>Windham Auditorium<br>Room B-124, Bird Hall<br>13101 Jefferson Davis Highway<br>Chester, VA 23831<br>http://www.jtcc.edu<br><br>**From Richmond**<br>• I-95 North or South<br>• Exit Route 10 toward Chester<br>• Left on Route 301/1<br>Campus on Left | | |

# The Local Choice

## Table of Contents


Section 1 Fiscal Year 2016 Program Overview

Section 2 Renewal Rate Sheets and Information

- FY16 Plan Year Changes
- FY16 Dental Choices
- Renewal Rates
- Employer Renewal Data Sheet
- TLC Materials Order Form
- Delta Dental Materials Order Form

Section 3 Comparison of Benefits

Section 4 Regional Plan Benefit Summary (if offered in your area)

Section 5 Statewide Medicare Plans Benefit Summaries (if you cover eligible retirees)

Section 6 Miscellaneous Information

- Administrative Process Q & A
- GASB 45 Information
- Medicare Eligibility Memo
- Adverse Experience Adjustment

**New Forms to be used for 2015**

- Enrollment Form
- Group Adjustment Form
- Personal Data Change Form

# Section 1

## Fiscal Year 2016

## Program Overview

# Program Overview and Instructions

The Local Choice (TLC) is pleased to provide your health care program renewal for July 1, 2015 (October 1, 2015 for certain school groups).

The following plans will again be offered to Active Employees and Retirees not Eligible for Medicare.

- Key Advantage Expanded
- Key Advantage 250
- Key Advantage 500
- Key Advantage 1000
- TLC HDHP
  (An HSA compatible High Deductible Health Plan)

All of the above plans are offered with the employee's choice of either Diagnostic and Preventive only coverage or Comprehensive Dental including orthodontics for adult and juvenile.

- Kaiser Permanente HMO
  (in certain service areas)

For Medicare Eligible Retirees

- Advantage 65 – Medical only
- Advantage 65 with Dental/Vision
- Medicare Complementary
  (grandfathered plan)

### Key Advantage and HDHP Plans (statewide)

- Claims are administered by:
  a. Medical, Behavioral Health, Outpatient Prescription Drugs and Routine Vision: Anthem Blue Cross and Blue Shield
  b. Dental: Delta Dental of Virginia with Preventive and Comprehensive options for each employee.

- HDHP is an HSA (Health Spending Account) compatible plan. TLC does not provide the HSA account. Each group may choose its own account administrator.
- Dental coverage is provided with a separate deductible. Members/employees may select either Diagnostic and Preventive or Comprehensive dental.

### Kaiser Permanente HMO (regional)

- A fully insured HMO is available in Fredericksburg, Northern Virginia, Washington D.C. and parts of Maryland.

### Medicare Eligible Plans

- Medical and vision claims are administered by Anthem. Dental (if offered) is administered by Delta Dental of Virginia.

## Choice of Plans – Statewide and Regional

Most employers may select a combination of Key Advantage, HDHP or the Regional HMO plan. Statewide plans have the choice of Diagnostic and Preventive only or Comprehensive dental.

- Groups with 25 or fewer eligible employees may offer only one benefit plan with Dental choices.

- Groups with 26 to 100 eligible employees may offer two plans, each with dental options.

- Groups with more than 100 eligible employees may offer two Key Advantage plans plus the HDHP, each with dental options, and/or the Regional plan (if available).

Groups establish their own eligibility (within our set parameters) which may change at renewal, so long as the change coincides with their published Personnel and Policy Practices. Written request of any changes must be submitted to the Department of Human Resource Management (DHRM) with your Renewal Employer Data Sheet (located in Section 3). DHRM must approve any changes to assure compliance with state regulations.

Following is a high level description of the plans offered by TLC. More details are available in the Comparison of Benefits brochure.

## Key Advantage – Statewide Self-Funded Plans: Medical, Behavioral Health, Rx and vision are Administered by Anthem

Comprehensive medical and routine vision benefits (through Blue View Vision) are covered in all Key Advantage plans.

While members receive the highest level of benefits when visiting an in-network provider, Key Advantage and HDHP plans also provide out-of-network benefits for covered medical services but with additional deductibles and/or coinsurance.

These plans also allow for medical care when traveling outside Virginia through the Blue Card program.

**Behavioral Health Services**

As with medical services, members receive the highest level of benefits when visiting an in-network provider for behavioral health services. All statewide plans offer out-of-network behavioral health services with additional deductibles and/or coinsurance.

Prior authorization of benefits is not required but is highly recommended. Members should contact Anthem to confirm medical necessity and avoid deductibles and coinsurance for services received outside the network.

Under the Employee Assistance Program (EAP), members receive up to four visits per incident at no cost. The EAP is only available in-network through Anthem. Prior to receiving EAP services, members must contact Anthem.

**Outpatient Prescription Drug**

Our plan is a mandatory generic drug program through Anthem. If members receive a brand name drug when a generic equivalent is available they are responsible for the applicable brand copayment plus the cost difference between the allowable charge for the generic equivalent and the brand name drug.

Prescription drugs are divided into four co-payment tiers, depending upon the type of drug.

- First Tier – Typically generic drugs - $10 co-pay for up to a 34 day supply
- Second Tier – Lower cost brand drugs - $30 co-pay for up to a 34 day supply
- Third Tier – Higher cost brand drugs - $45 co-pay for up to a 34 day supply
- Fourth Tier – Specialty drugs - $55 co-pay for up to a 34 day supply

Home Delivery is also available through the outpatient prescription drug benefit. Up to a 90-day supply is available through home delivery at two times the 34-day supply co-pay. Copayment expenses for outpatient prescription drugs will be commingled with medical and behavioral health out of pocket maximums.

**Dental Services from Delta Dental of Virginia**

In the past all plans have included Comprehensive Dental coverage. Beginning this year employees will have the option to reduce their costs by electing preventive and diagnostic coverage with no copayment or deductible or they can choose a plan with Comprehensive Dental benefits at a higher premium. You are not required to use an in-network provider for dental. However, members pay less when using an in-network dentist. Non-network providers may balance bill members for charges in excess of negotiated discounts.

## High Deductible Health Plan (HDHP) – Statewide Plan:

**Administered by Anthem**

The HDHP plan has undergone major changes with the deductible increasing but becoming embedded. With the embedded deductible, deductible amounts for each individual member will accumulate toward the family plan year deductible limit. However, no individual family member can contribute more than the single-only deductible amount. Preventive medical care is covered with no deductible or coinsurance. All other covered medical, behavioral health and prescription services are subject to the $2,800 employee and $5,600 family plan year deductible and 80/20 coinsurance.

While members receive the highest level of benefits when visiting an in-network provider, the HDHP plan now provides out-of-network coverage for covered services with additional coinsurance.

This plan allows for medical care when traveling outside Virginia through the Blue Card program.

Also new this year, the HDHP plan will include routine vision benefits through Blue View Vision. Note that fourth quarter deductible carry over is not available with HDHP.

Dental benefits are provided by Delta Dental of Virginia, separate from the HDHP plan. It has a separate deductible.

## Kaiser Permanente HMO – Regional Plan:

Kaiser Permanente offers a regional HMO plan in Northern Virginia, Fredericksburg, Washington D.C., and parts of Maryland and is available only in those areas. Kaiser information is only provided in the renewal notebooks of groups that are in the Kaiser service area.

A detailed outline of the service area and benefits may be found in the Kaiser HMO benefits summary. Mental illness and substance abuse, EAP, prescription drug and dental coverage are included in the Kaiser HMO.

Coverage for Retirees not Eligible for Medicare is available if selected by the local employer. The Regional plan offers only blended rates to Retirees Not Eligible for Medicare. Coverage for Retirees Eligible for Medicare or Medicare eligible dependents of retirees is not available. Groups must offer a Key Advantage plan or HDHP if they wish to provide the TLC Medicare supplement. Coverage must be offered to Retirees Not Eligible for Medicare in order for a group to offer coverage to Retirees Eligible for Medicare.

## Key Advantage and HDHP Coverage for Retirees Not Eligible for Medicare:

Retiree coverage is available but not automatically provided. All groups in our 49 and under pool receive rates that automatically incorporate blended premiums. In a blended program, Active Employees and Retirees Not Eligible for Medicare will have the same rates. If a local employer, with 50 or more participating employees, offers coverage to Retirees Not Eligible for Medicare, they may blend that premium with the Active Employee premium or elect Stand-Alone rates. With Stand-Alone rates, Retirees Not Eligible for Medicare will pay two times the Active Employee rates. Once a premium is blended, it may not revert to Stand-Alone status. Blended rates are only available at plan anniversary. Although allowed, no employer contribution is required for retiree coverage.

## Statewide Medicare Supplemental Plans for Medicare Eligible Retirees:

A group must offer coverage to Retirees Not Eligible for Medicare if they wish to provide coverage for retirees Eligible for Medicare. A local employer may add retiree coverage by submitting a written request to DHRM along with an approved resolution from their Board or Governing Body.

For groups currently offering coverage to Retirees Eligible for Medicare, the Medicare Complementary, Advantage 65-Medical Only and Advantage 65 with Dental/Vision plans continue to be available. However, Medicare Complementary is not available unless you currently offer that option. It may not be added. Medical and routine vision benefits are administered by Anthem, and dental benefits, if selected by Delta Dental.

Groups adding retiree benefits to their program for the first time may offer only Advantage 65-Medical Only or Advantage 65 with Dental/Vision and may select only one option.

A local employer may also add Dental/Vision coverage to a current Advantage 65

contract. Once added, however, it may not be removed.

**In order to receive maximum benefits from all Medicare Supplemental plans, members must have both Parts A and B of Medicare.**

Outpatient Prescription drug coverage is not available in any of the Medicare Supplemental plans. If prescription drug coverage is desired members should participate in Medicare Part D.

**It is important to remember that a local employer may select only one plan for Retirees Eligible for Medicare.**

**Medicare Supplemental plans are available only if your Active Employees are enrolled in a statewide self-funded plan and you elect to offer coverage to both Retirees Not Eligible for Medicare and Retirees Eligible for Medicare.**

**To prevent claims denial and/or retraction of claims, it is imperative that you communicate the following information to all covered participants, whether active or retired.**

**Coverage under a Key Advantage plan, the HDHP or a Regional plan (if available) is only for:**

- Active Employees and their Dependents
- Retirees not eligible for Medicare and their Dependents Not Eligible for Medicare, and/or
- Dependents of Medicare eligible retirees who are not Medicare eligible.

Retirees Eligible for Medicare and the Medicare eligible dependents of any retiree, whether Medicare eligible or otherwise, may not enroll or remain in a Key Advantage or Regional plan. If coverage is offered to Retirees Eligible for Medicare and their Medicare eligible dependents, it must be obtained through one of our Medicare Supplemental contracts. They require participation in both Parts A and B of Medicare to receive maximum benefits. Outpatient Prescription Drug coverage is not offered in our Medicare Supplemental contracts so obtaining Medicare Part D is extremely important.

Only Medicare eligible retirees and Medicare eligible dependents of retirees may participate in a Medicare Supplemental plan. Active employees and dependents of active employees cannot participate in our Medicare Supplemental plans regardless of Medicare status.

**Advantage 65-Medical Only**
Advantage 65 provides supplemental medical benefits for your Retirees Eligible for Medicare and the Medicare eligible dependents of any covered retiree. It does not provide benefits for outpatient prescription drugs. Anthem administers the plan.

**Advantage 65 with Dental/Vision**
As a group option, you may elect to add Dental/Vision coverage to Advantage 65-Medical Only. This product provides Advantage 65 medical coverage plus dental and vision coverage.

Dental: The plan, administered by Delta Dental, pays 100% of the Allowable Charge (AC) for diagnostic and preventive services, 80% of AC for basic dental services and 5% of AC for major dental care. Up to $1500 per member per plan year is payable.

Vision: Benefits are provided once every 12 months through the Anthem Blue View Vision network. Members pay a copayment for a routine eye exam, receive up to a $100 allowance with a 20% discount on the remaining cost for one pair of frames. The plan has a $20 copayment per pair of either single, bifocal or trifocal lenses, and provides up to a $100 allowance then 15% off remaining balance for contact lenses.

**Medicare Complementary**
Medicare Complementary is a "grandfathered" plan available only to groups who already offer the product. It is not available to any group not currently offering the product. It provides supplemental medical benefits, plus dental and vision coverage for Retirees Eligible for Medicare and the Medicare eligible dependents of any covered retiree. Medical benefits are administered by Anthem; vision by Anthem Blue View Vision; and dental by Delta Dental.

## CommonHealth

The CommonHealth Wellness Program is a value-added benefit included at no additional cost to TLC groups or members. CommonHealth provides medical screenings, health risk appraisals, and several wellness programs including Quit for Life smoking cessation, Future Moms* pre-natal risk management, and stress management.

** Key Advantage Expanded and Key Advantage 250 plans include a Future Moms incentive. The maternity inpatient hospital copayment is waived if the member enrolls in the program in the first trimester (14 weeks), has a dental cleaning during pregnancy, and completes the program.*

Since wellness programs often can help control claims costs, we strongly encourage you to take advantage of all that CommonHealth has to offer. Employees and their dependents covered by any TLC program are eligible to participate.

## Group Rating

**Pooled Rating** - Group size of 1 through 49 employees

**Experience Rating** - Group size of 50 or more. A Credibility Factor applies to medical and behavioral health components only. Prescription drugs and dental claims are pooled, based on the combined experience of all current TLC groups, regardless of size.

| Group Size | Credibility Factor |
|---|---|
| 50 - 99 | 41% of the group's medical and behavioral health experience |
| 100 - 149 | 58% of the group's medical and behavioral health experience |
| 150 - 199 | 71% of the group's medical and behavioral health experience |
| 200 - 249 | 82% of the group's medical and behavioral health experience |
| 250 - 299 | 91% of the group's medical and behavioral health experience |
| 300 – and above | 100% of the group's medical and behavioral health experience |

To protect our employers, TLC provides shared risk protection through medical attachment points (Specific Pooling Points) of $90,000 for groups with fewer than 300 participating employees; $110,000 for groups between 300 and 999 participating employees; $150,000 for groups between 1,000 and 1,499 and $175,000 for groups with 1,500 or more employees.

Monthly rates for employee plus one and family are calculated as a factor of the single employee rate. The relationship between the single, dual, and family rates remain the same as in the current plan year: single = 1, employee plus one = 1.85 X single rate, and family = 2.70 X single rate.

## Employer Contribution

In order to allow greater flexibility, most groups may select a combination of our plan

offering. Minimum funding will be based on the un-weighted average single rate of all employer offered statewide plans with Comprehensive Dental and regional plans, except the HDHP. For example, if a group offers Key Advantage Expanded and Key Advantage 500, you would add the single rates for each plan with Comprehensive dental and divide by two. The minimum requirement would then be 80% of the average single rate for plans with Comprehensive dental.

The Virginia Administrative Code required Key Advantage minimum employer contributions are:

Full Time Employees

- 80% of the average single employee premium rate
- 20% of the average additional dependent cost, if applicable *

Part Time Employees (if coverage is offered)

- 50% of the amount contributed toward active employee coverage (at all membership levels)

***If at least 75% of all eligible employees enroll, the dependent contribution requirement is waived.**

Minimum employer funding for the HDHP is separate from the Key Advantage and regional plan requirements. If the HDHP is offered, a Local Employer must pay a minimum of 80% of single premium and 20% of the additional dependent premium. If 75% of all eligible employees enroll and the employer funds an HSA/HRA, the 20% dependent contribution requirement is waived for HDHP, as well. For part time participants the 50% rule above will apply. Groups may make a higher contribution if they wish.

## Regulations Governing the Local Choice Program

The Virginia Administrative Code governing The Local Choice Program can be found at http://virginiageneralassembly.gov. Enter key words "Commonwealth of Virginia Health Benefits Program" or Administrative Code "1VAC55-20-20". Regulations continue through 1VAC55-20-480.

## Renewal Acceptance

To renew your coverage with TLC, complete the enclosed Employer Renewal Data Sheet and return it to TLC in the envelope provided or fax to Walt Norman at (804) 371-0231 or

**Send your Employer Data Sheet or extension requests to:**
The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street, 13th Floor
Richmond, VA 23219

**DHRM must receive the completed Employer Renewal Data Sheet by Wednesday, April 1, 2015.** Once your renewal is approved, you will receive a letter from DHRM confirming your renewal, benefit plans, premiums and employer contribution requirements.

**Deadline Extensions**
**All groups must return the Employer Renewal Data Sheet by April 1, 2015.** Please keep in mind that you may be granted an extension upon receipt of your written request. This extension is for the return of your Employer Renewal Data Sheet only. The Code of Virginia does not permit an extension or wavier of the 90-day written termination request if you plan to leave the TLC Program. Please contact Walt Norman, TLC Program Manager at (804) 786-6460, to discuss your options if you cannot comply.

**Note: Your renewal will be processed in the order it is received. Extensions or incomplete forms may delay your renewal approval and could cause a delay in claims processing.**

## Termination

For information on termination, please reference 1 VAC 55-20-160, 1 VAC 55-20-290 and 1 VAC 55-20-300 of the Virginia Administrative Code. According to these regulations, if you choose to terminate participation in The Local Choice Health

Benefits program, DHRM must receive written notification at least 90 days prior to the date of termination. Please note that the 90-day notification will not be extended by a request to extend the April 1, 2015 renewal response deadline. The department will notify a terminating local employer of any Adverse Experience Adjustment (AEA) within six-calendar months of the time the local employer terminates participation in the program. Further the department reserves the right to modify the amount of the experience adjustment applicable to a terminating local employer for a period not to exceed 12 months from the end of the plan year in which such termination occurred. The experience adjustment shall be payable by the local employer in 12 equal monthly installments beginning 30 days after the date of notification by the department. In the event that a terminating local employer requests, in writing, an extension beyond a period of 12 months, the department may approve an extension up to 36 months provided the local employer agrees to pay interest at the statutory rate on any extended payments. Since AEA is an exact look back limit of liability, it cannot be estimated.

## Enrollment & Renewal Process

### Employer Renewal Data Sheet

**must be returned to DHRM by April 1, 2015.**

### Open Enrollment Materials

After DHRM has confirmed your renewal information, Open Enrollment materials may be ordered based on the benefit plans you have selected and your enrollment. **It is your responsibility to order the appropriate materials using the TLC Materials Order Form which should be faxed to the number on the form. DO NOT send your order form to the TLC offices. You may begin ordering materials in mid-March. Please allow 7-10 business days for delivery.**

### Enrollment Forms

**This is not a complete re-enrollment. New enrollment forms are necessary only for new participants or for changes.**

Please submit these forms at least 30 days prior to the July 1 or October 1 effective dates.

**If an eligible employee declines coverage, they must complete the wavier section of the Enrollment form.** These forms do not need to be sent to TLC. Originals of all forms should be retained in your personnel files.

### Open Enrollment Meetings

**Open Enrollment meetings are critical to allow for employee changes and may be held at your convenience between April 1, 2015 and May 15, 2015, but should not exceed 30 days. School groups renewing on October 1 should select Open Enrollment dates between July 29, 2015 and September 10, 2015 for their Open Enrollment.** Representatives from the health plan will be available to assist you with your renewal enrollment process, but you must contact them and make the appropriate scheduling arrangements.

## The Local Choice Support

You may contact your local Marketing Representative to assist you with the details of your renewal.

If you have questions about eligibility or policy administration, please contact Walt Norman, TLC Program Manager at (804) 786-6460. You may also send inquiries by e-mail to **walter.norman@dhrm.virginia.gov**.

Thank you for your continued support of The Local Choice program.

# Section 2

## Renewal Rate Sheets and Information

# FY16 Plan Year Changes

# *NEW - FY 2016 Plan Year Changes*

## All Plans

- **Applied Behavioral Analysis (ABA)** - $35,000 annual plan year limit has been removed.

- **Dental Benefits** – In the past, all plans have included full (Comprehensive) dental coverage. Beginning this year, employees will have the option between Diagnostic & Preventive coverage or Comprehensive coverage, which is the same dental coverage included today. To keep the current Comprehensive coverage no action is required. To change to the Preventive Dental coverage members must complete an enrollment form and select that option.
  - Preventive Dental
    - Lower cost coverage
    - Includes routine oral exams and cleanings twice per plan year, x-rays, sealants, and fluoride for children
    - No copayment or coinsurance
  - Comprehensive Dental
    - Higher premium
    - Includes diagnostic & preventive services, primary dental care, major dental care and orthodontic services
    - Deductibles, copayments and coinsurance apply

- **LiveHealth Online** - See a doctor from your computer or mobile device through the LiveHealth Online app or a computer with a webcam. PCP copayment or coinsurance will apply.

- **PCORI/CER Fee** – TLC will not be paying this fee on behalf of groups. The IRS treats the CER fee as an excise tax. ASO customers must complete and file Form 720 by July 31st of the calendar year immediately following the last day of the plan year. The fee must be paid directly to the IRS.

- **ID Cards** – Due to the prescription drug copay change, ID cards will be mass reissued in June (September for some school groups).

## Key Advantage Plans

- **Out-of-Pocket Maximums** –
  - In-network and Out-of-network out-of-pocket maximums will increase $1,000 for single coverage and $2,000 for family coverage for all Key Advantage Plans.
  - Prescription drugs and pediatric routine vision will now count towards the out-of-pocket maximum.

- **Prescription Copayments** – there will now be a 4 tier structure for prescription drugs.
  - Specialty drugs will now be Tier 4
  - Retail Pharmacy - $10/$30/$45/$55

- Mail Order - $20/$60/$90/$110

## TLC High Deductible Health Plan (HDHP)

- **Deductible now embedded –** deductible amounts for each individual member will accumulate toward the family plan year deductible limit ($5,600). No individual family member will contribute more than the single-only deductible amount ($2,800).

- **Out-of-Network Benefits** - Once the deductible is met, members pay 40% coinsurance for medical, behavioral health, and prescription drug services from out-of-network providers.

- **Out-of-Pocket Maximums** – There are separate out-of-pocket expense limits for in-network and out-of-network services.
  - In-network out-of-pocket maximums will increase to $5,000 for single coverage and $10,000 for family coverage.
  - Out-of-network out-of-pocket maximums will be $10,000 for single coverage and $20,000 for family coverage.
  - Pediatric routine Vision will now count towards the out-of-pocket maximum.

- **Routine Vision** – routine vision benefits now available through Blue View Vision.

# FY16 Dental Choices

New!

# You Have Two Choices for Dental Benefits in 2015

## Comprehensive Dental Option

**This is the same dental coverage that you have today, and will automatically be included with your plan. To keep this coverage, no action is required.** To change your coverage to the Preventive Dental, you must complete an enrollment form and select that option.

| Comprehensive Dental | You Pay |
| --- | --- |
| Dental Plan Year Deductible | $25/one person, $50/two people, $75/family |
| Plan Year Maximum (except Orthodontics) | $1,500 |
| **Preventive Dental Care** (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children) | $0 |
| **Primary Dental Care** (fillings, root canal, simple extractions, periodontic services, etc.) | 20% coinsurance after dental deductible |
| **Major Dental Care** (crowns, inlays, onlays, dentures and fixed bridges) | 50% coinsurance after dental deductible |
| **Orthodontic Services** (for children and adults) | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum |

## Preventive Dental Option

This covers only preventive and diagnostic services, and is available for a lower premium. You must complete an enrollment form to select this option.

| Preventive Dental | You Pay |
| --- | --- |
| **Preventive Dental Care** (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children) | $0 (No dental deductible or plan year maximum) |

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. ©2013 Anthem Blue Cross and Blue Shield.

A10113 (1/2015)

Renewal Rates

# THE LOCAL CHOICE HEALTH BENEFITS PROGRAM

## Clarke County And Schools

### Proposed Rates Effective from July 1, 2015 through June 30, 2016

**With Comprehensive Dental**

| | Single | Dual | Family |
|---|---|---|---|
| **ACTIVE EMPLOYEES** | | | |
| Key Advantage Expanded | $709 | $1,312 | $1,914 |
| * Key Advantage 250 | $645 | $1,193 | $1,742 |
| * Key Advantage 500 | $592 | $1,095 | $1,598 |
| Key Advantage 1000 | $559 | $1,034 | $1,509 |
| * High Deductible Health Plan | $467 | $864 | $1,261 |
| **RETIREES NOT ELIGIBLE FOR MEDICARE** | | | |
| Key Advantage Expanded | $709 | $1,312 | $1,914 |
| * Key Advantage 250 | $645 | $1,193 | $1,742 |
| * Key Advantage 500 | $592 | $1,095 | $1,598 |
| Key Advantage 1000 | $559 | $1,034 | $1,509 |
| * High Deductible Health Plan | $467 | $864 | $1,261 |

**With Preventive Dental Only**

| | Single | Dual | Family |
|---|---|---|---|
| **ACTIVE EMPLOYEES** | | | |
| Key Advantage Expanded | $696 | $1,288 | $1,879 |
| * Key Advantage 250 | $632 | $1,169 | $1,706 |
| * Key Advantage 500 | $579 | $1,071 | $1,563 |
| Key Advantage 1000 | $546 | $1,010 | $1,474 |
| * High Deductible Health Plan | $454 | $840 | $1,226 |
| **RETIREES NOT ELIGIBLE FOR MEDICARE** | | | |
| Key Advantage Expanded | $696 | $1,288 | $1,879 |
| * Key Advantage 250 | $632 | $1,169 | $1,706 |
| * Key Advantage 500 | $579 | $1,071 | $1,563 |
| Key Advantage 1000 | $546 | $1,010 | $1,474 |
| * High Deductible Health Plan | $454 | $840 | $1,226 |

**Medicare Retiree Rates**

| | Single |
|---|---|
| **RETIREES WITH MEDICARE** | |
| Advantage 65 | $160 |
| * Advantage 65 and Dental/Vision | $190 |

*** Benefit Plans Currently Offered**

**Coverage under The Local Choice Key Advantage and HDHP contracts is for:**

- Active Employees and their Dependents
- Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or
- Dependents of Medicare eligible Retirees who are not Medicare eligible.

**If coverage is offered to Medicare eligible retirees and their Medicare eligible Dependents, it must be obtained through one of our Medicare Supplemental contracts which require participation in both Parts A and B of Medicare to receive maximum benefits.**

**The PCORI fee is the responsibility of the group and payment should be submitted directly to HHS, therefore, this fee has not been included in your rates.**

# THE LOCAL CHOICE HEALTH CARE PROGRAM

Anthem Blue Cross and Blue Shield

Renewal Analysis For:
(Excludes Advantage 65 premiums and claims)

**Clarke County And Schools**
**Group #47284**
**for July 1, 2015 through June 30, 2016**

| | | |
|---|---|---|
| I. | Income at Current Rates (1) | $2,849,448 |
| II. | Projected Medical Claims Related Charges (2) | |
| A. | Claims Cost (01/01/2014 though 12/31/2014) | $3,845,604 |
| B. | 100% Facility Network Savings | ($655,080) |
| C. | 100% Professional Network Savings | ($913,530) |
| D. | Claims in excess of the $110,000 pooling limit | ($343,529) |
| E. | Subtotal | $1,933,465 |
| F. | Change in Incurred But Not Reported Claims | $29,002 |
| G. | Benefit Adjustment | $0 |
| H. | Enrollment Adjustment | $0 |
| I. | Trend | $178,584 |
| J. | Total Medical Projected Incurred claims | $2,141,051 |
| III. | Projected Reinsurance Charges | $214,105 |
| IV. | Projected Medical Administrative Charges, Network Access Fees, and Affordable Care Act(3) | $157,672 |
| V. | Projected Dental Capitation | $138,871 |
| VI. | Projected Drug Capitation | $591,472 |
| VII. | TLC Contingency Reserve or Risk Fee(4) | ($48,352) |
| VIII. | Total Income Requirements (II.J. + III. + IV. + V. + VI. + VII.) | $3,194,820 |
| | Percent of Current Income | 112.1% |

[1] Illustrative income is based on current enrollment as follows:

| | KA 250 | KA 500 | HDHP | TOTAL |
|---|---|---|---|---|
| Single | 70 | 115 | 15 | 200 |
| Dual | 15 | 22 | 5 | 42 |
| Family | 16 | 41 | 5 | 62 |
| TOTAL: | 101 | 178 | 25 | 304 |

[2] There are 3 claims in excess of the $110,000 pooling limit.
Facility and Professional network savings represent 40.8% of medical claims cost.
Medical trends used in the renewal development were 6% annual.
For a 18 month projection, this equates to 9.1%

[3] Administrative charge as a percent of income requirements is 4.9%

[4] Includes DHRM Program Administration and CommonHealth

**ANTHEM BLUE CROSS AND BLUE SHIELD**
**MEDICAL PROGRAM EXPENSE REPORT INCLUDING VISION AND EXCLUDES MEDICARE RETIREES**
**CLAIMS PROCESSED : 201401 - 201412**
**TOTAL TLC**

**47284**

| | Total |
|---|---|
| TOTAL FACILITY & PROFESSIONAL SUBMITTED CHARGES | $6,670,946.84 |
| NON-COVERED/INELIGBLE AMOUNTS | $734,919.24 |
| MEDICARE COB | $1,721,810.69 |
| COMMERCIAL COB | $11,607.18 |
| COVERED BILLED CHARGES (B) | $4,211,741.07 |
| NETWORK SAVINGS (A) | $1,568,610.06 |
| COST OF BENEFITS | $2,643,131.01 |
| MEMBER PAID AMOUNT/PLAN DESIGN (C) | $366,137.61 |
| MEDICAL EXPENSE | $2,276,993.40 |
| % SAVINGS TO PRE BENFIT DESIGN COVERED CHARGES (CALC A/B) | 37.24% |
| % SAVINGS TO POST BENEFIT DESIGN COVERED CHARGES (CALC A/(B-C)) | 40.79% |

**ANTHEM BLUE CROSS BLUE SHIELD**
**PARTICIPANTS WITH LARGE CLAIMS OVER $25,000**
**INCLUDING VISION AND EXCLUDING MEDICARE RETIREES**
**CLAIMS PROCESSED: 201401 - 201412**
**TLC**

| Base | Name Of Group | Relationship | Diagnosis | Medical Expense |
|---|---|---|---|---|
| 47284 | CLARKE COUNTY | MALE EMPLOYEE | NERVOUS SYSTEM/SENSE ORGANS | $433,994.10 |
| 47284 | CLARKE COUNTY | FEMALE EMPLOYEE | MALIGNANT NEOPLASMS | $122,645.46 |
| 47284 | CLARKE COUNTY | FEMALE DEPENDENT | MENTAL HEALTH | $116,889.82 |
| 47284 | CLARKE COUNTY | FEMALE EMPLOYEE | COMPLICATIONS OF SURGICAL AND MEDICAL CARE | $85,909.51 |
| 47284 | CLARKE COUNTY | MALE EMPLOYEE | OTHER V-CODES | $62,764.63 |
| 47284 | CLARKE COUNTY | FEMALE SPOUSE | MENTAL HEALTH | $53,797.54 |
| 47284 | CLARKE COUNTY | MALE SPOUSE | OTHER CIRCULATORY | $44,852.55 |
| 47284 | CLARKE COUNTY | FEMALE EMPLOYEE | MALIGNANT NEOPLASMS | $43,761.29 |
| 47284 | CLARKE COUNTY | FEMALE SPOUSE | SYMPTOMS/ILL-DEFINED CONDITIONS | $38,712.32 |
| 47284 | CLARKE COUNTY | FEMALE EMPLOYEE | MUSCULOSKELETAL | $36,549.11 |
| 47284 | CLARKE COUNTY | FEMALE DEPENDENT | CONGENITAL ANOMALIES | $35,561.15 |
| 47284 | CLARKE COUNTY | FEMALE SPOUSE | MUSCULOSKELETAL | $33,041.32 |
| 47284 | CLARKE COUNTY | MALE EMPLOYEE | MUSCULOSKELETAL | $28,489.40 |
| 47284 | CLARKE COUNTY | MALE SPOUSE | OTHER V-CODES | $27,335.59 |
| 47284 | CLARKE COUNTY | FEMALE EMPLOYEE | ENDOCRINE,NUTRITIONAL,METABOLIC,IMMUNITY | $26,547.50 |
| 47284 | CLARKE COUNTY | MALE DEPENDENT | MUSCULOSKELETAL | $25,121.64 |
| | | | | **$1,215,972.93** |

# PLEASE READ

## TLC Group Number Information

Below is the group number(s) your group should be using for communications with DHRM and on any forms (including the Enrollment Form, Group Adjustment Form and Employer Data Sheet).

Group Name: **Clarke County & Schools**

| Group Name | Agency | Group | Sub |
|---|---|---|---|
| Clarke County & Schools - County (04728400) | 047 | 284 | 00 |
| Clarke County & Schools - Schools (04818900) | 048 | 189 | 00 |

You will see group numbers on your billing statement from Anthem that differ from the group numbers above. However, those numbers are only used for group billing purposes. Do not use the group numbers shown on your bill.

# Employer Data Sheet

**Return this Data Sheet to**

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
Phone (804) 786.6460 · Fax (804) 371.0231

# Return by April 1, 2015

**Plan Year: 2015-16**

ALL items on this sheet must be completed and returned to the address shown above by the due date.

**You will receive a letter confirming the plan(s) to be offered and the monthly premiums for each plan. An incomplete or late Employer Data Sheet will delay processing. Contact the TLC Program Manager with any questions about this form before the due date.**

1. **Indicate the type of group and enter the group name and the employer code from the group number.**
   The Group Number is a 9-digit number: the first 3-digits are the group code (047 or 048), the second 3-digits are the employer code, and the last 3-digits are the sub-division code. Enter only the 3-digit employer code. Do not enter the sub-division code.

   ☐Government — Group Name: ______________________________

   Government Group Number: 047 –- _________ (Enter only 3-digit employer code)

   ☐School — Group Name: ______________________________

   School Group Number: 048 –- _________ (Enter only 3-digit employer code)

   ☐Combined Government & School
   Note: Combined groups require separate Employer Data Sheets – one for the government group and one for the school group.

   Group Name: ______________________________

   Government Group Number: 047 –- _________ (Enter only 3-digit employer code)

   School Group Number: 048 –- _________ (Enter only 3-digit employer code)

2. **Indicate whether this is a new group or an existing group. For a new group, enter the Begin date and indicate the End date.**
   ☐ Existing Group - July Renewal — Begins: July 2015 — Ends: June 2016
   ☐ Existing Group - October Renewal — Begins: October 2015 — Ends: September 2016

   ☐ New Group with a July Renewal: — Begins: ___________ — Ends: ☐June 2016 or ☐June 2017

   ☐ New Group with a October Renewal: — Begins: ___________ — Ends: ☐September 2016 or ☐September 2017

3. **Enter Open Enrollment Period dates.** Begins: Month: _________ Day: _________ Ends: Month: _________ Day: _________
   TLC requires an Open Enrollment period no longer than 30 days between *April 1 and May 15* for groups effective 7/1 and between *July 28 and September 10* for groups effective 10/1. New groups, effective mid-plan year, must have the Open Enrollment Period approved by the TLC Program Manager prior to the effective date.

4. **Does this group have stricter rules for enrollment or election changes than TLC?** ☐Yes ☐No
   The TLC Enrollment form describes in general terms when enrollment or election changes may be made under TLC rules. It is the responsibility of the employer group with stricter rules for enrollment or election changes than TLC to enforce those rules.

Group Name:________________________________________ Group Number: __________ -- ___________
(Group Code -- Employer Code)

5. **Check "Yes" for each enrollee category to be offered coverage and enter additional information as requested. Check "No" if coverage is not offered. Billing Method changes must be submitted separately and approved by the TLC Program Manager.**

| Enrollee Category | Offer Coverage | Billing Method |
|---|---|---|
| **Full-time Employees**<br>Minimum Hours per Week Required: _______ | ☐Yes ☐No | Group Bill |
| **Part-time Employees**<br>Minimum Hours per Week Required: _______ | ☐Yes ☐No | Group Bill |
| **Elected Officials** | ☐Yes, Full-time<br>☐Yes, Part-time<br>☐No | Group Bill |
| **Survivors of Employees and Elected Officials for one Extra Month**<br>If selected, survivors continue in the same coverage and with the same employer and employee premium contributions. This option is intended for a group unable to offer Extended Coverage/COBRA coverage. | ☐Yes ☐No | Group Bill |
| **Extended Coverage/COBRA Qualified Beneficiaries**<br>Applies to an employer that has at least 20 employees or more than 50 percent of its typical business days in the previous calendar year. | ☐Yes ☐No | ☐Renewal – No Change<br>☐Renewal – Change Request Sent<br><br>☐New Group – Group Bill<br>☐New Group – Direct Bill |
| **Early Retirees (NOT eligible for Medicare)**<br>Must be at least age 55 with 5 years of service with your group or age 50 with 10 years of service with your group. Groups that offer coverage to Medicare Retirees must offer coverage to Early Retirees. There can be no gap in coverage. | ☐Yes ☐No | ☐Renewal – No Change<br>☐Renewal – Change Request Sent<br><br>☐New Group – Group Bill<br>☐New Group – Direct Bill |
| **Medicare Retirees (eligible for Medicare)**<br>Enrollee participation in Parts A, B and D of Medicare is required to receive maximum benefits. If you choose not to cover your Medicare retirees, coverage ends for the retiree and all covered dependents with the retiree's Medicare eligibility. | ☐Yes ☐No | ☐Renewal – No Change<br>☐Renewal – Change Request Sent<br><br>☐New Group – Group Bill<br>☐New Group – Direct Bill |
| **Survivors of Retirees** | ☐Yes ☐No | Same as Retiree |

6. **Indicate the counts for each category and calculate the total participation percentage. Enter "0" if no one is included in a category.**

| Category | Enrolled Count | Waived Count | Eligible Count<br>Enrolled + Waived |
|---|---|---|---|
| Full-time (FT) Enrollees (include FT elected officials if eligible) | | | |
| Part-time (PT) Enrollees (include PT elected officials if eligible) | | | |
| *** Total Participation (FT + PT Enrollees)** | | | |
| Extended Coverage/COBRA Qualified Beneficiaries | | | |
| Early Retirees (NOT eligible for Medicare) | | | |
| Medicare Retirees (eligible for Medicare) | | | |
| Survivors of Retirees | | | |

***Calculate the TOTAL PARTICIPATION PERCENTAGE: _______% (Total Enrolled Count / Total Eligible Count) rounded down.**

Group Name:______________________ Group Number: ________ -- __________
(Group Code -- Employer Code)

7. **Check "Yes" for the plan(s) to be offered or "No" if the plan(s) are not offered. For each plan to be offered, enter the premium totals from your renewal rate sheet and the employer and enrollee contributions as requested.**
Groups with 25 or fewer eligible employees may offer only one plan. Groups with 26 to 100 eligible employees may offer two plans. Groups with more than 100 eligible employees may offer two Key Advantage plans and a High Deductible Plan and/or Kaiser if available. Groups offering coverage to Medicare Retirees may choose one Medicare plan.

Employer contributions for each plan offered must meet or exceed the minimum employer funding requirements which are based on the total participation percentage from #6 and the plan(s) offered. When two or more plans are offered, premium averaging may be used. Premium averaging is based on the un-weighted average of the plans offered excluding the High Deductible Plan which is calculated separately. A Medicare plan offering is not subject to minimum employer requirements.

Minimum Employer Contribution Requirements:

- All Key Advantage Plans, the High Deductible Plan **with** employer HSA/HRA funding, or the Kaiser HMO:
  Full-time: 80% of the Self Only Comprehensive Premium plus 20% of the Comprehensive dependent cost; when participation percentage (from #6) is 75% or more, the dependent contribution requirement is waived.
  Part-time: 50% of the full-time employer amount for each tier
- High Deductible Plan **without** employer HSA/HRA funding:
  Full-time: 80% of the Self Only Comprehensive Premium plus 20% of the Comprehensive dependent cost regardless of participation percentage (from #6)
  Part-time: 50% of the full-time employer amount for each tier

| **Key Advantage Plan Choice 1 – (Must offer both the Diagnostic & Preventive Option and the Comprehensive Option)** | | | | | | | |
|---|---|---|---|---|---|---|---|
| ☐Yes☐No | ☐ Key Advantage Expanded ☐ Key Advantage 250 ☐ Key Advantage 500 ☐ Key Advantage 1000 | | | | | | |
| | | **Self Only** | | **Self + One** | | **Self + Family** | |
| | Diagnostic & Preventive Premiums | $ | | $ | | $ | |
| | Comprehensive Premiums | $ | | $ | | $ | |
| | | Employer | Enrollee | Employer | Enrollee | Employer | Enrollee |
| | Comprehensive Contributions - Full-time | $ | $ | $ | $ | $ | $ |
| | Comprehensive Contributions - Part-time | $ | $ | $ | $ | $ | $ |
| **Key Advantage Plan Choice 2 – (Must offer both the Diagnostic & Preventive Option and the Comprehensive Option)** | | | | | | | |
| ☐Yes☐No | ☐ Key Advantage Expanded ☐ Key Advantage 250 ☐ Key Advantage 500 ☐ Key Advantage 1000 | | | | | | |
| | | **Self Only** | | **Self + One** | | **Self + Family** | |
| | Diagnostic & Preventive Premiums | $ | | $ | | $ | |
| | Comprehensive Premiums | $ | | $ | | $ | |
| | | Employer | Enrollee | Employer | Enrollee | Employer | Enrollee |
| | Comprehensive Contributions - Full-time | $ | $ | $ | $ | $ | $ |
| | Comprehensive Contributions - Part-time | $ | $ | $ | $ | $ | $ |
| **High Deductible Plan Choice – (Must offer both the Diagnostic & Preventive Option and the Comprehensive Option)** | | | | | | | |
| ☐Yes☐No | ☐ High Deductible Plan with employer HSA/HRA funding ☐ High Deductible Plan without employer HSA/HRA funding | | | | | | |
| | | **Self Only** | | **Self + One** | | **Self + Family** | |
| | Diagnostic & Preventive Premiums | $ | | $ | | $ | |
| | Comprehensive Premiums | $ | | $ | | $ | |
| | | Employer | Enrollee | Employer | Enrollee | Employer | Enrollee |
| | Comprehensive Contributions - Full-time | $ | $ | $ | $ | $ | $ |
| | Comprehensive Contributions - Part-time | $ | $ | $ | $ | $ | $ |
| **Regional HMO Choice** | | | | | | | |
| ☐Yes☐No | ☐ Kaiser HMO | | | | | | |
| | | **Self Only** | | **Self + One** | | **Self + Family** | |
| | Premiums | $ | | $ | | $ | |
| | | Employer | Enrollee | Employer | Enrollee | Employer | Enrollee |
| | Contributions - Full-time | $ | $ | $ | $ | $ | $ |
| | Contributions - Part-time | $ | $ | $ | $ | $ | $ |
| **Medicare Plan Choice** | | | | | | | |
| ☐Yes☐No | ☐ Advantage 65 ☐ Advantage 65 + Dental/Vision ☐ Option 1-Medicare Complimentary | | | | | | |
| | | **Self Only** | | | | | |
| | Premium Total | $ | | | | | |

**Group Name:**_______________________________________________ **Group Number:** __________ -- ___________
(Group Code -- Employer Code)

8. **Enter Mailing Address.**
Street or PO Box:________________________________________Suite:______________
City:________________________________State:__________Zip+4:________-________

9. **Enter Shipping Address (physical location).** ☐Shipping Address same as Mailing Address
Street or PO Box:________________________________________Suite:______________
City:________________________________State:__________Zip+4:________-________

10. **Enter Benefits Administrator:** This is the person who handles inquiries about eligibility and enrollment, and has primary access to HuRMan.
First Name:________________Middle Initial:____LastName:____________________Suffix:______
Title:________________________________________Nickname:______________
Phone:(      ) ________-________ ext.______ Fax:(      ) ________-________
Email:________________________________________ ID or SSN:______________

11. **Enter Benefits Executive:** This is the person who authorizes the renewal.
First Name:________________Middle Initial:____LastName:____________________Suffix:______
Title:________________________________________Nickname:______________
Phone:(      ) ________-________ ext.______ Fax:(      ) ________-________
Email:________________________________________ ID or SSN:______________

12. **Enter Billing Administrator:** This is the person who receives and handles inquiries about billing.
First Name:________________Middle Initial:____LastName:____________________Suffix:______
Title:________________________________________Nickname:______________
Phone:(      ) ________-________ ext.______ Fax:(      ) ________-________
Email:________________________________________ ID or SSN:______________

13. **Enter Billing Executive:** This is the person who authorizes premium payments.
First Name:________________Middle Initial:____LastName:____________________Suffix:______
Title:________________________________________Nickname:______________
Phone:(      ) ________-________ ext.______ Fax:(      ) ________-________
Email:________________________________________ ID or SSN:______________

14. **Enter Group Tax Identification Number:** ______________________________

15. **Check "Yes" if group sub-divisions are required and attach a separate Group Sub-Division Contacts Sheet (page 6) for each one. Check "No" if group sub-divisions are not required.** ☐Yes ☐No

Do not confuse sub-divisions with sub-group codes that are used for billing. For example a County government group may have sub-divisions for Water Authority, Social Services, and Library. A School group may have sub-divisions for Teachers, Transportation, and Administration. Sub-group codes are used to identify enrollee categories such as employees, retirees, and COBRA on the group bill.

16. **Employer Certification:** ☐ I certify that the information on this form is complete and accurate to the best of my knowledge.

Signature: ______________________________Date Signed: Month:_____Day:_____Year:______
Printed Name:____________________________ Phone:(      ) ________-________ ext________
Title:___________________________________Date Sent to DHRM: Month:_____Day:_____Year:______

**Group Name:**_______________________________ **Group Number:** _________ -- __________
(Group Code -- Employer Code)

**Group Sub-Division Contacts Sheet** (see #15).
Each sub-division requires a separate Sub-Division Contacts Sheet. Make copies as needed.

**Sub-Division Name:**_______________________________**Sub-Division Code:**______________

1. **Is sub-division information the same as primary group information?** ☐Yes ☐No – If No, complete #2 - #8.

2. **Enter Mailing Address.**
   Street or PO Box:_______________________________Suite:______________
   City:_______________________State:__________Zip+4:_________-________

3. **Enter Shipping Address (physical location).** ☐Shipping Address same as Mailing Address
   Street or PO Box:_______________________________Suite:______________
   City:_______________________State:__________Zip+4:_________-________

4. **Enter Benefits Administrator:** This is the person who handles inquiries about eligibility and enrollment, and has primary access to HuRMan.
   First Name:______________Middle Initial:____LastName:__________________Suffix:______
   Title:_______________________________Nickname:______________
   Phone:( ) ________-__________ ext.______ Fax:( ) ________-__________
   Email:_______________________________ ID or SSN:______________

5. **Enter Benefits Executive:** This is the person who authorizes the renewal.
   First Name:______________Middle Initial:____LastName:__________________Suffix:______
   Title:_______________________________Nickname:______________
   Phone:( ) ________-__________ ext.______ Fax:( ) ________-__________
   Email:_______________________________ ID or SSN:______________

6. **Enter Billing Administrator:** This is the person who receives and handles inquiries about billing.
   First Name:______________Middle Initial:____LastName:__________________Suffix:______
   Title:_______________________________Nickname:______________
   Phone:( ) ________-__________ ext.______ Fax:( ) ________-__________
   Email:_______________________________ ID or SSN:______________

7. **Enter Billing Executive:** This is the person who authorizes premium payments.
   First Name:______________Middle Initial:____LastName:__________________Suffix:______
   Title:_______________________________Nickname:______________
   Phone:( ) ________-__________ ext.______ Fax:( ) ________-__________
   Email:_______________________________ ID or SSN:______________

8. **Enter Group Sub-Division Tax Identification Number:** ______________________________

# TLC Materials Order Form

# Materials Order Form

**Revised January 2015. Please Destroy All Prior Order Forms.**

**All materials must be ordered by the group**

**FAX FORM TO: (804) 780-0198**

**Allow ten days for delivery of materials**

***Note that the Key Advantage Benefit Summaries also serve as the 2015 update to the Key Advantage Member Handbook. Remind your employees and retirees to keep their Benefit Summaries with their handbook. Member handbooks are available online only at www.thelocalchoice.virginia.gov and at www.anthem.com/tlc.***

❒ Check here if you ordered materials on page 2.

| Group Name | Date |
|---|---|
| **Attention** | **Group #** |
| **Street Address (Do not use P.O. Box)** | **Telephone #** |
| **City, State and Zip** | **Fax #** |

## Enrollment Package for Active and/or Retiree Not Eligible for Medicare

**Plan Benefit Summary(s), Enrollment Form, Dental Insert,**
**Children's Health Insurance Program (CHIP) Notice, Women's Health and Cancer Rights**

| Form # | | Qty. | Available online at: |
|---|---|---|---|
| A10101 | Key Advantage Expanded | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10102 | Key Advantage 250 | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10103 | Key Advantage 500 | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10104 | Key Advantage 1000 | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10105 | High Deductible Health Plan (HDHP) | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |

## Enrollment Package for Retirees Eligible for Medicare

**Includes:** ***Plan Benefit Summary(s), Medicare Retiree Enrollment Information and Enrollment Form.***

| Form # | | Qty. | Available online at: |
|---|---|---|---|
| A10107 | Advantage 65 | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Medicare Eligible Retirees |
| A10108 | Advantage 65 with Dental/Vision | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Medicare Eligible Retirees |
| A10106 | Medicare Complementary | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Medicare Eligible Retirees |

See page 2 for additional materials.

For questions about materials ordered on this form, call (804) 354-7327.

**Name** ________________________________________________

**Group Name** ____________________________________________

| Member Handbooks | | Qty. | Available online at: |
|---|---|---|---|
| Key Advantage Member Handbook<br>Current handbook is available online only at<br>**www.thelocalchoice.virginia.gov** and at **www.anthem.com/tlc** . | | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10101 | Key Advantage Expanded Benefits Benefit Summary | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10102 | Key Advantage 250 Benefit Summary | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 - 2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10103 | Key Advantage 500 Benefit Summary | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| A10104 | Key Advantage 1000 Benefit Summary | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| High Deductible Health Plan (HDHP) Member Handbook<br>Current handbook is available online only at<br>**www.thelocalchoice.virginia.gov** and at **www.anthem.com/tlc** | | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Active Employees and Non-Medicare |
| T20734 (01/11) | Medicare Coordinating Plans Member Handbook (for Advantage 65 and/or Medicare Complementary) | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Medicare Eligible Retirees |
| T20746 (01/11) | Dental/Vision Benefits brochure (to accompany Medicare Coordinating Plans Member Handbook if offering this option) | | **www.thelocalchoice.virginia.gov**, select Plan Information, 2015 -2016 Plan Information, Statewide Plans for Medicare Eligible Retirees |

| Forms | | Qty. | Available online at: |
|---|---|---|---|
| A10114 | Enrollment Form | | **www.thelocalchoice.virginia.gov**, select Forms |
| 990046 | Name and Address Change Form | | **www.thelocalchoice.virginia.gov**, select Forms |
| 110602 | Anthem Claim Form | | **www.anthem.com/tlc**, select Resources & Tools, Forms |
| JAB14348 | Key Advantage Home Delivery Order Form | | **www.anthem.com/tlc**, select Resources & Tools, Forms |
| 12-0684 | Pharmacy Claim Form | | **www.anthem.com/tlc**, select Resources & Tools, Forms |
| 35717WP MENA | EAP Brochure | | **Printed copy only.** |
| **Available Online Only** | | | |
| T20897 | Take Care Package Flyer | | **www.anthem.com/tlc**, select Health & Wellness |
| 10287 ANMEN | Anthem BlueCard Program Flyer | PDF only | **www.anthem.com/tlc** |
| T20622 | Key Advantage Expanded Blue View Vision | PDF only | **www.anthem.com/tlc**, select Benefits, Dental & Vision Plans |
| T20689 | Key Advantage 250 Blue View Vision | PDF only | **www.anthem.com/tlc**, select Benefits, Dental & Vision Plans |
| T20632 | Key Advantage 500 Blue View Vision | PDF only | **www.anthem.com/tlc**, select Benefits, Dental & Vision Plans |
| T20690 | Key Advantage 1000 Blue View Vision | PDF only | **www.anthem.com/tlc**, select Benefits, Dental & Vision Plans |
| N/A | TLC Medicare Retirees Blue View Vision | PDF only | **www.anthem.com/tlc**, select Benefits, Dental & Vision Plans |

**For Delta Dental of Virginia materials,** call Marketing Administration at 540-774-7574.

Delta Dental Materials Order
Form

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018
888.335.8296

Date: ___________________

# GROUP MATERIAL REQUEST FORM
# THE LOCAL CHOICE

Group Number: 047000000 & 048000000

Group Name: ____________________________________________________________

Telephone Number: _____________________

Group Administrator: __________________________________________________

Group Address: ________________________________________________________

________________________________________________________________________

Mail to (If Different from Above): ______________________________________

________________________________________________________________________

***Quantity Needed***

☐ ______ Benefits Brochure

| Delta Dental of Virginia Use Only |
|---|
| Date Received: ______________ |
| Date Completed: ______________ |
| Sign off: ______________ |
| ***Method Sent:*** Next Day Air ____ 2nd Day Air ____ UPS Ground ____ Regular Mail ____ |

Please send material requests to:

**Delta Dental of Virginia**
Attn: Marketing Administration
4818 Starkey Road, Roanoke, VA 24018
Fax to 540-774-7574

If you have questions or need additional information please contact Krystal Gillespie at:
804.915.2690 or krystal.gillespie@deltadentalva.com

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018
888.335.8296

Date: ___________________

# GROUP MATERIAL REQUEST FORM
# THE LOCAL CHOICE- MEDICARE ELIGIBLE RETIREES

Group Number: 047100000 & 048100000 ___

Group Name: ____________________________________________________________

Telephone Number: _____________________

Group Administrator: ____________________________________________________________________

Group Address: ____________________________________________________________________

____________________________________________________________________________________

Mail to (If Different from Above): __________________________________________________

____________________________________________________________________________________

***Quantity Needed***

☐ ______ Benefits Brochure

**Delta Dental of Virginia Use Only**

Date Received: ____________
Date Completed: ____________
Sign off: ____________
***Method Sent:*** Next Day Air ____ 2nd Day Air ____ UPS Ground ____ Regular Mail ___

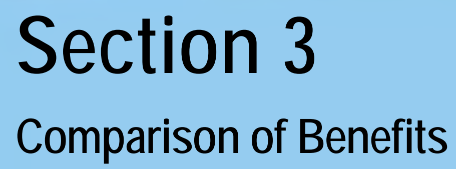
Please send material requests to:

**Delta Dental of Virginia**
Attn: Marketing Administration
4818 Starkey Road, Roanoke, VA 24018
Fax to 540-774-7574

If you have questions or need additional information please contact Krystal Gillespie at:
804.915.2690 or krystal.gillespie@deltadentalva.com

# Section 3

## Comparison of Benefits



# Comparison of Statewide Plans 2015

*Effective July 1, 2015 or October 1, 2015*

# The Local Choice 2015 Comparison of Statewide Plans

| | Key Advantage Expanded | Key Advantage 250 |
|---|---|---|
| **Plan Year Deductible**<br>(Key Advantage: Applies to Certain Medical Services as Indicated on Chart)<br>(HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services) | **In-Network:**<br>One Person / Two People / Family<br>$100 / *See Family* / $200<br>**Out-of-Network:**<br>$200 / *See Family* / $400 | **In-Network:**<br>One Person / Two People / Family<br>$250 / *See Family* / $500<br>**Out-of-Network:**<br>$500 / *See Family* / $1,000 |
| **Plan Year Out-of-pocket Expense Limit** | **In-Network:**<br>One Person / Two People / Family<br>$2,000 / *See Family* / $4,000<br>**Out-of-Network:**<br>$3,000 / *See Family* / $6,000 | **In-Network:**<br>One Person / Two People / Family<br>$3,000 / *See Family* / $6,000<br>**Out-of-Network:**<br>$5,000 / *See Family* / $10,000 |
| **Out-of-Network Benefits** | Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply. | Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply. |
| **Medical Care When Traveling (BlueCard)** | Included | Included |
| **Lifetime Maximum** | Unlimited | Unlimited |

| Covered Services | In-Network You Pay | In-Network You Pay |
|---|---|---|
| **Ambulance Travel** | 20% coinsurance after deductible | 20% coinsurance after deductible |
| **Autism Spectrum Disorder**<br>2 years through 6 years | Copayment/coinsurance determined by service received | Copayment/coinsurance determined by service received |
| **Behavioral Health and EAP**<br>*Inpatient treatment*<br>• Facility Services<br>• Professional Provider Services<br>*Outpatient Professional Provider Visits* | <br><br>$200 copayment per stay<br>$0<br>$15 copayment | <br><br>$300 copayment per stay<br>$0<br>$20 copayment |
| **Employee Assistance Program (EAP)**<br>4 visits per issue (per plan year) | $0 | $0 |
| **Dental Care**<br>**Preventive Dental Option** *(diagnostic and preventive services only for lower premium)* | <br>$0 | <br>$0 |
| **Comprehensive Dental Option** *(for higher premium)* | *One Person* / *Two People* / *Family* | *One Person* / *Two People* / *Family* |
| Dental Plan Year Deductible | $25 / $50 / $75 | $25 / $50 / $75 |
| Plan Year Maximum (Except Orthodontics) | $1,500 | $1,500 |
| • Preventive Dental Care | $0 | $0 |
| • Primary Dental Care | 20% coinsurance after dental deductible | 20% coinsurance after dental deductible |
| • Major Dental Care | 50% coinsurance after dental deductible | 50% coinsurance after dental deductible |
| • Orthodontic Services (Includes Adult Ortho) | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum |

**Note:** *Highlighted areas indicate a benefit change for 2015.*

| | Key Advantage 500 | | | Key Advantage 1000 | | | High Deductible Health Plan | | |
|---|---|---|---|---|---|---|---|---|---|
| | **In-Network:** | | | **In-Network:** | | | | | |
| | One Person | Two People | Family | One Person | Two People | Family | One Person | Two People | Family |
| | $500 | *See Family* | $1,000 | $1,000 | *See Family* | $2,000 | $2,800 | See Family | $5,600 |
| | **Out-of-Network:** | | | **Out-of-Network:** | | | Deductible is combined for In-Network and Out-of-Network services. | | |
| | $1,000 | *See Family* | $2,000 | $2,000 | *See Family* | $4,000 | | | |
| | **In-Network:** | | | **In-Network:** | | | | | |
| | One Person | Two People | Family | One Person | Two People | Family | One Person | Two People | Family |
| | $4,000 | *See Family* | $8,000 | $5,000 | *See Family* | $10,000 | $5,000 | See Family | $10,000 |
| | **Out-of-Network:** | | | **Out-of-Network:** | | | | | |
| | $7,000 | *See Family* | $14,000 | $9,000 | *See Family* | $18,000 | $10,000 | See Family | $20,000 |
| | Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply. | | | Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply. | | | Yes. Once you meet the combined deductible you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers. | | |
| | Included | | | Included | | | Included | | |
| | Unlimited | | | Unlimited | | | Unlimited | | |
| | **In-Network You Pay** | | | **In-Network You Pay** | | | **In-Network You Pay** | | |
| | 20% coinsurance after deductible | | | 20% coinsurance after deductible | | | 20% coinsurance after deductible | | |
| | Copayment/coinsurance determined by service received | | | Copayment/coinsurance determined by service received | | | 20% coinsurance after deductible | | |
| | 20% coinsurance after deductible | | | 20% coinsurance after deductible | | | 20% coinsurance after deductible | | |
| | $0 | | | $0 | | | 20% coinsurance after deductible | | |
| | $25 copayment | | | $25 copayment | | | 20% coinsurance after deductible | | |
| | $0 | | | $0 | | | $0 | | |
| | $0 | | | $0 | | | $0 | | |
| | *One Person* | *Two People* | *Family* | *One Person* | *Two People* | *Family* | *One Person* | *Two People* | *Family* |
| | $25 | $50 | $75 | $25 | $50 | $75 | $25 | $50 | $75 |
| | $1,500 | | | $1,500 | | | $1,500 | | |
| | $0 | | | $0 | | | $0 | | |
| | 20% coinsurance after dental deductible | | | 20% coinsurance after dental deductible | | | 20% coinsurance after dental deductible | | |
| | 50% coinsurance after dental deductible | | | 50% coinsurance after dental deductible | | | 50% coinsurance after dental deductible | | |
| | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum | | | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum | | | 50% coinsurance, no dental deductible, with $1,500 lifetime maximum | | |

# The Local Choice 2015 Comparison of Statewide Plans (continued)

| Covered Services | Key Advantage Expanded<br>In-Network You Pay | Key Advantage 250<br>In-Network You Pay |
|---|---|---|
| **Diabetic Education** | $0 | $0 |
| **Diabetic Equipment** | 20% coinsurance after deductible | 20% coinsurance after deductible |
| **Diabetic Supplies** - See Outpatient Prescription Drugs | | |
| **Diagnostic Tests and X-rays**<br>(for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department) | 10% coinsurance, no deductible | 10% coinsurance after deductible |
| **Doctor Visits – on an Outpatient Basis**<br>*Primary Care Physicians*<br>*Specialty Care Providers* | <br>$15 copayment<br>$25 copayment | <br>$20 copayment<br>$35 copayment |
| **Early Intervention Services** | Copayment/coinsurance determined by service received | Copayment/coinsurance determined by service received |
| **Emergency Room Visits**<br>*Facility Services*<br><br>*Professional Provider Services*<br>– Primary Care Physicians<br>– Specialty Care Providers<br>*Diagnostic Tests and X-rays* | <br>$100 copayment per visit<br>(waived if admitted to hospital)<br><br>$15 copayment<br>$25 copayment<br>10% coinsurance, no deductible | <br>$150 copayment per visit<br>(waived if admitted to hospital)<br><br>$20 copayment<br>$35 copayment<br>10% coinsurance after deductible |
| **Home Health Services**<br>(90 visit plan year limit per member) | $0 | $0 |
| **Home Private Duty Nurse's Services** | 20% coinsurance after deductible | 20% coinsurance after deductible |
| **Hospice Care Services** | $0 | $0 |
| **Hospital Services**<br>*Inpatient Treatment*<br>• Facility Services<br>• Professional Provider Services<br>– Primary Care Physicians<br>– Specialty Care Providers<br>*Outpatient Treatment*<br>• Facility Services<br>• Professional Provider Services<br>– Primary Care Physicians<br>– Specialty Care Providers<br>*Diagnostic Tests and X-Rays* | <br><br>$200 copayment per stay<br><br>$0<br>$0<br><br>$100 copayment<br><br>$15 copayment<br>$25 copayment<br>10% coinsurance, no deductible | <br><br>$300 copayment per stay<br><br>$0<br>$0<br><br>$150 copayment<br><br>$20 copayment<br>$35 copayment<br>10% coinsurance after deductible |
| **Infusion Services**<br>*Facility Services*<br>*Professional Provider Services*<br>*Home Services*<br>*Infusion Medications*<br>– Outpatient Settings<br>– Home Settings | <br>10% coinsurance after deductible<br>10% coinsurance after deductible<br>10% coinsurance after deductible<br><br>10% coinsurance after deductible<br>10% coinsurance after deductible | <br>10% coinsurance after deductible<br>10% coinsurance after deductible<br>10% coinsurance after deductible<br><br>10% coinsurance after deductible<br>10% coinsurance after deductible |

| Key Advantage 500<br>In-Network You Pay | Key Advantage 1000<br>In-Network You Pay | High Deductible Health Plan<br>In-Network You Pay |
|---|---|---|
| $0 | $0 | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| | | |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| $25 copayment<br>$40 copayment | $25 copayment<br>$40 copayment | 20% coinsurance after deductible<br>20% coinsurance after deductible |
| Copayment/coinsurance determined by service received | Copayment/coinsurance determined by service received | 20% coinsurance after deductible |
| 20% coinsurance after deductible<br><br>$25 copayment<br>$40 copayment<br>20% coinsurance after deductible | 20% coinsurance after deductible<br><br>$25 copayment<br>$40 copayment<br>20% coinsurance after deductible | 20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible<br>20% coinsurance after deductible |
| $0 | $0 | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| $0 | $0 | 20% coinsurance after deductible |
| 20% coinsurance after deductible<br><br>$0<br>$0<br><br>20% coinsurance after deductible<br><br>$25 copayment<br>$40 copayment<br>20% coinsurance after deductible | 20% coinsurance after deductible<br><br>$0<br>$0<br><br>20% coinsurance after deductible<br><br>$25 copayment<br>$40 copayment<br>20% coinsurance after deductible | 20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible<br><br>20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible<br>20% coinsurance after deductible |
| 20% coinsurance after deductible<br>20% coinsurance after deductible<br>20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible | 20% coinsurance after deductible<br>20% coinsurance after deductible<br>20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible | 20% coinsurance after deductible<br>20% coinsurance after deductible<br>20% coinsurance after deductible<br><br>20% coinsurance after deductible<br>20% coinsurance after deductible |

# The Local Choice 2015 Comparison of Statewide Plans (continued)

| Covered Services | Key Advantage Expanded<br>In-Network You Pay | Key Advantage 250<br>In-Network You Pay |
|---|---|---|
| **Maternity** | | |
| *Professional Provider Services (Prenatal & Postnatal Care)* | | |
| – Primary Care Physicians | $15 copayment | $20 copayment |
| – Specialty Care Providers | $25 copayment | $35 copayment |
| | If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received. | |
| *Delivery* | | |
| – Primary Care Physicians | $0 | $0 |
| – Specialty Care Providers | $0 | $0 |
| *Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)* | $200 copayment per stay* | $300 copayment per stay* |
| *Outpatient Diagnostic Tests* | 10% coinsurance, no deductible | 10% coinsurance after deductible |
| **Medical Equipment, Appliances, Formulas, Prosthetics and Supplies** | 20% coinsurance after deductible | 20% coinsurance after deductible |
| **Outpatient Prescription Drugs - Mandatory Generic** | | |
| *Retail up to 34-day supply** <br>*You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible | Tier 1 – $10 copayment<br>Tier 2 – $30 copayment<br>Tier 3 – $45 copayment<br>Tier 4 - $55 copayment | Tier 1 – $10 copayment<br>Tier 2 – $30 copayment<br>Tier 3 – $45 copayment<br>Tier 4 - $55 copayment |
| *Home Delivery Services (Mail Order)*<br>Covered Drugs for up to a 90-Day Supply | Tier 1 – $20 copayment<br>Tier 2 – $60 copayment<br>Tier 3 – $90 copayment<br>Tier 4 - $110 copayment | Tier 1 – $20 copayment<br>Tier 2 – $60 copayment<br>Tier 3 – $90 copayment<br>Tier 4 - $110 copayment |
| **Diabetic Supplies** | 20% coinsurance, no deductible | 20% coinsurance, no deductible |
| **Routine vision - Blue View Vision Network** (Once Every Plan Year) | | |
| *Routine Eye Exam* | $25 copayment | $35 copayment |
| *Eyeglass Lenses* | $20 copayment | $20 copayment |
| *Eyeglass Frames* | Up to $100 retail allowance** | Up to $100 retail allowance** |
| *Contact Lenses (In Lieu of Eyeglass Lenses)* | | |
| • Elective | Up to $100 retail allowance | Up to $100 retail allowance |
| • Non-Elective | Up to $250 retail allowance | Up to $250 retail allowance |
| *Upgrade Eyeglass Lenses (Available for Additional Cost)* | | |
| • UV Coating, Tints, Standard Scratch-Resistant | $15 | $15 |
| • Standard Polycarbonate | $40 | $40 |
| • Standard Progressive | $65 | $65 |
| • Standard Anti-Reflective | $45 | $45 |
| • Other Add-Ons | 20% off retail | 20% off retail |
| **Shots – Allergy & Therapeutic Injections** (At Doctor's Office, Emergency Room or Outpatient Hospital Department) | 10% coinsurance, no deductible | 10% coinsurance after deductible |
| **Skilled Nursing Facility Stays** (180-Day Per Stay Limit Per Member) | | |
| *Facility Services* | $0 | $0 |
| *Professional Provider Services* | $0 | $0 |

**This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first trimester of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.*

***You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.*

**Note:** *Highlighted areas indicate a benefit change for 2015.*

| Key Advantage 500<br>In-Network You Pay | Key Advantage 1000<br>In-Network You Pay | High Deductible Health Plan<br>In-Network You Pay |
|---|---|---|
| $25 copayment<br>$40 copayment | $25 copayment<br>$40 copayment | 20% coinsurance after deductible<br>20% coinsurance after deductible |
| If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received. | | |
| $0<br>$0 | $0<br>$0 | 20% coinsurance after deductible<br>20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| Tier 1 – $10 copayment<br>Tier 2 – $30 copayment<br>Tier 3 – $45 copayment<br>Tier 4 - $55 copayment | Tier 1 – $10 copayment<br>Tier 2 – $30 copayment<br>Tier 3 – $45 copayment<br>Tier 4 - $55 copayment | 20% coinsurance after deductible |
| Tier 1 – $20 copayment<br>Tier 2 – $60 copayment<br>Tier 3 – $90 copayment<br>Tier 4 - $110 copayment | Tier 1 – $20 copayment<br>Tier 2 – $60 copayment<br>Tier 3 – $90 copayment<br>Tier 4 - $110 copayment | 20% coinsurance after deductible |
| 20% coinsurance, no deductible | 20% coinsurance, no deductible | 20% coinsurance after deductible |
| $40 copayment<br>$20 copayment<br>Up to $100 retail allowance** | $40 copayment<br>$20 copayment<br>Up to $100 retail allowance** | $15 copayment<br>$20 copayment<br>Up to $100 retail allowance** |
| Up to $100 retail allowance<br>Up to $250 retail allowance | Up to $100 retail allowance<br>Up to $250 retail allowance | Up to $100 retail allowance<br>Up to $250 retail allowance |
| $15<br>$40<br>$65<br>$45<br>20% off retail | $15<br>$40<br>$65<br>$45<br>20% off retail | $15<br>$40<br>$65<br>$45<br>20% off retail |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| $0 | $0 | 20% coinsurance after deductible |
| $0 | $0 | 20% coinsurance after deductible |

# The Local Choice 2015 Comparison of Statewide Plans (continued)

| Covered Services | Key Advantage Expanded<br>In-Network You Pay | Key Advantage 250<br>In-Network You Pay |
|---|---|---|
| **Spinal Manipulations and Other Manual Medical Interventions**<br>(30 Visits Per Plan Year Limit Per Member) | | |
| *Primary Care Physicians* | $15 copayment | $20 copayment |
| *Specialty Care Providers* | $25 copayment | $35 copayment |
| **Surgery – See Hospital Services** | | |
| **Therapy Services**<br>*Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy* | | |
| Facility Services | 10% coinsurance after deductible | 10% coinsurance after deductible |
| Professional Provider Services | | |
| – Primary Care Physicians | 10% coinsurance after deductible | 10% coinsurance after deductible |
| – Specialty Care Providers | 10% coinsurance after deductible | 10% coinsurance after deductible |
| **Wellness services**<br>*Well Child (Office Visits at Specified Intervals Through Age 6)*<br>– Primary Care Physicians;<br>– Specialty Care Providers;<br>– Immunizations and Screening Tests | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| *Routine Wellness – Age 7 & Older*<br>• Annual Check-Up Visit (One Per Plan Year)<br>– Primary Care Physicians<br>– Specialty Care Providers<br>– Immunizations, Lab and X-Ray Services | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| • Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit) | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| *Preventive Care (One of Each Per Plan Year)*<br>• Gynecological Exam<br>• Pap Test<br>• Mammography Screening<br>• Prostate Exam (Digital Rectal Exam)<br>• Prostate Specific Antigen Test<br>• Colorectal Cancer Screenings | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |

| Key Advantage 500<br>In-Network You Pay | Key Advantage 1000<br>In-Network You Pay | High Deductible Health Plan<br>In-Network You Pay |
|---|---|---|
| $25 copayment | $25 copayment | 20% coinsurance after deductible |
| $40 copayment | $40 copayment | 20% coinsurance after deductible |
| | | |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible |
| No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |
| No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible | No copayment, coinsurance, or deductible |

# Your TLC Take Care Package

## Wellness programs and Web tools included in your plan

### Employee Assistance Program (EAP) 855-223-9277

Your EAP includes up to 4 free confidential counseling sessions per issue for you, your covered dependents and members of your household. It's also a valuable source for information about emotional well-being, childcare and elder care resources, financial and legal issues, and more. Tap into all your EAP has to offer at anthem.com/tlc. Choose the EAP link, enter Commonwealth of Virginia as your company, and select The Local Choice.

### 27/7 NurseLine & Audio Health Tape Library 800-337-4770

Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.

### LiveHealthOnline.com

No time to wait for an appointment? No problem. See a doctor 24/7 from your computer or mobile device. All you need is the LiveHealth Online app or a computer with a webcam to see a doctor from your home, the office, or anywhere. Enroll now so you'll be ready to use LiveHealth Online next time you need to see a doctor right away. Your PCP copayment or coinsurance will apply for the cost of the visit.

### Future Moms 800-828-5891

Expecting? Enroll in Future Moms for free pre- and post-natal support to help ensure a healthy pregnancy. It's there for you, your spouse, or other covered dependents. Since no two pregnancies are alike, be sure to enroll whether it's your first or third baby that's on the way.

***Key Advantage Expanded or Key Advantage 250 members:*** Enroll within the first trimester (14 weeks) and have a dental cleaning during pregnancy, and your plan will waive the hospital copayment for delivery.

### ConditionCare 800-445-7922

Take advantage of free and confidential support to manage these conditions:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Obesity
- Heart failure
- Hypertension
- High cholesterol
- Metabolic syndrome

**Note:** *Highlighted areas indicate a benefit change for 2015.*

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other health care professionals, you may also opt out of the program when they call.

## Quit for Life Tobacco Cessation 866-784-8454

This nationally acclaimed program is free, confidential, and it works! When you're ready to be tobacco free, you don't have to quit alone. Call or go to www.quitnow.net/commonwealth to get all the help you need.

## MyHealth Advantage

You may receive a MyHealth Note in the mail. It's our way of reminding you about important health screenings and other medical reminders. It also gives you a convenient summary of your recent medical claims, prescriptions and money saving health care tips.

## Anthem.com/tlc

This is your "go to" site for detailed information about your plan, including benefit summaries and your member handbook. No login or registration is needed.

## Anthem.com

Be sure to register at anthem.com so you can access your personal, confidential plan information including claims. You can Find a Doctor, print a temporary ID card, order home delivery prescriptions refills, and check your claims from here. Use the Estimate Your Cost tool to compare costs at different facilities for more than 400 medical procedures.

***Go mobile!*** Be sure to download the Anthem Blue Cross and Blue Shield app to your smart phone. It's great to be able to find a doctor or the nearest Urgent Care Center on the go. Log in to the app and see all the other things you can do right from your phone.

## thelocalchoice.virginia.gov

This is your resource for forms, BES information and member notifications.

# Section 4

## Regional Plan Benefit Summary

## (if offered in your area)

# Section 5

## Statewide Medicare Plans

## Benefit Summaries

## (if you cover eligible retirees)

# Advantage 65–Medical Only

Health Benefits Plan
Administered by Anthem Blue Cross and Blue Shield

*Effective July 1, 2015 or October 1, 2015*

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). The Advantage 65 plan may be offered to you if you are eligible for Medicare and to your Medicare-eligible family members by your group.

The Advantage 65 Health Benefits Plan provides medical benefits that work with Medicare Part A and Part B. **It does not provide prescription drug coverage.**

**This guide is only an overview. For a complete description of the benefits, exclusions, limitations, and reductions, please see the Medicare Coordinating Plans Member Handbook.**

## Service Area

Wherever retirees live.

## How The Plan Works

**To receive full benefits you must be enrolled under both Part A and Part B of Medicare. Always show both your Medicare card and your Anthem identification card when you receive care.**

Advantage 65 covers the Medicare Part A hospital deductible (after you pay $100) and copayment amounts, and the Part B copayment for Medicare-approved charges. It also covers out-of-country Major Medical services.

## Choose Health Care Providers Carefully

### Physicians

Ask your doctor if he or she is a Medicare participating physician. A doctor who participates in Medicare agrees to:

- File claims on your behalf
- Accept Medicare's payment for covered services

This means your copayment is limited to a percentage of the Medicare-approved charge. Your nearest Social Security office can give you additional information about Medicare-participating physicians.

This brochure describes benefits based on Medicare-approved charges. Doctors who do not accept assignments may not charge you any more than 15% above what Medicare considers a reasonable fee. This applies to all doctors and all services.

### Hospitals

Hospitals that participate in the Medicare program are covered. Admissions not approved by Medicare are not covered.

# Advantage 65

## What The Plan Covers

| | | Plan Pays |
|---|---|---|
| **PART A SERVICES** | | |
| *Hospital Inpatient* | ■ Medicare Part A hospital deductible less $100 per benefit period, days 1-60 | In full |
| | ■ Medicare Part A daily hospital copayment amount, days 61-90 | In full |
| | ■ 100% of the allowable charge*, for eligible expenses for an additional 365 days. | In full |
| | ■ Copayment amount for Medicare Lifetime Reserve Days (60 days available) | In full |
| *Skilled Nursing Facility* | ■ Medicare Part A skilled nursing facility copayment, days 21-100 (Medicare covers days 1-20 in full.) | In full |
| | ■ A daily amount equal to Medicare skilled nursing home copayment, days 101-180 (Medicare provides no coverage beyond 100 days.) | In full |

| | | Plan Pays |
|---|---|---|
| **PART B SERVICES** | | |
| *Physician And Other Services* (after you pay $147 Part B calendar year deductible) | ■ Part B copayment of Medicare-approved charges for services such as:<br>• Doctor's care<br>• Surgical services<br>• Outpatient x-ray and lab services<br>• Professional ambulance service | In full |
| **AT HOME RECOVERY SERVICES** | ■ At-home recovery care for an illness or injury approved under a Medicare home health treatment plan. Benefits include:<br>• Home visits up to the number approved by Medicare, not to exceed 7 visits per week (This benefit applies to home health services, certified by a physician, for personal care during the recovery period) | Up to $40 per visit (limited to $1,600 per calendar year) |

| | | Plan Pays |
|---|---|---|
| **OUT-OF-COUNTRY MAJOR MEDICAL SERVICES** (after you pay $250 calendar year deductible) | ■ Lifetime maximum | $250,000 |
| | ■ Annual restoration of lifetime maximum (limited to the amount of benefits used in any one year) | $2,000 |
| *Covered Services* | ■ Medically necessary services received in a foreign country | 80% AC* |
| *Out-Of-Pocket Expense Limit* | ■ In a calendar year when your out-of-pocket expenses for covered services reach $1,200, the plan pays 100% of the allowable charge for the rest of the calendar year. | |

**Allowable Charge (AC)* — *The term has two meanings, depending on whether the service is provided by a doctor (or other health care professional) or a hospital. For care by a doctor or other health care professional, the allowable charge is the lesser amount of your plan's allowance for that service, or the provider's charge for that service. For hospital services, the allowable charge is the amount of the negotiated compensation to the facility for the covered service or the facility's charge for that service, whichever is less. For complete information about the allowable charge, please see the Medicare Coordinating Plans Member Handbook.*

# Options For Prescription Drug Coverage—Medicare Part D

**If you want prescription drug coverage, you may enroll in a separate Medicare Part D prescription drug plan.**

Several Medicare Part D plan options are being offered. To determine what drug coverage option best meets your needs, consult the Medicare and You Handbook, call **1-800-MEDICARE (1-800-633-4227)** or visit the Medicare Web site at **www.medicare.gov**.

## If You Need Assistance

**Anthem Blue Cross and Blue Shield**

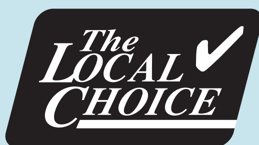
**Medical**
**1-800-552-2682**
*Monday through Friday 8:00 a.m. – 6:00 p.m.*
*Saturday 9:00 a.m. – 1:00 p.m.*

On the Web at **www.anthem.com/tlc**

**The Local Choice**

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
**(804) 786-6460**

On the Web at **www.thelocalchoice.virginia.gov**




*NOTE: This is not a policy. This is a brief summary of the Advantage 65 health benefits plan. For a complete description of the benefits, exclusions, terms, and conditions, please see the Medicare Coordinating Plans Member Handbook.*

A10107 (1/2015)

# Dental/Vision Plan Offered With Advantage 65

*Effective July 1, 2015 or October 1, 2015*

**Your group may choose to offer the Dental/Vision plan with the Advantage 65 plan. For a complete description of the benefits and exclusions, please see the Medicare Coordinating Plans Member Handbook and Dental/Vision Benefits insert.**

## How The Plan Works

### Dental Benefits

*Administered by Delta Dental of Virginia*

The plan pays up to $1,500 per member per calendar year. It also pays 100% of the allowable charge for diagnostic and preventive services, such as oral examinations and dental x-rays. It pays 80% of the allowable charge for basic services, such as fillings, re-cementing of crowns, inlays and bridges, or repair of removable dentures. The remaining 20% is your responsibility. The plan also pays 5% for major services such as crowns, bridges, dentures and implants.

When you need services, simply present your plan identification card to your dentist. If you go to a Delta Dental network dentist, you will be responsible only for your coinsurance. If services are provided by a non-network dentist, you pay your coinsurance, plus the difference, if any, between the plan's allowable charge for a covered service and the dentist's charge. Network dentists are listed on the Web at **www.deltadentalva.com**, or call Delta Dental of Virginia at **1-888-335-8296** to determine if a dentist is in the network.

| **Plan Pays $1,500 Maximum Per Person Per Calendar Year** | | **In-Network You Pay** |
|---|---|---|
| *Diagnostic And Preventive Services* | Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings | $0 |
| *Primary Dental Care* | Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals and other endodontic services, and recementing of existing crowns and bridges | 20% AC |
| *Major Dental Care* | Crowns (single crowns, inlays and onlays), prosthodontics (partial or complete dentures and fixed bridges) and dental implants. | 95% AC |
| *Out-Of-Network Care* | For services by a non-network dentist, you pay the applicable coinsurance plus any amounts above the allowable charge. | |

## Routine Vision Benefits

*Administered by Anthem Blue Cross and Blue Shield*

Your routine vision benefits are now through the Anthem Blue View Vision network. Available once every 12 months, your vision benefits include a routine eye exam, eyewear and special eye accessory discounts. The 12-month count begins on the day you receive your eye examination or purchase eyeglass frames or lenses. You may receive services from any ophthalmologist, optometrist, optician and/or retail location in the Anthem Blue View Vision network.

To locate an Anthem Blue View Vision provider, select Find A Doctor at **www.anthem.com/tlc**, or contact Member Services at **800-552-2682** for assistance. To receive vision services, simply present your Anthem identification card to your Blue View Vision provider when you receive your eye exam or purchase covered eyewear. Your Blue View Vision provider will verify eligibility and file your claims.

While some vision benefits are also covered out-of-network, you will receive the most value when you choose a Blue View Vision provider. If you use an out-of-network provider, your benefits will be covered at a lower payment level. You will need to pay for covered services and purchases at the time of your visit and send an out-of-network claim form to Blue View Vision. The claim form is available at **anthem.com/tlc** under Forms.

Certain non-routine vision care such as eye surgery may be covered under your primary medical coverage under your Medicare plan. Refer to your Medicare and You Handbook or contact Medicare for more information.

## Vision Benefits Highlights

| **Routine vision care services** | | **In-Network** |
|---|---|---|
| *Routine eye exam* *(once every 12 months)* | | $20 copayment |
| *Eyeglass frames*<br>Once every 12 months you may select any eyeglass frame[1] and receive the following allowance toward the purchase price: | | $100 allowance then 20% off remaining balance |
| *Standard Eyeglass Lenses*<br>*Polycarbonate lenses included for children under 19 years old.*<br>*Once every 12 months you may receive any one of the following lenses:* | | |
| ■ Standard plastic single vision lenses (1 pair) | | $20 copay; then covered in full |
| ■ Standard plastic bifocal lenses (1 pair) | | $20 copay; then covered in full |
| ■ Standard plastic trifocal lenses (1 pair) | | $20 copay; then covered in full |
| ■ Standard progressive lenses (1 pair) | | $85 copay; then covered in full |
| *Upgrade Eyeglass Lenses* *(available for additional cost)* | *Lens options* | *Member cost for upgrades* |
| When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lenses' copaymentapplies, plus the cost for the upgrade.. | ■ UV coating<br>■ Tint (solid and gradient)<br>■ Standard scratch resistance<br>■ Standard polycarbonate<br>■ Standard anti-reflective coating<br>■ Other add-ons and services | $15<br>$15<br>$15<br>$40<br>$45<br>20% off retail price |
| *Contact lenses* | *Lens options* | |
| Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses once every 12 months. | ■ Elective conventional lenses[2] | $100 allowance then 15% off the remaining balance |
| | ■ Elective disposable lenses[2] | $100 allowance (no additional discount) |
| | ■ Non-elective contact lenses[2] | $250 allowance (no additional discount) |

[1] *Discount is not available on certain frame brands in which the manufacturer imposes a no-discount policy.*
[2] *Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when glasses are not an option for vision correction.*

# If You Need Assistance

**Anthem Blue Cross and Blue Shield**

**Routine Vision Care:**
**1-800-552-2682**
*Monday through Friday 8:00 a.m. – 6:00 p.m.*
*Saturday 9:00 a.m. – 1:00 p.m.*

On the Web at **www.anthem.com/tlc**

**Delta Dental of Virginia**

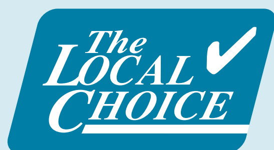
**Dental Care:**
**1-888-335-8296**
*Monday - Thursday 8:15 a.m. - 6:00 p.m.*
*Friday 8:15 a.m. - 4:45 p.m.*

On the Web at **www.deltadentalva.com**

**The Local Choice**

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
**(804) 786-6460**

On the Web at **www.thelocalchoice.virginia.gov**




*NOTE: This is not a policy. This is a brief summary of benefits under the Dental/Vision Plan offered with Advantage 65. If you enroll in the plan, you will receive a Medicare Coordinating Plans Member Handbook and the Dental/Vision Benefits insert with detailed information about the benefits, exclusions, limitations, and your responsibilities under the plan.*

A10108 (1/2015)

## Miscellaneous Information

# Administrative Process Q & A

# The Local Choice (TLC)
# Administrative Process Questions and Answers
# Updated: January 2015

## Communications

### 1. Where do I find communications about TLC?

TLC communications such as TLC E-News and Sequential Memos are distributed by e-mail to persons listed as Group Contacts and are posted on the TLC Website under the Communications link.

Group contacts should check their e-mail rules to be sure messages from TLC are permitted. Sometimes the e-mails are found in Junk or Spam folders. Your e-mail administrator should be notified if you are listed as a group contact and are not receiving TLC communications.

Policies, plan information, communications, forms, and more are found on the TLC website. Visit http://www.thelocalchoice.virginia.gov/ and save as one of your favorite websites. Be sure to visit often for the latest TLC communications, including the TLC E-News and the latest version of forms.

### 2. How do I change our group contacts?

Use the TLC Group Adjustment Form dated 01-2015 to request group contact changes. Updates are generally made the first week of the month following receipt of the form. Up to 4 contacts may be listed per group. If you need to share with more persons in your group, check with your e-mail administrator to see if an e-mail rule can be set-up to share the messages from TLC with others.

### 3. Where do I get TLC help?

**Information and Forms:** Be sure to use the most recent forms to assure accurate processing.

Website: www.TheLocalChoice.virginia.gov

**Eligibility and Enrollment questions:**

**New** Email: tlc@dhrm.virginia.gov
**New** Fax: 804-786-1708
Phone: 888-642-4414 or 804-225-3642 in Richmond

**Group and Direct Billing questions:**

Anthem: 800-552-2682 x 43380 (all plans except Kaiser HMO)
Fax: 804-354-4240
Address: P O Box 27401, Richmond, VA 23279
Kaiser HMO: 800-777-7902 (only Kaiser HMO)

**ID Cards and Claims or Covered Services questions:**

Anthem: 800-552-2682 (all plans except Kaiser HMO – also issues ID Cards)
Delta Dental: 888-335-8296 (all plans except Kaiser HMO)
Kaiser HMO: 800-777-7902 (only Kaiser HMO)

## Eligibility & Enrollment (Adds, Terms, Changes, and requests for ID Cards)

### 4. Who handles eligibility questions and enrollment?

TLC eligibility and enrollment is handled by the Office of Health Benefits within the Department of Human Resource Management. Eligibility and enrollment questions are generally those about who may be covered, when does coverage begin and end, and how do I submit TLC forms.

As owner of the TLC Program, DHRM manages the enrollment database (BES), the group reports repository (HuRMan), and the transfer of data to plan administrators (Anthem, Delta, Kaiser).

### 5. What is BES?

BES is the Benefits Eligibility System managed by DHRM. BES collects, validates, and distributes eligibility and enrollment data for both TLC and State Health Benefits Programs. It transfers data to plan administrators permitting access to benefits and payment of claims. It produces mailing lists and reports to help groups reconcile data discrepancies and issue mandatory notices.

BES stores records for thousands of participants and their covered family members. Participants are full-time and part-time employees, extended coverage/COBRA qualified beneficiaries, early retirees, Medicare retirees and survivors of retirees. Covered family members are husbands, wives, daughters, sons, step-daughters, step-sons, and other Program-approved children.

Currently, TLC at DHRM enters data into BES for TLC groups based on information provided on enrollment forms, group adjustment forms, and personal data change forms.

### 6. When will I have direct access to BES?

Direct access to BES at the group level is planned for early 2015. Progress will be reported in the TLC E-News. Benefits Administrators already have access to group reports posted to HuRMan.

### 7. How do I terminate/cancel a participant's coverage?

Use the TLC Group Adjustment Form dated 01-2015 found on the TLC Website under the Forms link to terminate coverage for a participant. Remember, participants are employees, retirees, survivors, and extended coverage/COBRA qualified beneficiaries. When you terminate coverage for a participant, all covered family members are automatically terminated. Be sure to process terminations timely.

Use the last day of coverage (always the end of a month) as the Event Date and the following day as the Effective Date. For example, if the Event Date is 06/30/XX, the Effective Date is 07/01/XX. TLC at DHRM needs only the TLC Group Adjustment Form, keep all other supporting documentation in your files in the event of an audit.

Note: If the participant is moving to COBRA or Retiree coverage, use the TLC Enrollment Form dated 01-2015, not the TLC Group Adjustment Form. By checking "Initial Enrollment" on the enrollment form, the prior coverage is terminated/cancelled. You need not submit both forms.

### 8. What form is used to change a participant's name, address, phone, email, etc?

Use the TLC Personal Data Change Form dated 01-2015 found on the TLC Website under the Forms link to make corrections to current information. Keep supporting documentation in your files.

## 9. How do I request enrollment changes?

Use the TLC Enrollment Form dated 01-2015 found on the TLC Website under the Forms link for initial enrollments, to waive coverage or to make enrollment changes such as adding or removing family members. Deadlines and effective dates are explained on Page 1. Follow these steps:

**Step 1:** **Be sure each part is complete and that all information is legible.**

**Step 2:** **Parts 1 - 4:** Must be completed and signed by the employee, retiree, survivor or Extended Coverage/COBRA Qualified Beneficiary. The form should never be signed by a dependent.

- In Part 2, mark the reason for submitting the form and include any required information next to the selection.
- In Part 4, complete 4A to waive coverage or Part 4B to be enrolled in TLC coverage. When completing Part 4B, be sure to check the plan of choice and list ALL persons to be covered with a relationship code for each person. Do not list a person if they are to be removed from coverage.
  Note: For groups that offer retiree coverage to both Medicare and Non-Medicare persons, make sure Part 4B includes a plan for the non-Medicare person(s) at the top of Part 4B and a plan for the Medicare-eligible person(s) at the bottom of Part 4B. If both persons are eligible for Medicare, both are listed at the bottom of Part 4B. Do not have the retiree's dependent complete a separate enrollment form.

**Part 5:** Must be completed by the benefits administrator and submitted to TLC at DHRM.

**Step 3:** **Submit only pages 3 and 4.** Do not submit supporting documentation or a TLC Group Adjustment Form. Keep the supporting documentation in your files in the event of an audit. Use the TLC fax number or regular mail as the most secure way of submitting forms to TLC. Forms received by email are also accepted.

## 10. What is the Group Number used on forms and reports?

The group number used on forms and reports is a three-part number. The first 3 digits are the group code, 047 or 048. It identifies whether the group is a government or a school. The second 3 digits are the employer code. Each employer is assigned an employer code when they join TLC. The last 3 digits are the sub-division code. If a group does not use sub-divisions, the default sub-division code is "00".

Do not confuse sub-division codes with sub-group codes that are used for billing. For example, a county government group may have sub-divisions for Water Authority, Social Services and Library. A school group may have sub-divisions for Teachers, Transportation, and Administration. Sub-group codes are used by Anthem for group bills and identify enrollee categories (employees, retiree, and COBRA) within a sub-division.

## 11. How do I know my forms have been processed?

Most changes are entered into BES and transfer to the plan administrators within 1 – 3 business days of receipt. Sometimes it takes the plan administrator an additional day or so to update their systems.

All changes entered in BES are reported and posted to your group's folder on the HuRMan file repository. These reports are the official record of enrollment changes.

Individual changes entered in BES before 5:30 PM are reported daily on a BES Turnaround report. A weekly BES Enrollment report of all group participants is available on the 3$^{rd}$, 10$^{th}$, 17$^{th}$ and 24$^{th}$ of each month. For example, participants effective April 1 are on the April 3, 10, and 17 BES Enrollment reports. The BES Enrollment report posted on April 24 reflects May 1 enrollment as it stands on April 23.

**12. How do I request ID cards?**

Anthem automatically issues ID cards for a new enrollment, when a plan is changed, or when a participant's name is changed. Contact Anthem Member Services at 1-800-552-2682 or www.anthem.com to request replacement ID cards. A PDF card can be issued on the same day requested. Delivery of the actual ID card takes 7 – 10 business days. When an address needs to be changed, submit the TLC Personal Data Change Form and wait 2 – 3 business days to request a replacement ID card with the updated address from Anthem.

Contact Kaiser at 800-777-7902 to request replacement cards for those enrolled in the Kaiser HMO.

## Group Reports

**13. What is HuRMan and how do I get access?**

HuRMan (pronounced "Herman") is the secure Web Portal provided to groups by DHRM. BES reports are posted to the group's HuRMan folder. Access to a group's folder is limited and must be authorized by DHRM. The group's designated Benefits Administrator is automatically granted access and will receive notification by email when access is granted. Additional group contacts may be granted access on request.

**14. What group reports are available?**

A variety of group reports are created by BES and posted to your agency's folder on HuRMan. A description of the most frequently-used reports follows:

- BES Enrollment Rpt: Weekly report of all group members available on the 3rd, 10th, 17th and 24th of each month. One report shows participants and the other shows corresponding dependents. (Note this example: Participants effective April 1 are on the April 3, 10, and 17 reports. The April 24 report reflects May 1 enrollment as it stands on April 23.)

- BES Exception Rpt: Monthly report listing discrepancies found in BES that needs your attention.

- BES Termination Rpt: Monthly report of participants and family members recently terminated.

- BES Turnaround: Daily report of each successful action made in BES before 5:30 PM.

- BES Turnaround Summary: Daily report listing all actions that created a BES Turnaround.

- BES Dependent Age 26 Approaching Termination Rpt: Created in August and October of each year identifying participants who have a covered child reaching Age 26 sometime during the current year. (Note: This report does not include children added to BES after the report's run date.)

- BES Dependent Age 26 Termination Rpt: Created in January of each year showing adult children automatically removed from BES because they reached the age that makes them ineligible.

- BES Persons Eligible for Medicare: Monthly report of participants and spouses approaching Age 65. (Note: This report looks 3 months ahead of the individual's DOB. For example, a person turning

Age 65 in April will appear on the January report. The person will not appear on a report after January.)

## Invoice - Billing

### 15. Who handles invoicing/billing?

DHRM transfers enrollment data from BES to the billing administrators. Anthem handles both direct billing and group billing for all TLC plans except Kaiser. Kaiser handles the Kaiser HMO billing.

The Anthem invoice is created on the $10^{th}$ of the month for the $1^{st}$ of the following month. For example, the April 1 invoice is created on March 10. Changes effective April 1 and received at DHRM by March 6 will be keyed in BES and reflected on the April 1 invoice created on March 10. April 1 changes received after March 6 will be reflected on the May 1 invoice as a retro-action.

### 16. How do I reconcile invoice (billing) discrepancies?

Discrepancies should first be checked in BES. Until you have direct access, you can check the BES Turnaround or BES Enrollment Rpt to see if and when your change was entered in BES. Changes not in BES should be reported to TLC at DHRM. Changes in BES but not on the invoice should be reported to Anthem or Kaiser. The timing of your change request will affect the invoice; see the invoicing schedule in Q15. If the change was entered correctly and met the deadline, contact the billing agent to resolve the discrepancy. Otherwise, contact TLC at DHRM to correct the data and BES will update the billing agent.

Note: A member's access to coverage is determined by their effective date not by the invoice date. For example, claims paid after coverage is retroactively terminated will be retracted; and denied claims because of a retroactive effective date will have to be reprocessed.

### 17. Do I still submit the Group Transmittal that comes with my invoice?

Use this form to report individual overages and arrears amounts only and send it to the billing agent. Do not send your invoice or group transmittal to TLC at DHRM.

### 18. How do I identify participants who are direct billed?

These members are included in the BES Enrollment Rpt posted to your group's folder on HuRMan. Anthem will notify TLC at DHRM when a direct bill participant fails to pay and the coverage will be terminated in BES. The BES action will create a BES Turnaround showing the termination and the person will be removed from the BES Enrollment Rpt based on the termination date.

Direct billing is nothing more than a billing and collection method. Group Benefits Administrators must still handle changes and notifications.

GASB 45 Information

December 10, 2014

Walter E. Norman
Program Manager, The Local Choice
Department of Human Resource Management
101 N. 14th St., 13th Floor
Richmond, VA 23219

**RE: GASB Liability Information**

The Local Choice (TLC) program is a self-funded health benefit program, administered by the Commonwealth of Virginia that allows local Virginia municipalities, schools and political subdivisions to benefit from the Commonwealth's purchasing power. From an employer's perspective, TLC works like an insured arrangement in which each TLC group pays the Commonwealth on a fixed per contract per month basis for the health care program that they choose. If the TLC group has more than one benefit option, they have different rates for each option. This fixed payment represents the full cost to the group during the plan year in return for reimbursement of all covered expenses, claims and administrative cost for the group.

Annually, each TLC group is presented with a renewal rate for the next coverage year and may either agree to the new fixed rate or leave the program. New groups can enter the program at any time by agreeing to the proposed fixed rate. There is no settlement from the group or refund to the group if expenses are more or less than the fixed contract payment. A settlement is only applied if a group terminates coverage while the pool in which they participated is in a deficit position or in the case of groups over 300 employees, if their plan experiences a deficit. This settlement for terminating groups is known as an Adverse Experience Adjustment.

The rates charged for TLC are developed based on competitive industry practices for prospective premium development for groups of similar size. For example, the rates for groups under 300 are developed on a prospective basis using a community rating by class methodology. Community rates are developed for the block of business. These demographically adjusted community rates are then blended based on a size specific medical claim credibility factor with group specific claims experience. The rates for groups over 300 are 100% prospectively experience rated. Rates for outpatient prescription drug and dental are pooled for all TLC groups regardless of size.

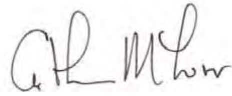
For groups with Retirees Not Eligible for Medicare, the group is either charged separate active employee and Stand-Alone Retiree Not Eligible for Medicare rates or rates are blended with active employee rates. All groups under 50 lives are charged a blended rate which is 102% of the active only rate. Groups over 50 lives may choose either a blended rate or Stand-Alone rates. Stand-Alone Retiree Not Eligible for Medicare rates are two (2) times the active rate. The Retiree Not Eligible for Medicare loading represents the additional morbidity costs of the Retirees Not Eligible for Medicare in the population covered.

**Aon Hewitt**/Health and Benefits Consulting
500 East Pratt Street | Baltimore | Maryland | 21202
**t** +1.410.547.2986 | **f** +1.410.783.4362 | aonhewitt.com

The Commonwealth maintains a separate health insurance fund for TLC in which premiums are deposited and from which claims and administrative costs are paid. The program administrator's goal is to pay claims and maintain an adequate balance in the fund to cover required IBNR reserves, other liabilities and a contingency margin. Any fund deficits are the responsibility of the Commonwealth and may not be charged to a TLC group that remains in the plan.

Since a TLC group's only liability is the fixed fee paid to the Commonwealth for coverage, it is our opinion that these prospectively rated groups should not use actual group claims experience in the development of GASB liability but should use the actual rate charged in the development of their claim cost assumption.

Sincerely,



Catherine M. Furr, F.S.A., M.A.A.A.
AAA Number: 14365
Consulting Actuary

Lisa M. Williams, F.S.A, M.A.A.A
AAA Number: 28284
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DRAFT

Medicare Eligibility Memo

# URGENT MESSAGE

Please inform your covered employees and retirees that **Medicare Eligible Retirees** and **Medicare Eligible Dependents of any retiree** MAY NOT participate in the following plans:

Key Advantage (any plan)
High Deductible Health Plan
Kaiser HMO

Anyone covered by a TLC Plan must inform their Benefits Administrator as soon as they or their dependents become eligible for Medicare.

Participants found in a plan for which they are ineligible will be removed from the plan and all claims paid after Medicare eligibility will be retracted. They will be responsible for re-payment of the full amount of charges to their providers and may be subject to late entry penalties or delays in enrollment in Parts B and D of Medicare.

URGENT MESSAGE

# Adverse Experience Adjustment

# THE LOCAL CHOICE PROGRAM
## Procedures for determining Adverse Experience Adjustment (AEA)

Sections 1VAC55-20-160 D and 1VAC55-20-300 of the Virginia Administrative Code, the regulations under which The Local Choice (TLC) program operates, provide for a potential Adverse Experience Adjustment to withdrawing employers. This adjustment requires any withdrawing employer to contribute their pro rata share of any operating loss experienced during prior plan years. Although the regulations permit a multi-year review of profits and losses, it is the policy of the Department to confine any applicable Adverse Experience Adjustment to the experience of the last plan year during which the employer was a member. The following illustrations have been prepared to assist our members in understanding how an Adverse Experience Adjustment would be calculated.

The basis for determining any Adverse Experience Adjustment will be (1) the amount of the program's loss for the most recent plan year, (2) the experience of the employer, and (3) the proportion of the employer's enrollment to the enrollment for the entire category. Employers are divided into three categories.

1. Employers with 1 to 49 enrollees (Pooled)
2. Employers with 50 to 299 enrollees (Blended)
3. Employers with over 299 enrollees (Experience Rated)

A statement of income and expenses is prepared for each category based upon its experience. (The third category is comprised of experience rated employers. Each group is responsible for their own claims, whether or not the entire category of experience rated employers sustains a loss.)

### EMPLOYERS WITH FEWER THAN 300 ENROLLEES (CATEGORIES 1 & 2)

The first step in the adjustment process is to determine the total number of contract units (C/Us) for each category for the past plan year. A contract unit is determined by the following factors applied to the type of membership times the number of month's participation for each enrollee: an employee only contract has one C/U; an employee plus one contract has 1.85 C/Us; a family contract has 2.7 C/Us. Therefore, the number of contracts by each membership type is accumulated, and the total contract units for that category is computed based on the stated factors as follows:

| Type of Membership | Total Contracts | C/U Factor | Total C/Us |
|---|---|---|---|
| Employee only X 12= | 4,500 | 1.0 | 4,500 |
| Employee + One X 12= | 2,200 | 1.85 | 4,070 |
| Family X 12= | 3,300 | 2.7 | 8,910 |
| Total | 10,000 | | 17,480 |

# THE LOCAL CHOICE PROGRAM
## Procedures for determining Adverse Experience Adjustment- Continued

The next step is to determine the total number of contract units for the withdrawing employer during the plan year using the same method illustrated above. The withdrawing employer's pro rata share of the contract units is then applied to the category's loss to determine the adverse experience adjustment for the withdrawing employer. The following example illustrates an adverse experience calculation for employers in categories 1 and 2.

### EXAMPLE *:

ASSUMPTIONS: Loss for the category is $1,000,000. Total category contract units equal 17,480. The terminating employer had 1,878 C/Us during the review year.

1. Employer's C/Us divided by category's C/Us equals employer's pro rata share.
2. Employer's share times the category's loss equals the employer's Adverse Experience Adjustment.

**CALCULATIONS**: 1,878 / 17,480 = 10.74% X $1,000,000 = $107,437

In the example, the employer would have an Adverse Experience Adjustment of $107,437 at the time of termination. The terminating employer would be notified of this amount within 6 months of termination, and the employer would be required to pay the adjustment in up to 12 equal installments beginning 30 days after the notification by the Department.

It is possible that one category could experience a loss, subjecting employers in that category to an Adverse Experience Adjustment, while another category could operate at a surplus and require no Adverse Experience Adjustment to a terminating group.

### EMPLOYERS WITH OVER 299 ENROLLEES (CATEGORY 3)

The maximum Adverse Experience Adjustment which would be due from each terminating employer in this category would be that employer's loss during the immediate past plan year based upon the employer's plan(s) expenses and its pro rata share of the program overhead. Prior years' performance during which the employer was experience rated would be taken into consideration, if favorable to the employer, but the Adverse Experience Adjustment would never exceed the last plan year's loss.

An employer in this category withdrawing at the end of a year in which they did not have a loss would not be assessed an Adverse Experience Adjustment. Another employer that withdrew with a $100,000 loss during the last plan year would be subject to a maximum Adverse Experience Adjustment of the $100,000 loss paid in equal installments over a 12-month period. An illustration follows:

* Examples are for illustration only and have no bearing on the actual experience of a pool/category or individual group.

# THE LOCAL CHOICE PROGRAM

**Procedures for determining Adverse Experience Adjustment – Continued**

**SAMPLE ILLUSTRATION ***

**ANY CATEGORY 3 EMPLOYER**

THE LOCAL CHOICE HEALTH CARE PROGRAM
Operating Statement
July 1, 2010 through June 30, 2011

| | |
|---|---|
| INCOME | $1,519,543 |
| | |
| EXPENSES: | |
| Incurred Claims | $1,417,129 |
| Contractor Administration | 128,107 |
| Pooled Capitation (Rx, Dental and MISA) | 55,290 |
| Program Overhead | 19,017 |
| Total Expenses | $1,619,543 |
| | |
| GAIN OR (LOSS) | ($100,000) |

If this employer had withdrawn on June 30, 2011, the maximum Adverse Experience Adjustment would have been the operating loss of $100,000. However, prior year's accumulated gains could be applied to reduce any current year loss.

Likewise, if an employer withdraws from the program and the review analysis reflects a gain for the immediate past plan year, there would be no Adverse Experience Adjustment, even if their accumulated experience was a loss.

* Examples are for illustration only and have no bearing on the actual experience of a pool/category or individual group.

# FORMS UPDATED FOR FY16

Beginning July 1, 2015 (or 1 October for some school groups) use the following updated forms:

- Enrollment Form
- Group Adjustment Form
- Personal Data Change Form

Updated forms, policies and plan information can be found on the TLC website at www.thelocalchoice.virginia.gov

Enrollment Form

# Enrollment Form

## The Local Choice Health Benefits Program

The Local Choice Health Benefits Program (TLC) offers health care coverage to local school divisions and government jurisdictions. It is managed by the Virginia Department of Human Resource Management (DHRM), which also oversees the State Health Benefits Program. For more information, visit www.thelocalchoice.virginia.gov or contact your Benefits Administrator.

## When can I request enrollment or election changes?

TLC uses the most liberal eligibility and enrollment rules allowed by IRS and this form describes in general terms who is eligible for and may enroll in TLC health care plans. If your employer has a plan document with more restrictive rules, you must comply with that document. Be sure to contact your Benefits Administrator for your employer's specific plan rules.

■ **Initial Enrollment:**

- **As Employee:** Your request to enroll must be received within 30 days of when you begin employment or become newly eligible for coverage. When your request is received by the deadline, your coverage takes effect the first of the month coinciding with or following the date of employment or the completion of any waiting period. If you miss the deadline, you must wait for Open Enrollment or another qualifying mid-year event, whichever comes first.

- **As Retiree:** Your request to enroll must be received within 31 days of when you retire. When your request is received by the deadline, your coverage takes effect the day after your employee coverage ends.

- **As Survivor of a Retiree:** TLC requires that your request to enroll be received within 60 days of the death. If your employer's plan document calls for a more restrictive timeframe, you must comply with that document. When your request is received by the deadline, your coverage takes effect the first of the month coinciding with or following the death.

- **As Extended Coverage/COBRA Qualified Beneficiary:** Your initial request to enroll must be submitted on the Election Form provided in your Election Notice. Your Election Notice also includes information about your Extended Coverage/COBRA rights and responsibilities. Qualified beneficiaries enrolled in TLC Extended Coverage/COBRA have available to them the same coverage and the same opportunities to make changes in their coverage as those who are not receiving Extended Coverage/COBRA.

■ **Open Enrollment:** Open Enrollment occurs each year and is announced by your employer. It is your annual opportunity to request enrollment or make election changes. Contact your Benefits Administrator with specific questions.

■ **Qualifying Mid-Year Event:** With supporting documentation, certain events during the plan year permit enrollment or election changes. TLC requires that your request be received within 60 days of the event. If your employer's plan document calls for a more restrictive timeframe, you must comply with that document. Your request must also be consistent with the event. For example, divorce is consistent with removing a spouse; marriage is consistent with adding a spouse; and birth is consistent with adding a child. Coverage begins on the first day and ends on the last day of a month. When your request is received by the deadline, coverage takes effect the first of the month after your request is received or after the event, whichever is later. When the later date is the first of a month, coverage is effective that day. In the case of birth or adoption, coverage takes effect on the first day of the month in which the child is born, adopted or placed for adoption. If you miss the 60-day deadline, you must wait for Open Enrollment or another qualifying mid-year event, whichever comes first. Other events may permit limited enrollment or election changes. Your Benefits Administrator can help with specific questions.

For Retirees, Survivors, and Extended Coverage/COBRA Qualified Beneficiaries: You may request to remove family members prospectively by completing the attached enrollment form. The change becomes effective the first of the month after your request is received. If you want to cancel coverage for yourself and all covered persons, stop paying the total premium and coverage will cease at the end of the payment grace period. Contact your Benefits Administrator with specific questions.

## How can I request enrollment or election changes?

Complete and return the attached enrollment form with supporting documentation to your Benefits Administrator within the required timeframe. Contact your Benefits Administrator before a deadline if you have questions or need more time to submit supporting documentation.

# The Local Choice Health Benefits Program Enrollment Form

## PART 1: CERTIFICATION AND AUTHORIZATION OF THE PERSON SUBMITTING THIS ELECTION REQUEST

Review, complete, and submit this enrollment form with supporting documentation to your Benefits Administrator within the required timeframe. If you have questions or need more time, contact your Benefits Administrator before the deadline. Please print clearly. This form must be signed by the employee, retiree, survivor or Extended Coverage/COBRA qualified beneficiary. Forms signed by a family member will not be accepted.

Health Plan ID or Social Security Number:________________________________________________

First Name:____________________________Middle Initial:_____Last Name, Suffix (Jr, Sr, II, III):______________________________________

☐I certify that I have reviewed the instructions on this enrollment form and that the information submitted is complete and accurate to the best of my knowledge. I understand that once this election goes into effect, it may not be changed without a subsequent qualifying mid-year event or until the next Open Enrollment. I also understand that The Local Choice Health Benefits Program and its business associates have the right to use Protected Health Information in connection with the treatment, payment and operations of these plans as defined by the Health Insurance Portability and Accountability Act.

Signature:_______________________________________________________________________ Date (MM/DD/YY):______/______/______

☐Full-time Employee ☐Part-time Employee ☐Retiree ☐Survivor of Retiree ☐Extended Coverage/COBRA Qualified Beneficiary

## PART 2: REASON FOR SUBMITTING THIS ELECTION REQUEST

Indicate below the reason for submitting this election request and provide the required information next to your selection.

A. ☐ Initial Enrollment as Employee: Hire Date (MM/DD/YY):______/______/______
B. ☐ Initial Enrollment as Early Retiree: Last Day of prior coverage (MM/DD/YY):______/______/______
C. ☐ Initial Enrollment as Medicare Retiree: Last Day of prior coverage (MM/DD/YY):______/______/______
D. ☐ Initial Enrollment as Survivor of Retiree: ☐Spouse ☐Child Deceased's Date of Death (MM/DD/YY):______/______/______
Deceased's Name:________________________________________ Deceased's Health Plan ID:_________________________________
E. ☐ Initial Enrollment as Extended Coverage/COBRA Qualified Beneficiary: Last Day of prior coverage (MM/DD/YY):______/______/______
F. ☐ Open Enrollment
G. ☐ Qualifying Mid-Year Event: Event Date (MM/DD/YY):______/______/______ (indicate the event below)

*Events consistent with adding family members to coverage:*

☐Marriage (marriage certificate)
☐Birth or Adoption (birth certificate or adoption agreement)
☐Judgment, decree, or other order (including permanent custody) to add an eligible child (court order)
☐Eligible family member lost eligibility under governmental plan (government documentation)
☐Eligible family member lost eligibility for Medicare or Medicaid (government documentation)
☐Eligible family member lost eligibility under their employers plan (employer documentation)
☐HIPAA special enrollment due to loss of other group coverage (HIPAA certificate)

*Events consistent with removing family members from coverage:*

☐Divorce (divorce decree)
☐Death of spouse (documentation validating death)
☐Death of covered child (documentation validating death)
☐Covered child lost eligibility under this health plan (loss of coverage documentation)
☐Judgment, decree or order to remove a covered child (court order)
☐Covered family member now eligible for Medicare or Medicaid (Medicare or Medicaid documentation)
☐Covered family member now eligible under their employer's plan (employer documentation)

*Other Events validated by your Benefits Administrator:*

Employment Change: ☐Full-time to Part-time ☐Part-time to Full-time ☐Unpaid Leave Began ☐Unpaid Leave Ended
☐Significant change or Open Enrollment under the other employer's plan (employer documentation)
☐Move affecting eligibility for this health plan
☐Eligible participant waived own coverage to be added as family member under this plan
☐Enrollment in a Marketplace Exchange health plan (documentation of coverage with the effective date)
☐Other Event not listed on this form:______________________________________________________________________

H. ☐ Extend the length of Extended Coverage/COBRA: Event Date (MM/DD/YY):______/______/______ (indicate the reason below)

☐Death of former employee (documentation validating death)
☐Divorce from former employee (divorce decree)
☐Covered child loses eligibility under the Plan (loss of coverage documentation)
☐Social Security Approved Disability (approval documentation) Approval Date (MM/DD/YY):______/______/______

## PART 3: IDENTIFICATION OF THE PERSON SUBMITTING THIS ELECTION REQUEST

Health Plan ID or Social Security Number:________________________ Date of Birth (MM/DD/YYYY): _____/_____/_________

First Name:__________________Middle Initial:____Last Name, Suffix (Jr, Sr, II, III):______________________

Street or PO Box:_______________________________________________

City:______________________________State:_______Zip+4:______________-___________ ☐Female ☐Male

Work Phone: ( ) ________-___________ Personal Phone: ( ) ________-___________

Email:_______________________________________________

☐Full-time Employee ☐Part-time Employee ☐Retiree ☐Survivor of Retiree ☐Extended Coverage/COBRA Qualified Beneficiary

## PART 4: HEALTH CARE COVERAGE ELECTION REQUEST

A. ☐ I want to waive enrollment in this health care coverage at this time. Indicate below if you have other health care coverage.
☐I am enrolled in other health care coverage. Other coverage ID Number:______________________
Plan Administrator:____________________ Policy Holder's Name:______________________
☐ I am not covered by any other health care coverage.

B. Indicate your plan selection and the person(s) to be covered. Do not list a person you want removed from coverage.

☐KA Expanded-Comprehensive ☐KA 500-Comprehensive ☐High Deductible Plan-Comprehensive
☐KA Expanded-Diagnostic & Preventive ☐KA 500-Diagnostic & Preventive ☐High Deductible Plan-Diagnostic & Preventive
☐KA 250-Comprehensive ☐KA 1000-Comprehensive ☐Kaiser HMO
☐KA 250-Diagnostic & Preventive ☐KA 1000-Diagnostic & Preventive

IMPORTANT: List each person, including yourself, that you want covered by this plan - include a code for each person.
Codes: M=Myself; SM=Male Spouse; SF=Female Spouse; D=Daughter; S=Son; SD-Stepdaughter; SS=Stepson; OF=Other Female Child; OM=Other Male Child

| Code | First Name | Middle Initial | Last Name, Suffix (Jr, Sr, II, III) | Sex (F/M) | Date of Birth (MM/DD/YY) | Social Security Number (NNN-NN-NNNN) |
|---|---|---|---|---|---|---|
| ____ | ____________ | _____ | ______________ | _____ | _____/_____/_______ | ________-______-________ |
| ____ | ____________ | _____ | ______________ | _____ | _____/_____/_______ | ________-______-________ |
| ____ | ____________ | _____ | ______________ | _____ | _____/_____/_______ | ________-______-________ |
| ____ | ____________ | _____ | ______________ | _____ | _____/_____/_______ | ________-______-________ |
| ____ | ____________ | _____ | ______________ | _____ | _____/_____/_______ | ________-______-________ |

Medicare-coordinating Plan selection and Person(s) to be covered by this plan:
☐Advantage 65 (1A65) ☐Advantage 65 + Dental & Vision (2A65) ☐Option I: Medicare Complimentary (OPT1)

| Code | First Name | Middle Initial | Last Name, Suffix (Jr, Sr, II, III) | Date of Birth (MM/DD/YY) | Social Security Number (NNN-NN-NNNN) |
|---|---|---|---|---|---|
| ____ | ____________ | _____ | ______________ | _____/_____/_______ | ________-______-________ |

Medicare ID: ____________________ Part A (MM/DD/YY):______-______-______ Part B (MM/DD/YY):______-______-______

| Code | First Name | Middle Initial | Last Name, Suffix (Jr, Sr, II, III) | Date of Birth (MM/DD/YY) | Social Security Number (NNN-NN-NNNN) |
|---|---|---|---|---|---|
| ____ | ____________ | _____ | ______________ | _____/_____/_______ | ________-______-________ |

Medicare ID: ____________________ Part A (MM/DD/YY):______-______-______ Part B (MM/DD/YY):______-______-______

## PART 5: CERTIFICATION AND AUTHORIZATION OF THE BENEFITS ADMINISTRATOR FOR THIS ELECTION

Form Received (MM/DD/YY):______/______/______ Effective Date (MM/DD/YY):______/______/______

☐Group Bill ☐Direct Bill Group No:______-______-______ Extended Coverage/COBRA ends (MM/DD/YY): ______/______/______

☐I certify that the information on this form and in the required supporting documentation is complete and accurate to the best of my knowledge.

Authorized by: Name:_______________________________ Phone: ( ) ________-____________ext________

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM-TLC, 101 N 14th St Fl 13, Richmond, VA 23219

# Group Adjustment Form

# TLC Group Adjustment Form

This form is used to cancel coverage and terminate a BES record. Coverage begins on the first day of a month and ends on the last day of a month.

- Use the Enrollment Form for Initial Enrollments ( for employees, retirees and survivors), Open Enrollment, and Qualifying Mid-Year Events.
- Use the Personal Data Change Form to update personal demographics on a BES record.
- Use the COBRA Election form to reinstate coverage in COBRA.

This form may also be used to update your Group's address and contacts.

**FORMS received at DHRM by the 6th of a month will be reflected on the upcoming monthly bill.**

| Action Code | BES ID (SSN) | Enrollee's Last Name | Enrollee's First Name | Receive Date MM/DD/YYYY | Term/Event Date MM/DD/YYYY | Effective Date MM/DD/YYYY |
|---|---|---|---|---|---|---|
| | | | | | | |
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| | | | | | | |

Action Code:
- T1 Terminate coverage - Participant is no longer eligible. Use last day eligible as Event Date.
- T2 Terminate coverage - Death of enrollee. Use date of death as Event Date.
- T3 Terminate coverage - Enrollee's request. Use the date you received the request as Event Date.
- T4 Terminate coverage - Enrollee failed to pay premium. Use "paid through end of month" date as the Event Date.

☐ **Change Group Mailing Address:** This address is used for communications and group billing.

Street or PO Box:________________________________________________________________Suite:____________

City:_____________________________________________________State:________Zip+4:____________-__________

☐ **Change Group Shipping Address:** This address is used for shipping materials. ☐Shipping Address same as Mailing Address

Street or PO Box:________________________________________________________________Suite:____________

City:_____________________________________________________State:________Zip+4:____________-__________

☐ **Change Group BillingAddress:** This address is used for shipping materials. ☐Billing Address same as Mailing Address

Street or PO Box:________________________________________________________________Suite:____________

City:_____________________________________________________State:________Zip+4:____________-__________

☐ **Change Group Contact:**
- ☐ Benefits Administrator (handles inquiries about eligibility and enrollment forms)
- ☐ Billing Administrator (handles inquiries about billing)
- ☐ Benefits Executive (authorizes the renewal and employer data sheet)
- ☐ Billing Executive (authorizes premium payments)

First Name:____________________________Middle Initial:____Last Name:____________________________Suffix:_______

Title:_________________________________________________________________Nickname:____________________

Phone: ( )________-__________ext.________ Fax: ( )________-__________ext.________

Email: ______________________________________________________________________________

**Group Authorization:**

☐ I certify that the information on this form and in the required supporting documentation is complete and accurate to the best of my knowledge.

Date Sent to DHRM: Month:______Day:______Year:__________ TLC Group Number:__________-__________-__________

Authorized by: Name:__________________________________________________________Phone: ( )________-__________

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14th St Fl 13, Richmond, VA 23219

# Personal Data Change Form

# TLC Personal Data Change Form

**Instructions**: Please print clearly. Complete Member Information and then only those items to be changed.
For Social Security Number corrections, attach documentation.

**Member Information:**

Health Plan ID (or Social Security Number) shown on your identification card: ______________________

Name shown on your identification card: ______________ First Name ____ MI ______________ Last Name

Date these changes are effective: Month: ________ Day: ________ Year: ________

☐ **Change my Name:** ______________ First Name ____ MI ______________ Last Name ________ Suffix: (Jr, Sr, III)

☐ **Change my Address:** Street or PO Box: ______________________

City: ______________ State: ________ Zip+4: ________ - ________

☐ **Change my Phone Number(s):** Work Phone: ( ) ________ - ________ Personal Phone: ( ) ________ - ________

☐ **Change my Email(s):** Email: ______________________

☐ **Change my Date of Birth / Gender:** Month: ________ Day: ________ Year: ________ ☐ Female ☐ Male

☐ **Change my covered Dependent's Personal Data:** (Codes: H=Husband, W=Wife, D=Daughter, S=Son, SD=Step-Daughter, SS=Stepson)

| Code: | First Name | Middle Initial | Last Name, Suffix (Jr, Sr, II, III) | Date of Birth (MM/DD/YYYY) | Social Security Number (NNN-NN-NNNN) |
|---|---|---|---|---|---|
| ____ | ____________ | ____ | ______________ | ____/____/______ | ______-____-______ |
| ____ | ____________ | ____ | ______________ | ____/____/______ | ______-____-______ |

**Your Signature:**______________________**Date:**____________

**Return this completed from to your employer's benefits administrator.**

**Authorization of Employer's Benefits Administrator:**

☐ I certify that the information on this form and in the required supporting documentation is complete and accurate to the best of my knowledge.

Date Sent to DHRM: Month:______Day:______Year:__________ TLC Group Number:__________-__________-__________

Authorized by: Name:______________________Phone: ( )________-__________

Send authorized form by: Email: TLC@dhrm.virginia.gov, Fax: (804) 786-1708, or Mail: DHRM – TLC, 101 N 14th St Fl 13, Richmond, VA 23219

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- A strong, non-toxic, durable material
- 100% recyclable and biodegradable
- Free from chlorine and harmful additives

Since Polypropylene is up to 35 percent lighter than many traditional plastics, this helps to reduce transportation costs and the output of carbon dioxide. In a world where more companies are increasingly aware of the need to reduce our environmental impact, Polypropylene is considered the natural choice.

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