**2023 SAMPLE ANNUAL AGE 26 LETTER**

 **FOR ACTIVE EMPLOYEES**

**(To be prepared on Employer Letterhead)**

 MM/DD/YYYY

Dear Employee:

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

The program’s Cardinal HCM System indicates that you provide coverage for a child whose eligibility will cease as of January 1, 2023. Thus, the 26-year-old-child will be automatically removed from coverage. Because your child will no longer be eligible for the program, you may be eligible for a reduced membership and lower premium cost.

If you qualify, your membership will be reduced automatically effective January 1, 2024. Consistent plan changes are permitted when a child loses eligibility. A timely request may be permitted when a child loses eligibility. Any change in plan enrollment will be on a prospective basis. Contact your Group Benefits Administrator before December 31, 2023 for a change effective on January 1, 2024 if you qualify for a reduced premium.

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

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

· The incapacitation existed prior to the loss of eligibility due to age;

· The child is unmarried, resides full-time with the employee (or the other natural/adoptive parent) and the child is dependent upon the employee for financial support, and

· The plan administrator approves continued coverage.

Employees need to contact the plan in which they are enrolled for the necessary paperwork to begin the request for continuation process for incapacitated dependents who are age 26 and losing coverage. Completed requests must be returned to the plan prior to January 1, 2024. Employees enrolled in:

· Key Advantage or TLC HDHP participants must contact Anthem at 1-800-552-2682.

· Kaiser Permanente participants must contact Kaiser Permanente at 1-800-777-7902.

· Optima Health participants must contact Optima at 1-866-846-2682

Please note that the approval process can be time consuming. If you think that your child may qualify for this provision, we recommend that you take immediate action. Dependents removed from The Local Choice Health Benefits Program upon reaching age 26 can only re-enroll in coverage in one, very limited situation. Contact your Benefits Administrator for assistance.

2. Enrollment in Extended Coverage under the provisions of the Public Health Service Act (PHSA). This coverage may last up to 36 months. An Extended Coverage Election Notice will be sent to your dependent child.

3. Enrollment in non-group coverage available through your current health benefits plan. Additionally, there are other companies that offer individual coverage. Contact these plans directly to purchase non-group coverage.

4. Enrollment in the Virginia Health Insurance Marketplace. Visit HealthCare.gov for more information.

If our records are incorrect and you are not covering a dependent child who will reach age 26 by December 31, 2023, please notify your Group Benefits Administrator of your child’s correct date of birth.

Sincerely,