

## Eligibility Criteria

- 1) **Retiree** – defined as individuals who retired from County of Loudoun employment & immediately begin receiving a retirement annuity from VRS. Individuals who resign from employment and delay receipt of retirement benefits from VRS are not considered retirees. Employee must be enrolled in the County of Loudoun or LCPS Group Health Plan at the time of retirement.
- 2) **Minimum of 15 years of service<sup>i</sup>** – Years of service are computed based on the number of full-time years of employment in a benefit eligible position with the County of Loudoun.<sup>ii</sup>
  - a) Part-time service in a benefit eligible position is pro-rated and converted to a full-time equivalent<sup>iii</sup>.
  - b) Non-covered service with the County of Loudoun that is purchased through VRS as covered service will be applied toward total years of service.
  - c) Service with LCPS will be applied in accordance with (2) (a) (b).
  - d) Prior service as a state employee when the position provides a direct service relationship with Loudoun County and is housed within our agency.

**Benefit Eligible Position** – must include eligibility to participate in the County of Loudoun and/or LCPS Group Health Plan.

- 3) **Retiree & Dependents** – must be enrolled in the County of Loudoun and/or LCPS Group Health Plan at the time of the employee’s retirement including the preceding 12 months and 3 out of the last 5 years.

Retirees are not eligible to add dependents after retirement unless they satisfy the dependent eligibility in (3) unless required by state / federal law.

The spouse of a deceased retiree is eligible to retain coverage if covered at the time of the retiree’s death.<sup>iv</sup>

- 4) **Disability Retirees** – Non-work related disability retirees are subject to the same years of service requirements as other retirees with regard to their eligibility and premium level. Disability retirees are required to enroll in Medicare Parts “A” and “B” at the time they become eligible and provide proof of enrollment 45 days prior to the Medicare coverage effective date in order to retain coverage under the County’s plan.
- 5) **Medicare Enrollment Required** – Retirees / spouses / dependents who are eligible for Medicare Parts “A” & “B” must enroll for Medicare coverage and provide proof of enrollment 45 days prior to the Medicare coverage effective date in order to retain supplemental coverage under the County’s plan.

### Plan Options

**Pre-65 retirees:**

- a) Point of Service (POS)
- b) Open Access Plus (OAP)
- c) CIGNA Choice with Health Reimbursement Arrangement (HRA)
- d) Delta Dental & Davis Vision

**Medicare eligible retirees:** (including post-65 & disability retirees)

- a) Medicare Surround Plan (MAP)
- b) Delta Dental

**Re-enrollment rights:**

Retirees may waive coverage under the retiree health plan if coverage is available under another plan, and later opt back in at the same level of coverage in effect at the time of their retirement with proof of creditable coverage (requires continued coverage with no lapse in coverage).

### Retiree Cost & Payment

The Loudoun County Board of Supervisors adopts premium levels annually. Premiums paid by the retiree are determined by the plan elected, level of coverage and the retiree’s years of service. The “greater of” (not combined) years of service is used to determine premium level for dual service retirees. ACH is the required method of payment. Premiums are deducted on a monthly basis by a third-party vendor contracted by the County. Premiums are due in full monthly on the date designated. Unpaid premiums will result in cancellation of coverage. Retirees will receive one (1) reminder of delinquent premiums before cancellation. Coverage will be cancelled as of the last day of the month in which premiums were paid.

## General Guidelines for Enrollment / Election Changes

There are certain requirements surrounding changes to and termination of retiree health plan benefits. This summary is intended to provide you with some guidelines, designed to help you understand these requirements.

Health plan election changes may only be made during an open enrollment period, or within ***30 days of a qualifying event.***

If you experience a **qualified life or status change event<sup>v</sup>**:

Your health plan election change must be submitted within **30 days** of the qualified event to be eligible. If your benefit election change is not made within the designated time frame, your change will not be permitted. You will need to make the change during the next open enrollment period.

- a) You may make changes to your health plan election that are consistent with your qualified life event. You cannot change from one health plan to another.
- b) Documentation to support a qualified event **MUST** be received by the Benefits Division for review before your coverage change may be approved. You may submit your health plan election change form and supporting documentation via email, [eligibility@loudoun.gov](mailto:eligibility@loudoun.gov).
- c) Change in status includes but is not limited to, death of a covered dependent, divorce, or loss of dependent child's eligibility under the plan (i.e. reaching the policy age limit of 26). Change in employment status resulting in eligibility or ineligibility for coverage, change in worksite or change in residence to a location outside of the plan's network service area (Point-of-Service Plan only).
- d) If the qualified event is the death of a covered health plan member, the effective date of the coverage change will be the date of the life event. If the qualified event is for any other reason, the effective date of the coverage change will be the 1<sup>st</sup> of the month following the date of the event. Benefits are effective through the end of the month in which coverage is cancelled.

<sup>i</sup> Minimum of 10 years of service for Group A eligible employees.

<sup>ii</sup> Percentage of monthly premium is based on the number of years of service.

<sup>iii</sup> VRS conversion formula.

<sup>iv</sup> Premiums are determined by the level of coverage and the retiree's years of service.

<sup>v</sup> IRC Section 125 Tax Regulations; Health Insurance Portability & Accountability Act (HIPAA) Special Enrollment Rights