

SCANTIC VALLEY REGIONAL HEALTH TRUST

c/o Group Benefits Strategies
15 Midstate Office Park, Suite 110
Auburn, Massachusetts 01501

Dear Scantic Valley Regional Health Trust Subscriber,

As part of a continuing effort to help control the rising cost of health insurance premiums for its employers and employees, Scantic Valley Regional Health Trust, through which your employer purchases health insurance, underwent an audit to verify the eligibility of each dependent currently covered under a family health insurance plan. All Scantic Valley Regional Health Trust subscribers who were enrolled in a family plan were required to comply with the audit. **Moving forward all employees and retirees submitting applications for family coverage will now be required to provide the documents listed below in order to secure coverage for their spouses and/or dependents.**

The following is a list of the necessary documentation that must be submitted to verify eligibility for each dependent enrolled on your family health insurance policy.

<u>Relationship</u>	<u>Documentation</u>
Spouse	Photocopy of town- or city-issued marriage certificate (<u>church or Justice of the Peace certificates are NOT accepted</u>), a signed affidavit and Page 1 of your most recent Federal Tax Return (1040 or 1040A.) Social Security numbers and income may be blacked out. Federal Tax Return requirement does not apply to same-sex marriages. (affidavit will be provided).
Divorced or Separated Spouse	Photocopy of the health insurance provision language from divorce/ separation agreement, and first page listing names of both parties or signature page.
Child Under Age 26	Photocopy of town- or city-issued birth certificate (long form listing parents' names) (<u>hospital records are not accepted</u>), or Court Order documenting guardianship, or adoption papers.

Documents such as marriage or birth certificates may be obtained at the Clerk's Office in the City/Town where the event occurred. Please note there may be a delay in obtaining certain documentation. We urge you to contact the appropriate offices as soon as possible.

The following page explains dependent eligibility under Scantic Valley Regional Health Trust and carrier guidelines. If you are unable to secure coverage due to ineligibility, insurance may be available through the Health Connector, an online health insurance marketplace for residents of Massachusetts. Go to www.mahealthconnector.org for more information.

Failure to produce these required documents will result in the denial of coverage for your spouse and/or dependent(s) on the health plan.

If you have any questions, please contact the Town of Longmeadow Human Resources Department at (413) 565-4128.

Sincerely,

Arlene Miller, Chair
Scantic Valley Regional Health Trust

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Scantic Valley Regional Health Trust

REGULATIONS FOR COVERING SPOUSES/DEPENDENTS

Eligible Spouses - The subscriber may enroll an eligible spouse for coverage under his or her health plan membership. An 'eligible spouse' includes the subscriber's legal spouse.

In the event of a divorce or legal separation, the person who was the spouse of the subscriber prior to the divorce or legal separation will remain eligible for coverage under the subscriber's health plan membership, whether or not the judgment was entered prior to the effective date of this health plan. The former spouse will remain eligible for this coverage only until the subscriber is no longer required by the judgment to provide health insurance for the former spouse or the subscriber or former spouse remarries, whichever comes first.

If the subscriber remarries, the former spouse may continue coverage under a separate health plan membership with the subscriber's group, provided the divorce judgment requires that the subscriber provide health insurance for the former spouse. This is true even if the subscriber's new spouse is not enrolled under the subscriber's health plan membership. However, the former spouse must move from family coverage to individual coverage and additional premiums will be required (100% of the cost of the individual plan); the former spouse only remains eligible under the group if the divorce decree provided for such coverage. If the former spouse remarries, the former spouse's eligibility ends.

Eligible Dependents - The subscriber may enroll eligible dependents for coverage under his or her health plan membership. The subscriber's 'eligible dependents' include: a dependent child who is under age 26. These include the subscriber's or legal spouse's dependent children who qualify as dependents as subject of a court order that requires the subscriber to provide health insurance for the children. These may include:

1. A newborn child – the effective date of coverage for a newborn child will be the child's date of birth provided that the subscriber formally notified the plan sponsor within 30 days of the date of birth.
2. An adopted child – the effective date of coverage for an adopted child will be the date of placement with the subscriber for the purpose of adoption. The effective date of coverage for an adoptive child who has been living with the subscriber and for whom the subscriber has been getting foster care payments will be the date the petition to adopt is filed. If the subscriber is enrolled under a family plan as of the date he or she assumes custody of a child for the purpose of adoption, the child's health care services for injury or sickness will be covered from the date of custody.
3. A child who is recognized under a Qualified Medical Child Support Order as having the right to enroll for health care coverage.
4. An unmarried disabled dependent child may maintain coverage under the subscriber's health plan membership. The child must be either mentally or physically handicapped so as not to be able to earn his or her own living, as determined by the health plan carrier. The subscriber must make arrangements for the disabled child to continue coverage under the family contract no more than 30 days after the date the child would normally lose eligibility.
5. A newborn infant of an enrolled dependent immediately from the moment of birth and continuing after, until the enrolled dependent is no longer eligible as a dependent.

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IMPORTANT NOTICE

ENROLLMENT and COVERAGE for ADULT CHILDREN TO AGE 26

Effective July 1, 2012

The Patient Protection and Affordable Care Act (PPACA) of 2010 requires employers that offer health benefits to extend coverage to the Adult Children of their employees to the 26th birthday. Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are now eligible to enroll in plans offered by the Scantic Valley Regional Health Trust (SVRHT)* provided they are not offered health benefits through their own employer.

Blue Cross & Health New England plans: These plans are self-funded by SVRHT and but were considered Grandfathered under PPACA until 06/30/2012 however these plans are no-longer grandfathered under PPACA as of 07/01/2012. **Benefit-eligible employees may request enrollment in Blue Cross Blue Shield and Health New England Plans for Adult Children to age 26. The enrollment applications will be due on May 31, 2012. Enrollment will be effective July 1, 2012.**

Tufts HMO plan: This plan was fully insured and was not Grandfathered under PPACA until 06/30/2012. As of 07/01/2012 this plan is now self-funded and will remain in an un-grandfathered status under PPACA. **Benefit-eligible employees may request enrollment in the Tufts HMO plan for Adult Children to age 26. The enrollment applications will be due on May 31, 2012. Enrollment will be effective July 1, 2012.**

For more information contact:

Benefits Administrator at (413) 565-4128.

All enrollment forms to add Adult Children must be returned to your contact (see above) no later than May 31, 2011 for July 1st effective date of coverage.

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Frequently Asked Questions:

Note: The term "employee" refers to active employees and retirees who are eligible for the health insurance benefit.

1. Question: Who is included as an Adult Child under the federal reform law?

Answer: *Children* as defined by PPACA are the children, stepchildren, adopted children, and eligible foster children under age 26 of benefit-eligible employees. *Adult Children* are those age 19 through 25.

An Adult Child, like any child of a benefit-eligible employee, may enroll as a dependent on the parent's Family plan. An Adult Child may not enroll unless the parent is enrolled.

2. Question: When can I enroll my Adult Child (under age 26) on my policy?

Answer: Now through May 31st, 2012 is the time to enroll your Adult Child (under age 26). All applications must be received by May 31, 2012 for coverage to be effective July 1, 2012.

3. Question: What documentation is required?

Answer: The subscriber (employee) must fill out an enrollment application and provide the following:

- *For a child or stepchild:* photo-copy of the child's birth certificate showing the parent-child relationship of the subscriber and/or spouse. In the case of a stepchild, the marriage certificate for the parent and stepparent, one of whom must be the employee.
- *For an adopted child:* photocopy of proof of placement letter or adoption letter.
- *For a foster child:* photocopy of placement letter or court order.

4. Question: My Adult Child (under age 26) is a full-time student who lives outside the health plan's service area while at school and is enrolled on my Family EPO/HMO plan (Network Blue NE, Health New England, or Tufts HMO). May we retain the EPO/HMO coverage we currently have and continue to cover my Adult Child?

Answer: Your Adult Child may remain on your current EPO/HMO Family plan while your Adult Child is a full-time dependent student out-of-area and enrolled in your coverage. However, your Adult Child (under age 26) will only be covered for emergency/urgent care services while he/she is outside the EPO/HMO service area. This has always been the case.

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- BCBS and HNE EPO/HMO plans: After graduating or otherwise leaving school, your Adult Child may remain on your BCBS or HNE EPO/HMO plan for as long as he/she is under age 26 and living within the health plans' service area.
- Tufts HMO plan: After graduating or otherwise leaving school, your Adult Child may remain on your Tufts HMO plan for as long as he/she is under age 26 and living within the health plan's service area.

5. Question: I am enrolled in an EPO/HMO plan, and my Adult Child (under age 26) has a permanent address outside the health plan's service area. May we retain the EPO/HMO coverage we have and add my Adult Child?

Answer: No. Your Adult Child who lives outside the health plan service area is not eligible to be on an EPO/HMO plan. You will need to decide if the entire family will change to the BCBS PPO plan in order to cover your Adult Child who lives outside the service area, or remain on your EPO/HMO plan but not cover the Adult Child. Please review the benefits and costs carefully before making a decision. You will not be able to switch coverage until the next Open Enrollment, i.e. for July 1, 2013, unless you have a Qualifying Event.

6. Question: What if my Adult Child (under age 26) moves out of the EPO/HMO health plan service area *after* I have placed him/her on my plan?

Answer: If the Adult Child is establishing residency outside the service area for more than 3 months, it is the employee's responsibility to notify the employer of this change. If the employee wishes, the family may change to the PPO plan and thereby continue to cover the Adult Child. Otherwise, the Child will be dropped from the EPO/HMO plan's coverage and will be offered COBRA Continuation Coverage. Please see the "IMPORTANT" note at the end of this Q&A, page 4.

7. Question: My Adult Child (under age 26) is currently on my plan as a full-time dependent student. Do I have to submit a new enrollment application?

Answer: No. You do not need to submit a new application if the Adult Child (under age 26) is already enrolled on your health plan provided you are not changing plans. If you are changing plans, you must fill out a new enrollment application.

8. Question: What if my Adult Child (under age 26) is currently on COBRA coverage?

Answer: You may cancel COBRA coverage for your Adult Child (under age 26) and complete an enrollment form to add your Adult Child to your policy effective July 1, 2012. See qualifications above regarding residency requirements for EPO/HMO plans.

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9. Question: When does coverage end for my Adult Child (under age 26) and what options are available for coverage then?

Answer:

- BCBS, HNE and Tufts plans: As long as you remain eligible for coverage as an employee, coverage ends for your Adult Child effective at 12:01 A.M. on the Adult Child's 26th birthday or when he/she establishes residence outside the service area.
- All plans: COBRA coverage will be offered to your Adult Child when he/she turns 26 or otherwise loses eligibility for coverage. If your Adult Child does not wish to take COBRA, he/she can call the Massachusetts Health Connector at 1-877-623-6765 or go online at www.mahealthconnector.org to shop for health coverage. If your Adult Child age 26 or older is enrolled in a school of higher education, there may be a health benefits plan available to students. **It is the employee (or Adult Child's) responsibility to contact Human Resources to request COBRA paperwork within 30 days of the Adult Child's 26th birthday.**

10. Question: My Adult Child is married. May the spouse of my Adult child be enrolled in my Family plan?

Answer:

All plans: No. Neither the Patient Protection and Affordable Care Act (PPACA) nor State Law requires employers or health plans to cover the spouses of the employee's children.

11. Question: My Adult Child is handicapped and is mentally or physically incapable of earning his/her own living and is currently enrolled on my health plan. Do I need to do anything during the Open Enrollment to maintain my dependent's coverage?

Answer: No. The health plans periodically re-certify handicapped dependent coverage. Adult Children who are handicapped and incapable of earning a living are eligible to remain on the parent's coverage beyond age 26, subject to periodic re-certifications.

12. Question: I am enrolled in a Family Dental plan through my employer. Is my Adult Child covered to age 26 on the dental plan?

Answer: No. Dental plans are not subject to the Patient Protection and Affordable Care Act. There are no changes to eligibility for the dental plan.

IMPORTANT: It is the responsibility of the employee to notify the employer of any changes in Adult Child status within 30 days, such as moving out of the service area or access to other employer group coverage. If you do not notify the employer of changes, and if it is found that your Adult Child is ineligible, you could be responsible for all medical charges that he/she incurs.

Scantic Valley Regional Health Trust

Spouse /Former Spouse - Dependent Eligibility Affidavit

_____ BCBS Health New England Tufts
Print Employee Name (Last, First MI)

I hereby certify that I am:

- **Currently legally married to the dependent listed below.**
- **Currently obligated to provide coverage for my former spouse dependent listed below of whom will remain eligible for coverage only until either of the following occur:**
- **I am no longer required by the judgment to provide health insurance for my former spouse**
 - **or until either myself or my former spouse remarries**

_____ / ____ / ____
(Print Name of Spouse /Former Spouse Dependent) (Date of Birth)

I hereby certify that the information provided above is correct. I understand that I am obligated to inform my employer of any change in noted dependent's status within 30 days of the change. I understand that any misrepresentation in the information I have provided above will permit my employer to terminate this dependent's coverage and seek any other legal remedies available including possible prosecution for insurance fraud. I understand that I will be financially responsible for any health insurance claims incurred by this dependent after his/her eligibility status changes and he/she is no longer eligible for insurance through Scantic Valley Regional Health Trust.

Date: ____/____/____ _____
(Signature) Employee

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