

Amendment Number One
To The
County of Henrico Health Plan

BY THIS AGREEMENT, the County of Henrico Health Plan, the medical plan (herein called the "Plan") is hereby amended as follows, effective as of January 1, 2016.

SECTION 4
GENERAL PROVISIONS

4.1 ELIGIBILITY

Eligible Classes of Employees

A person is eligible for Employee coverage on the first day of the month following date of employment OR the date of employment if that day is the first day of the month, if he or she is a regular full-time or part-time, active Employee of the Employer. An Employee is considered to be regular full-time or part-time if he or she normally works at least 20 hours per week and is on the regular payroll of the Employer.

To the extent that Federal and/or State statutes differ from the above definition, the Employer recognizes an Employee as a full-time Employee with regard to eligibility for health coverage based on the definition of a full-time Employee as defined by such statute.

4.2 ENROLLMENT

Timely Enrollment

The enrollment will be "timely" if the completed form is received by the Plan Administrator no later than 31 days after the person initially becomes eligible for the coverage. The enrollment will be "timely" under a Special Enrollment Period if the completed form is received by the Plan Administrator within 60 days following the occurrence of a recognized event.

4.3 HIPAA SPECIAL ENROLLMENT RIGHTS

HIPAA provides Special Enrollment provisions under some circumstances. If an Employee has declined enrollment for himself or his Dependents (including his Spouse) because of other health insurance or group health plan coverage, there may be a right to enroll in this Plan if there is a loss of eligibility for that other coverage. However, a request for enrollment in this Plan must be made within 60 days after the other coverage ends.

In addition, in the case of a birth, marriage, adoption or placement for adoption, there may be a right to enroll in this Plan. However, a request for enrollment must be made within 60 days after the birth, marriage, adoption or placement for adoption.

The Special Enrollment rules are described in more detail below. To request Special Enrollment or obtain more detailed information regarding these portability provisions, contact the Human Resources Benefits Division (General Government) at (804) 501-7371 or the Health Benefits

Office (Schools) at (804) 652-3624. Employees of Economic Development Authority should contact the Human Resources Benefits Division (General Government) at (804) 501-7371.

Special Enrollment Periods

The Enrollment Date for anyone who enrolls under a HIPAA Special Enrollment period is the first date of coverage.

- (1) **Individuals losing other coverage creating a Special Enrollment right.** An Employee or Dependent, who is eligible, but not enrolled in this Plan, may enroll within 60 days of loss of eligibility for other coverage under the following circumstances:
- (a) The Employee or Dependent was covered under a group health plan or had health insurance coverage at the time coverage under this Plan was previously offered to the individual. However, Special Enrollment will be available to Employees who decline group health coverage without having coverage under another health plan and subsequently enroll in other coverage and lose that coverage.
 - (b) The coverage of the Employee or Dependent who had lost the coverage was under COBRA and the COBRA coverage was exhausted, or was not under COBRA and either the coverage was terminated as a result of loss of eligibility for the coverage or because Employer contributions towards the coverage were terminated.
 - (c) The Employee or Dependent requests enrollment in this Plan not later than 60 days after the date of exhaustion of COBRA coverage or the termination of non-COBRA coverage due to loss of eligibility or termination of Employer contributions, described above. Coverage will begin no later than the first day of the first calendar month following the date the completed enrollment form is received.
 - (d) For purposes of these rules, a loss of eligibility occurs if:
 - (i) The Employee or Dependent has a loss of eligibility on the earliest date a claim is denied that would meet or exceed a lifetime limit on all benefits.
 - (ii) The Employee or Dependent has a loss of eligibility due to the plan no longer offering any benefits to a class of similarly situated individuals (for example, part-time Employees).
 - (iii) The Employee or Dependent has a loss of eligibility as a result of divorce, cessation of Dependent status (such as attaining the maximum age to be eligible as a Dependent Child under the plan), death, termination of employment, or reduction in the number of hours of employment or contributions towards the coverage were terminated.
 - (iv) The Employee or Dependent has a loss of eligibility when coverage is offered through a POS (or other arrangement) that does not provide benefits to individuals who no longer reside, live or work in a Service Area (whether or not within the choice of the individual).

If the Employee or Dependent lost the other coverage as a result of the individual's failure to pay premiums or required contributions or for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan), that individual does not have a Special Enrollment right.

- (2) **Dependent beneficiaries.** If:

- (a) The Employee is a participant under this Plan (or is eligible to be enrolled under this Plan but for a failure to enroll during a previous enrollment period), and
- (b) A person becomes a Dependent of the Employee through marriage, birth, adoption or placement for adoption,

then the Dependent (and if not otherwise enrolled, the Employee) may be enrolled under this Plan. In the case of the birth or adoption of a Child, the Spouse of the covered Employee may be enrolled as a Dependent of the covered Employee if the Spouse is otherwise eligible for coverage. If the Employee is not enrolled at the time of the event, the Employee must enroll under this Special Enrollment Period in order for his eligible Dependents to be enrolled.

An Employee who is already enrolled in a benefit option may enroll in another benefit option under the Plan if their Dependent has a Special Enrollment right because the Dependent lost other health coverage.

The Dependent Special Enrollment period is a period of 60 days and begins on the date of the marriage, birth, adoption or placement for adoption. To be eligible for this Special Enrollment, the Employee must request enrollment for himself (if not already enrolled) and for the Dependent during this 60-day period.

The coverage of the Dependent and/or Employee enrolled in the Special Enrollment Period will be effective:

- (a) in the case of marriage, the first of the month following the date of the marriage or following receipt of the enrollment request, whichever is later. Enrollment requests must be received within 60 days of the marriage date;
- (b) in the case of loss of coverage, the first of the month following the date of the loss of prior coverage if the Employee completes and returns the enrollment/change form in a timely manner and pays any required premiums for such new coverage;
- (c) in the case of a Dependent's birth, as of the date of birth; or
- (d) in the case of a Dependent's adoption or placement for adoption, the date of the adoption or placement for adoption.

Other Special Enrollment Periods

Eligible Employees and their Dependents, who are not enrolled in the group health plan, may enroll for coverage if either of the following conditions is met:

- (1) The Employee/Dependents' Children's Health Insurance Program (CHIP) or Medicaid coverage is terminated due to loss of eligibility and the Employee requests coverage under the group health plan within 60 days after his and/or his Dependents' loss of coverage under Medicaid or the CHIP; or
- (2) The Employee/Dependent becomes eligible for premium assistance from the CHIP or Medicaid and requests coverage under the group health plan within 60 days after the date that the CHIP or Medicaid determines that the Employee/Dependent is eligible for such assistance.

The Employee also has the right to terminate his and/or his Dependents' enrollment in the group health plan and enroll in Medicaid or the CHIP.