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Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Enclosed is the Amendment/Notification of Changes and Clarifications to your **COVA HealthAware Member Handbook** that became effective July 1, 2023. The COVA HealthAware Member Handbook, and all Amendments, may be found at www.dhrm.virginia.gov.

Thank you.

A10346 (Eff. 7/1/2023)

COVA HealthAware

Commonwealth of Virginia Health Benefits Program Amendment/Notification of Changes and Clarifications to Your July 2019 COVA HealthAware Member Handbook

Effective July 1, 2023

Keep this notification with your COVA HealthAware Member Handbook and previous Amendments. These notifications and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA HealthAware Member Handbook and all Amendments from the DHRM Website at www.dhrm.virginia.gov.

Changes are in *bold italic type*. All other information is for clarification.

COVA HealthAware Member Handbook (entire document)

All references to IngenioRx are now **CarelonRx**.

Eligibility, Enrollment and Changes section – Eligible Dependents (page 92)

- Incapacitated dependents. Adult children who are incapacitated due to a physical or mental health condition, as long as the child was covered by your Health Plan and the incapacitation existed prior to the termination of coverage due to the child attaining the Plan's limiting age. You must make written application, along with proof of incapacitation, prior to the child reaching the Plan's limiting age. Such extension of coverage must be approved by your Health Plan and is subject to periodic review. Should your Health Plan find that the child no longer meets the criteria for coverage as an incapacitated child, the child's coverage will be terminated at the end of the month following notification from your Health Plan to the enrollee. The child must ***not be married and receive more than half of their financial support from you and/or the other parent. The child is not required to reside full-time with you (or the other natural/adoptive parent) so long as the child is receiving residential support services (e.g. living in a group home, nursing home/convalescent home, long-term care facility or similar facility that provides services for physically and/or mentally disabled patients).***

Eligibility, Enrollment and Changes section – Eligible Dependents – Adding Adult Incapacitated Dependents as a Qualifying Mid-Year Event (page 93)

Eligibility rules require that the incapacitated dependent ***not be married and receive over one-half of their financial support from the employee. The incapacitated dependent is not required to reside full-time with you (or the other natural/adoptive parent) so long as they are receiving residential support services (e.g. living in a group home, nursing home/convalescent home, long-term care***

facility or similar facility that provides services for physically and/or mentally disabled patients).

Eligibility, Enrollment and Changes section – Eligible Dependents – Documentation Requirements (page 95)

Dependent	Eligibility Requirement	Documentation Requirement
Incapacitated Adult Dependents	<p>The employee’s adult children who are incapacitated due to a physical or mental health condition may be covered beyond the end of the year in which he or she reaches the limiting age if:</p> <ul style="list-style-type: none"> • They are unmarried; • <i>They either reside full-time with the employee (or the other natural/adoptive parent) OR they are receiving residential support services (e.g. living in a group home, nursing home/convalescent home, long-term care facility or similar facility that provides services for physically and/or mentally disabled patients);</i> • The employee provides more than half of the dependent’s support; • They are deemed incapacitated prior to the end of the year in which they reach age 26; and • They have maintained continuous coverage under an employer-sponsored plan of the employee (or the other 	<ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee’s name. • In the case of a new employee, documentation of prior employer-sponsored coverage. • Other medical certification and eligibility documentation as needed.

	natural/adoptive parent). Coverage through Medicare or Medicaid will be deemed coverage through the employee.	
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Other Federal Notices section (page 142)

Virginia Balance Billing Protection for Out-of-Network Services – see attached

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