Commonwealth of Virginia
Health Benefits Program

Getting to Know Your Benefits

An Overview of Your State Health Care and Flexible Spending Accounts

Learn About...

- Who's eligible for state healthcare in your family
- Your choice among health plans
- What's free and helps you improve your health!
- How to reduce your taxes for health and dependent care expenses

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GETTING TO KNOW YOUR BENEFITS

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WHO CAN BE COVERED

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Salaried Employees and Faculty Are Eligible

All full-time or part-time, salaried, classified state employees or regular, full-time or part-time, salaried faculty members; classified or similarly situated employees in legislative, executive, judicial or independent agencies who are compensated on a salaried basis qualify for state health benefits.

State plan members may be covered under one state contract only.

Dependents Who May Be Covered	Eligibility Definition	Documentation Required
Spouse	The marriage must be recognized as legal in the Commonwealth of Virginia. *Note: Ex-spouses will not be eligible, even with a court order.*	• Photocopy of certified or registered marriage certificate *and* • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers can be redacted.
Natural or Adopted Son/Daughter	A son or daughter may be covered to the end of the year in which he or she turns age 26.	• Photocopy of birth certificate or legal adoptive agreement showing employee's name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)
Stepson or Stepdaughter	A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.	• Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; *and* • Photocopy of marriage certificate showing the employee and dependent parent's name; *and* • Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse".
Other Female or Male Child	An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: • The principal place of residence is with the employee; • They are a member of the employee's household; • They receive over one-half of their support from the employee, and • The custody was awarded prior to the child's 18th birthday.	• Photocopy of birth certificate *and* • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.
Other Female or Male Child - Exception	If the employee (or employee's spouse) shares custody with their minor child who is the parent of an "other female or male child", then that "other child" may also be covered if the other child, the minor child (who is the parent), *and* the employee's spouse (if applicable) • All live in the same household as the employee • Both children are unmarried • Both children received over one-half of their support from the employee.	• Photocopy of the other child's birth certificate showing the name of the minor child as the parent of the other child • Photocopy of the birth certificate (or adoptive agreement) for the minor child showing the name of the employee, *and* • Photocopy of the Final Court Order with presiding judge's signature.
Incapacitated Adult Dependent	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 they turn age 26 if: • They are unmarried, • Reside full-time with the employee (or the other natural/adoptive parent), • 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 natural/adoptive parent).	• Photocopy of birth certificate or legal adoptive agreement showing employee's name. • In the case of a new employee, copies of all HIPAA Certificates showing continuous prior employer-sponsored coverage. • Other medical certification and eligibility documentation as needed.

ABOUT YOUR HEALTH COVERAGE

Different Plans are Offered. Benefits Packages are Comprehensive.

The Commonwealth offers four basic plan options to state employees and non-Medicare retirees. Statewide plans include COVA Care, COVA HealthAware and COVA HDHP (High Deductible Health Plan). The Kaiser Permanente HMO plan is offered in certain Northern and Central Virginia zip codes. All plans offer these benefits:

- Medical
- Outpatient prescription drug
- Preventive dental
- Behavioral health, and
- Employee assistance program (EAP) services

Some covered services are subject to a plan year deductible, coinsurance or copayments. In-network wellness and preventive care services are available at no cost to members In addition, some statewide plans allow you to purchase at an extra cost enhanced coverage such as expanded dental, out-of-network and vision and hearing.

Information on statewide and regional plans may be found starting on the next several pages. Employees who are military retirees and eligible for state health benefits, or the spouse of a military retiree, have the option to enroll in a TRICARE group supplement. More information is available from Selman Company ASI (SelmanCo ASI) **at 1-866-637-9911** and on the DHRM website.

Health Benefits Plan Year

- July 1 to June 30 annually.
- Coverage always begins on the first of a month.

Need Help Choosing a Plan? Go Ask ALEX!

Check out, an online, interactive assistant designed to help you decide which plan may be the most cost-effective for you. ALEX is simple to use and easy to understand.

Visit **www.alexforcova.com** and follow the prompts. ALEX will:

- Ask questions about your individual needs
- Explain the plans offered
- Estimate the lowest cost plan option for you
- Provide a plan comparison
- Look at your expenses and determine if a Health and/or Dependent Care Flexible Spending Account is right for you.

Before You Choose a Plan, Remember….

Each plan is different. It is important to consider how each plan may affect you and your family. So be sure that:

- Your health care providers are in the plan's network.
- You check the benefit coverage for your prescriptions.
- You consider your total out-of-pocket expenses such as deductibles and copayments.
- You get more information by:
  - visiting the plan administrator's web site,
  - calling the plan's customer service number, *or*
  - contacting your Benefits Administrator.

About Your Monthly Premium

- Full–time employees working more than 30 hours per week receive a state premium contribution.
- Part-time employees who work less than 30 hours per week must pay the entire cost of coverage.
- For full-time employees, premiums are deducted from paychecks before taxes are paid. For part-time employees, premiums may be deducted.
- To find your premium amount, visit the DHRM website at **www.dhrm.virginia.gov**, or see your agency Benefits Administrator.

Remember, the final decision is yours! If you have questions, contact your agency Benefits Administrator. Once you have submitted a valid election and the election takes effect, it is binding and may not be changed. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility.

COVA Care. The Statewide Preferred Provider Organization (PPO) Plan.

COVA Care's medical, outpatient prescription drugs, behavioral health and employee assistance program (EAP) services are administered by *Anthem Blue Cross and Blue Shield*. *Delta Dental of Virginia* administers dental benefits. For medical and behavioral health, there is no out-of-network coverage, except for an emergency, unless you choose the **out-of-network buy-up**. You may select this option, or enhanced coverage for **dental and vision and hearing services**, at an extra cost.

Medical Benefits

- The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide.
- You have medical coverage as long as you use an in-network provider.
- You pay a copayment upfront for physician and facility visits, and coinsurance for some services once a deductible is met. Then the plan pays in-network up to the allowable charge.
- You also may access care within the United States through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network.

Behavioral Health

- The plan provides benefits to help promote and maintain mental and emotional health and wellness.
- You pay a copayment upfront for psychiatric or counseling services, and then the plan pays in-network up to the allowable charge.
- We encourage you to call Anthem so that your care can be authorized in advance.
- A behavioral health participating provider works with a care manager to ensure that the services you receive are covered under your plan.

EAP

- Up to four counseling visits are offered at no cost to you, your covered dependents and members of your household.
- You may seek assistance in such areas as mental health, substance abuse, work and family issues, and financial or legal matters.

Prescription Drugs

- Your prescription drug benefit is a mandatory generic program. If a brand name drug is requested when there is a generic equivalent, you pay the brand copayment plus the difference between the cost of the brand and the generic drug.
- Prescriptions are divided into four categories, or tiers, based primarily on their cost. You pay a copayment upfront based on the tier.
- Tier 1 is typically generic drugs. Tier 2 generally includes some generics and low-to-medium-cost brand name drugs. Tier 3 has higher-cost brand name drugs, and Tier 4 is for high-cost specialty drugs.
- For a 90-day supply of maintenance drugs, you may save money by using home delivery services.
- You may use either a network or non-network pharmacy. A non-network pharmacy may cost you more and require you to file a paper claim.

Dental Benefits

- The basic plan pays 100 percent with no annual dollar limit for diagnostic and preventive care, such as oral exams and x-rays.
- You may purchase enhanced coverage for primary services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.

For the most current list of COVA Care network hospitals, physicians, and pharmacies, visit **www.anthem.com/cova**.You also may check with your local pharmacy to determine if it is in the network. To search for a participating dentist, visit **www.deltadentalva.com**, click on "Searching for a Dentist?" and select the Delta Premier program.

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YOUR HEALTH PLAN OPTIONS

COVA HealthAware

COVA HealthAware. Manage Your Health Care from the Driver's Seat.

COVA HealthAware is a statewide consumer-driven health plan (CDHP) that includes medical, outpatient prescription drugs, dental, behavioral health and employee assistance program (EAP) services administered by *Aetna*. The plan includes annual preventive services such as dental, vision and hearing exams paid at 100 percent, and out-of-network coverage. Aetna's network also provides coverage throughout the U.S. and worldwide. You may purchase enhanced coverage for **dental benefits**, or **vision benefits for lenses and frames**, at an additional cost.

- Once your deductible is met, the plan pays 80 percent and you pay 20 percent for in-network services.
- For out-of-network coverage, the plan pays 60 percent and you pay 40 percent for services once the out-of-network deductible is met.
- Medical, behavioral health and prescription drug expenses apply to your deductible and out-of-pocket limit.
- You may purchase additional coverage for primary dental services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.

The plan includes a **health reimbursement arrangement**, or HRA, to help you pay for plan expenses. Depending on when you enroll during the plan year, the Commonwealth will place up to $600 in an HRA for an employee/retiree or up to $1,200 for an employee/retiree and spouse covered under the plan. These funds can be used to pay your deductible and other plan costs for all covered family members.

If you enroll after the plan year begins, the contribution to your HRA will be prorated. Contact your Benefits Administrator or visit **www.COVAHealthAware.com** for more information.

Earn More Funds in Your HRA!

If you complete healthy activities, or **"do rights,"** designated by the plan, you can earn up to $150 in your HRA! Your spouse can do the same.

The "do rights" include:

- an annual physical exam
- a dental exam
- a flu shot
- a vision exam
- completing a coaching module on the *MyActiveHealth wellness portal, and*
- using one of the *MyActiveHealth* trackers at least three times a month for each month in a quarter. More on MyActiveHealth can be found on page 10.

Pick three of the "do rights" and earn $50 for each one!

Visit **www.covahealthaware.com** for more information about the plan and how to access Aetna participating providers. Also view examples of how the HRA works.

COVA HDHP

COVA HDHP. A Statewide Plan with Enhanced Dental Benefits Available.

The ***COVA HDHP*** (High Deductible Health Plan), administered by *Anthem*, is a health care plan that allows you to set up a Health Savings Account (HSA). Use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to "use it or lose it."

- The plan has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health and prescription drug benefits.
- Once the deductible is met, you pay 20% coinsurance for most covered services.
- When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan.
- Plan members must use Anthem participating providers. There is no out-of-network coverage for medical or behavioral health benefits except in an emergency.
- The COVA HDHP includes preventive dental benefits administered by *Delta Dental,* and you may also pay an additional premium for expanded dental benefits. See page 9.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.

Visit **www.anthem.com/cova** for more information about the plan and to access the online Provider Directory, and **www.deltadentalva.com** for details on dental benefits.

TRICARE SUPPLEMENT

TRICARE SUPPLEMENT. A Statewide Choice For Eligible Military Retirees.

The state health benefits program offers a voluntary supplement to TRICARE as a health plan option. Enrollment is open to state employees and early retirees who are military retirees, or the spouse of a military retiree. They must be eligible for:

- TRICARE, the military health benefits program, and
- The state health benefits program.

The TRICARE supplement is administered for the Commonwealth by the Selman Company ASI (SelmanCo ASI). For more information, contact Selman/ ASI at 1-866-637-9911.

KAISER PERMANENTE

KAISER PERMANENTE HMO. A Regional Health Plan to Suit Your Needs.

The Kaiser Permanente HMO has no deductible for medical in-network services, but you must use Kaiser HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser Web site at **http://my.kaiserpermanente.org/mida/commonwealthofvirginia/** to determine if your job location or home address is in the Kaiser service area, which is required to participate in the plan.

Service Area: Includes certain cities, counties and zip codes where you live or work in Virginia, Maryland and the District of Columbia.

- *Virginia Counties:* Arlington, Caroline (partial), Culpeper (partial), Fairfax, Fauquier (partial), Hanover (partial), King George, Louisa (partial), Loudoun, Orange (partial), Prince William, Stafford, Spotsylvania, Westmoreland (partial)
- *Virginia Cities:* Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park
- *Maryland Counties:* Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges
- *Maryland Cities:* Baltimore

8 SPECIAL PROGRAMS ADD VALUE

Included in Your Health Plan at No Extra Cost. Call the Toll-Free Number to Enroll or For More Information.

For COVA Care, COVA HealthAware and COVA HDHP members, the Commonwealth has partnered with ActiveHealth Management to make new health and wellness programs available to enrolled participants and their covered family members. It's important to know that:

- These programs are **secure** and **confidential,** in full compliance with federal and state laws, and
- ActiveHealth Management provides these types of programs to help people across the country improve their health.

Once enrolled, be sure to visit www.myactivehealth.com/cova to set up your personal health profile and find multiple resources to help you live a healthier lifestyle. For more on individual programs, go to www.dhrm.virginia.gov.

Program	COVA Care	COVA HealthAware	COVA HDHP	Kaiser Permanente HMO
Maternity Support	**Healthy Beginnings** *with incentive* **866-938-0349**		**Healthy Beginnings** **866-938-0349**	**(301) 468-6000**
Health condition management	**Healthy Insights** **866-938-0349** *Diabetes management program— with incentive* *Asthma/COPD management program—with incentive* *Hypertension management program—with incentive*		**Healthy Insights** **866-938-0349**	**800-777-7902**
Online Doctor – anytime	***LiveHealth Online*** www.livehealthonline.com	***Teladoc*** *www.teladoc.com/aetna*	***LiveHealth Online*** www.livehealthonline.com	***Video Chat*** **703-359-7878**
Healthier Living	**Healthy Lifestyles** **866-938-0349** Personal health coach for smoking cessation, exercise programs, weight management, nutrition, dealing with stress			**800-777-7902**
Personalized health and wellness portal - with health assessment and healthy living resources	**MyActive Health** www.myactivehealth.com/cova **866-938-0349**			**N/A**

Helping You Manage Chronic Health Conditions. With Something Extra.

COVA Care and COVA HealthAware members who complete certain requirements for the *Healthy Beginnings* maternity, diabetes, asthma/COPD and hypertension management programs are rewarded with a special incentive. Participation in these programs, which are administered by ActiveHealth, is voluntary and confidential.

- *Healthy Beginnings*— Expectant mothers who enroll within the first 16 weeks of pregnancy, actively participate and complete a 28-week health assessment can earn a **$300 copay waiver or HRA contribution**, depending on the plan.
- *Diabetes, Asthma/COPD and Hypertension Management*—Members who enroll and take their medication as directed for a 90-day compliance period and continue their drug regimen, work with a nurse coach, follow up with their health care provider annually, and have appropriate exams or tests may get **certain drugs or supplies at no cost.**

YOUR FLEXIBLE SPENDING ACCOUNTS

Health and Dependent Care Flexible Spending Accounts (FSAs). A Simple Way to Save on Your Taxes.

If you are eligible for the health benefits program, you may participate in a Health Flexible Spending Account (HFSA), a Dependent Care Flexible Spending Account (DCFSA) or both. The plan year for these accounts is July 1 – June 30. You may enroll or re-enroll during Open Enrollment. Annual enrollment is required to continue participation in an FSA each plan year. Currently there is a pre-tax administrative fee of $3.67 for one or both FSA accounts.

What's a Health FSA?

You can set aside part of your salary on a pre-tax basis each pay period to pay for the out-of-pocket medical, dental and vision care expenses not covered by your health benefits plan. Examples include copayments, coinsurance and deductibles, as well as vision expenses like contact lenses and contact lens solution, and eyeglasses and frames.

How Can I Use a Dependent Care FSA?

You can set aside part of your salary on a pre-tax basis each pay period to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self- care, so that you (and your spouse) can work or actively look for work.

How Much Can I Contribute?

Health FSA:

- ***Minimum:*** $10 each pay period
- ***Maximum:*** up to $2,550 per plan year

Dependent Care FSA:

- ***Minimum:*** $10 each pay period
- ***Maximum:*** up to $5,000 per plan year, depending on how you file your taxes (see the Flexible Benefits Sourcebook).

Your FSA Elections

- Your FSA elections (the dollar amounts you set aside) are binding.
- You may not change your FSA election amount until the next FSA Open Enrollment unless you experience a qualifying mid-year event consistent with your requested change. See the Flexible Benefits Program page on the DHRM Web site at www.dhrm.virginia.gov
- If your account ends on June 30, file for reimbursement no later than September 30 of each year or you will lose the remaining money in your accounts.
- If you have an FSA account for only part of the plan year, file for reimbursement up to three months after your coverage period ends.

FSA Period of Coverage

- ***If you enroll during Open Enrollment*** – Your FRA election is for the plan year, July 1 through June 30. Your period of coverage will be the same as the plan year (unless you later make a permitted election change).
- ***If you enroll after the plan year begins*** – Your period of coverage will begin on your effective date and continue through the end of the plan year (unless you later make a permitted election change).

Paythe Easy Way!

Use the Elite Visa® Benefit Card to receive quick and convenient reimbursement for Health FSA expenses! Once you enroll, Anthem will send you a card to use. You may order additional cards for family members. For more information, contact Anthem.

There are certain IRS rules regarding validation of claims expenses. In certain cases, you must provide supporting documents. **Your card will be deactivated if you fail to take this step.** For more information, see the *Flexible Benefits Program Sourcebook.*

Who to Contact

- **FSA Eligibility or Making Changes:** Your agency Benefits Administrator.
- **Eligible FSA Expenses:** Anthem, the Flexible Spending Accounts administrator.
- **Online:** benefitadminsolutions.com/anthem
- **Phone:** Toll free at **877-451-7244.**

See the *Flexible Benefits Program Sourcebook* for more on FSAs, including who may enroll, whose expenses are eligible, and what expenses may be reimbursed. The sourcebook is available from your Benefits Administrator or at **www.dhrm.virginia.gov**.

Is an FSA right for you? JUST ASK ALEX!
Visit www.alexfor cova.com

HOW TO ENROLL

Enroll When Hired, at Annual Open Enrollment or During the Year with a Consistent Qualifying Mid-Year Event.

Within 30 days of employment, you may enroll in your health plan and cover eligible dependents. You may also enroll in a Health FSA and/or a Dependent Care FSA.

You may enroll or make changes:

- **During the annual Open Enrollment period**.
- **Outside Open Enrollment** due to a **qualifying mid-year event** such as marriage, divorce, birth of a child or certain employment changes. For a complete list of qualifying mid-year events, and election changes allowed for each event, visit the DHRM Web site at **www.dhrm.virginia.gov**.

Your enrollment or change request must be submitted:

- Within the Open Enrollment period, or
- Within 60 days of a qualifying mid-year event.

In general, **Internal Revenue Service (IRS) rules require** that your election change be consistent with the event.

Remember: You must enroll each plan year in an FSA to continue participation.

Note: Supporting documentation for dependent eligibility and qualifying mid-year events must be received before the request is ***approved****.* **If you do not have the documentation, do not miss the enrollment deadline. The documents can be submitted later.**

Online Enrollment:

- The preferred way to enroll is on the Web! Visit the DHRM Web site at **www.dhrm.virginia.gov** and click on the ***EmployeeDirect*** link. It's quick, easy and gives you immediate confirmation that your request has been received.

Paper Enrollment:

- Submit a Health Benefits Eligibility and Active Enrollment Form for Employees to your Benefits Administrator.
- Visit the DHRM Web site at **www.dhrm.virginia.gov** under Forms or see your agency Benefits Administrator.

Special Notices:

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Kaiser or the Medical Flexible Spending Account, you should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practices, an Extended Coverage (COBRA) General Notice, and a Medicare Part D Notice of Creditable Coverage.

If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at **www.dhrm.virginia.gov** to obtain a copy.

HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a *HIPAA Special Enrollment* you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two additional Special Enrollment rights for certain eligible employees and dependents **who lose coverage or become eligible for premium assistance** under a Medicaid or state children's health insurance program. Employees must request coverage changes within 60 days of the eligibility determination.

To request a *HIPAA Special Enrollment* or obtain more information, contact your agency Benefits Administrator.

Affordable Care Act (ACA)

Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, the Commonwealth of Virginia health benefits program makes available a Summary of Benefits and Coverage (SBC) for each state plan. The SBC summarizes important information about any health coverage option in a standard format, to help you compare across options. Visit **www.dhrm.virginia.gov** to view all plan SBCs, as well as a glossary provided as part of the Affordable Care Act.

Health Insurance Marketplace

There is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. You should have received a copy of the *New Health Insurance Marketplace Coverage Options and Your Health Coverage* notice from your agency's Benefits Office upon employment. If you did not receive a copy, you may find it at http://www.dhrm.virginia.gov/healthcoverage by clicking on the Health Info tab.

CONTACTING YOUR PLAN

PLAN OR BENEFIT	WHO TO CONTACT
COVA Care and COVA HDHP	**Medical, Prescription Drug, Vision, Hearing & Behavioral Health Benefits** Anthem Blue Cross and Blue Shield: **800-552-2682** or **www.anthem.com/cova**
	Dental Benefits Delta Dental of Virginia: **888-335-8296** or **www.deltadentalva.com**
	Employee Assistance Program (EAP) Anthem: **855-223-9277** or **www.anthemeap.com**
COVA HealthAware	**Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits** Aetna : **855-414-1901** or **www.covahealthaware.com**
	Employee Assistance Program (EAP) Aetna: **888-238-6232** or **www.covahealthaware.com**
Kaiser Permanente HMO	**Medical, Prescription Drug and Vision Benefits** Kaiser Permanente: **800-777-7902, (301) 468-6000** in Washington, D.C. or **http://my.kaiserpermanente.org/mida/commonwealthofvirginia**
	Dental Benefits Dominion Dental: **888-518-5338**
	Behavioral Health & Employee Assistance Program (EAP) ValueOptions**: 866-517-7042**
TRICARE Supplement	Selman Company ASI (SelmanCo ASI): **866-637-9911**
Flexible Spending Accounts (FSAs)	Anthem FSA: **877-451-7244 or benefitadminsolutions.com/anthem**
MyActiveHealth Program	Active Health Management: **866-938-0349** or **www.myactivehealth.com/COVA**
ALEX Decision Assistant	**www.alexforcova.com**
Eligibility	**DHRM • www.dhrm.virginia.gov**

Virginia Department of Human Resource Management