# Welcome

## COVA Care and COVA HDHP Buy-Ups and BlueCard

### Educational Webinar

Thank you for joining. We will begin shortly.

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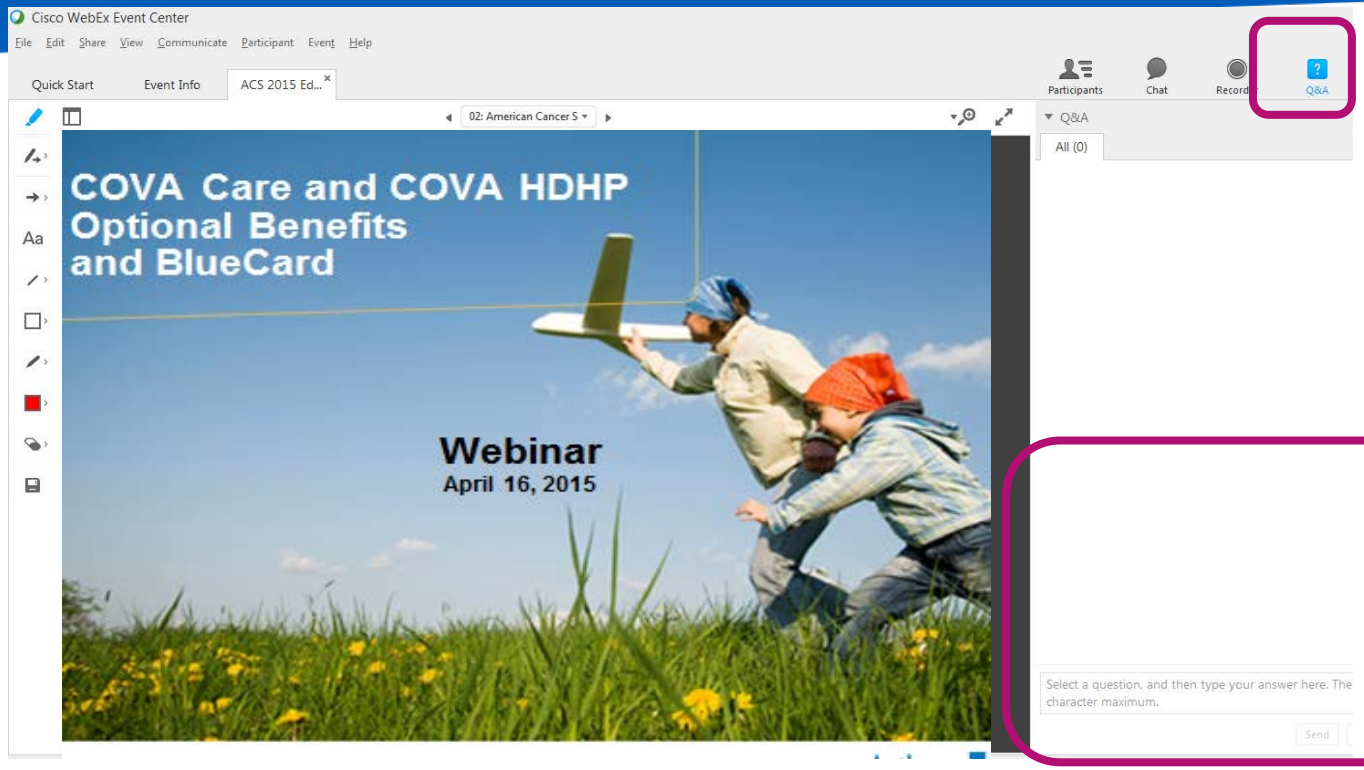
# Questions?

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# COVA Care and COVA HDHP Optional Benefits and BlueCard

## Webinar

**April 16, 2015**

# COVA HDHP

## Basic plans include:

- Medical
- Behavioral Health
- Employee Assistance Program (EAP)
- Prescription Drug
- Basic Dental

Delta Dental partners with Anthem for Dental

# Optional Benefits

- Routine Vision/Hearing
- Out-of-Network
- Expanded Dental (Delta Dental)

COVA HDHP

- Expanded Dental (Delta Dental)

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# Vision and Hearing Option

## Blue View Vision

- Routine eye exam every plan year
- Eyeglass frames and lenses
- Contact lenses
- Discounts on accessories
- More than 4,200 locations nationwide

## Hearing

- Routine hearing exam once per plan year
- Hearing aids and related supplies up to $1,200 every 48 months

LensCrafters · Pearle Vision · sears optical · 1-800-CONTACTS · Target Optical · jcp optical

# Blue View Vision – Frames & Lenses

- Once every **plan year**
- Routine Vision **exam copay: $40**

| FRAMES | |
|---|---|
| **Copay** | No copay on frames |
| **Standard Allowance** | $100 + 20% discount after allowance |
| **Retail vs. Wholesale** | BVV benefits based on RETAIL |
| **Non-Discounted Frames** | Some designer brands not covered: Bvlgari, Chanel, Maui Jim, Cartier, Gold & Wood, Pro Design |
| **Discounts Beyond Your Allowance** | Extra pair of eyeglasses: 40% discount<br>20% off accessories |

| LENSES | |
|---|---|
| **Copay** | $20, then covered in full |
| **Covered Lenses** | Basic plastic lens, CR39 in single vision, bifocal and trifocal lenses |
| **Impact Resistant** | Covered for kids until age 19, $40 for standard polycarbonate for adults |
| **Progressive Lenses** | $65 for standard progressives |
| **Lens Treatments** | Fixed discount pricing for the most popular treatments |

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# Blue View Vision - Contact Lenses

| Contact Lens Benefit - In Lieu of Eyeglasses | |
|---|---|
| **Copay** | No copay on contact lenses |
| **Contact Lens Fit & Follow-Up** | Standard fitting: In-network up to $55 in addition to the eye exam for contacts<br>Premium fitting: In-network 10% off retail (i.e. toric and multifocal contacts) |
| **Standard Allowance** | Conventional: $100 allowance; then 15% off the remaining balance<br>Disposable: $100 allowance; no additional discount<br>Non-elective: $250 allowance (medically necessary) |
| **Selection** | Any contact lens including disposables, conventional, hard and daily wear |
| **Declining Balance** | Members may use a portion of their allowance and come back later to use the remaining balance |
| **Discounts Beyond Your Allowances** | +15% off retail price (conventional lenses only)<br>+ Up to 20% discount off retail price of accessories<br>+ Discounted price for LASIK vision correction |

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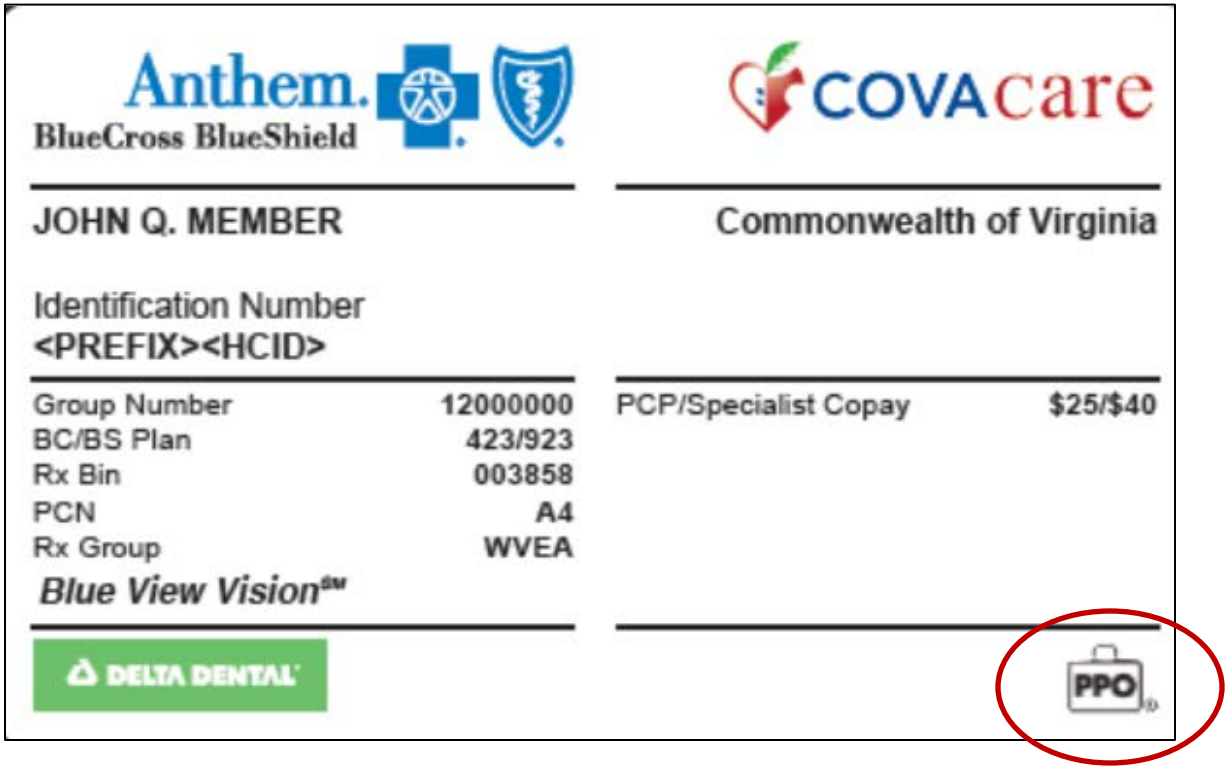
# The Network

- 100% acute care **hospitals** in Virginia
- 97% **providers** in Virginia
- Plus **BlueCard** outside Virginia and around the world

# More about BlueCard

BlueCard PPO and BlueCard Worldwide outside Virginia and around the world



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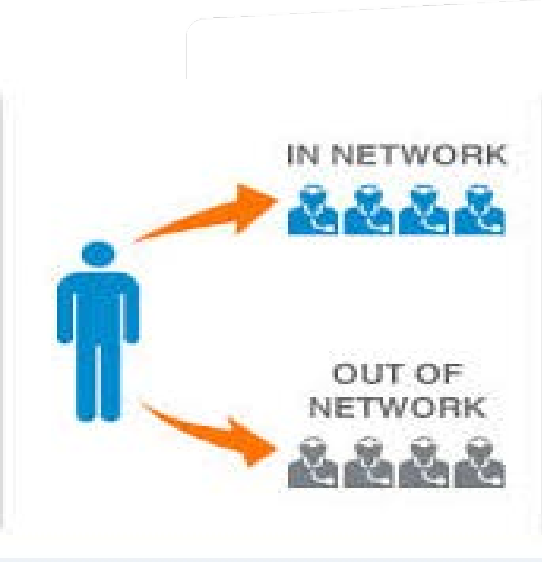
# Out-of-Network Option

- Plan payment reduced by 25%
- Example: Out-of-Network PCP Visit
  - Plan Allowable Charge for visit.....$100.00
  - Minus $25 copayment.....$ 25.00
    $ 75.00
  - What Plan pays after 25% reduction.....$ 56.25
  - Total amount you pay.....**$ 43.75**




- Provider may balance bill for amount above allowable charge

# EVERYONE DESERVES A HEALTHY SMILE

THATS THE TROOTH.COM

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DELTA DENTAL

# Delta Dental PPO plus Premier

*Dual-network advantage*

- The best of both - enrollees can access the Delta Dental PPO network for maximum savings or the Delta Dental Premier network for maximum provider choice
- Members can seek services from any licensed dentist they choose
- Members receive the highest level of benefit by choosing a participating dentist
  - No balance billing
  - Participating providers file claims for members

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# Basic Dental (included)

- No plan year deductible
- No plan year maximum (frequency limitations apply to services)
  - 100% coverage for Diagnostic & Preventive Services to include:
    - Two Cleanings and Exams
    - Two Fluoride Treatments for dependents under 19
    - Bitewing and Full Mouth X-rays
    - Emergency Treatment
    - Space Maintainers
    - Sealants for dependents under 19

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# Expanded Dental Option

- $50 individual / $150 family plan year deductible
- $2,000 individual plan year maximum
- $2,000 individual lifetime Orthodontic maximum
  - 100% coverage for Diagnostic & Preventive Services
  - 80% coverage for Basic Services
  - 50% coverage for Major Services and Orthodontics

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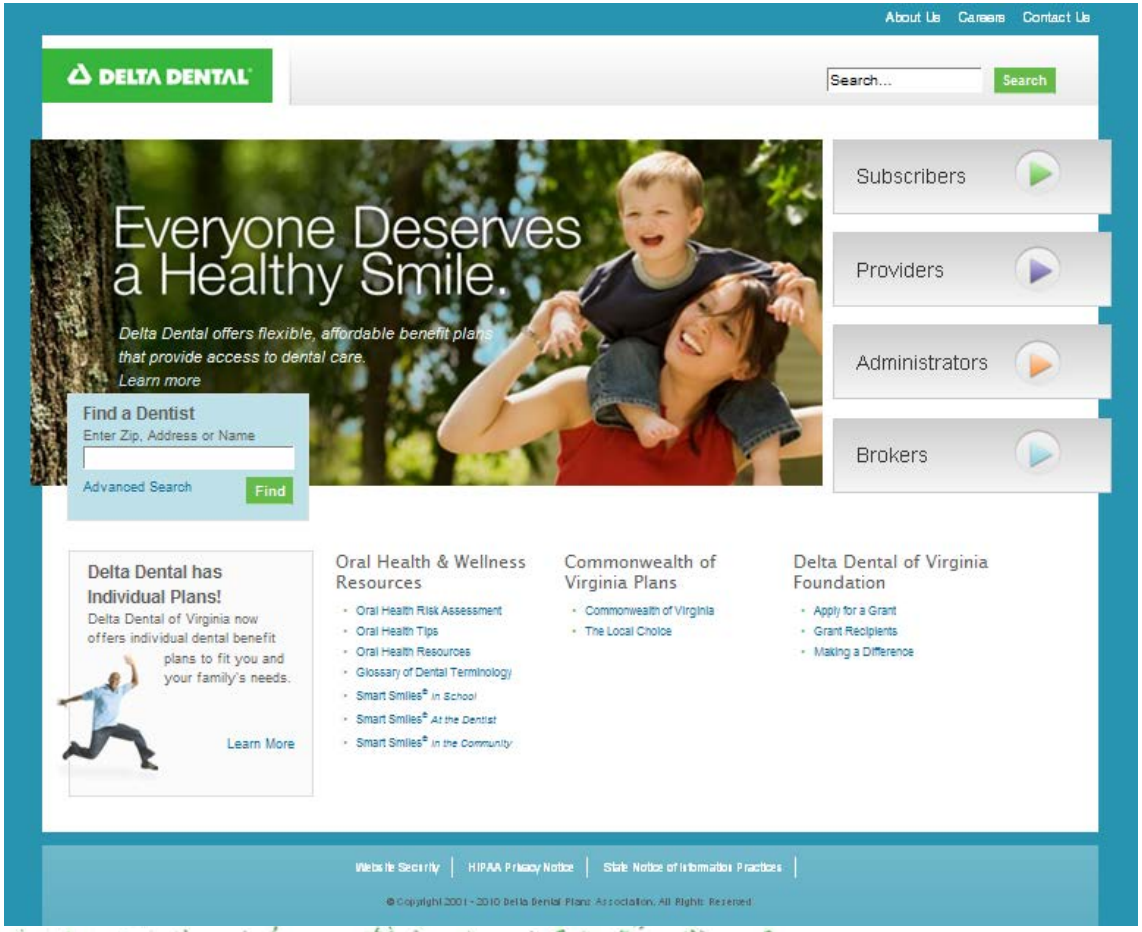
# Check Out Our Website!

**Member Capabilities:**

- View tutorial & web guide
- Check benefits & eligibility
- Find participating dentists
- Check claims status
- Email Customer Service
- Download forms & information
- Research oral health information
- ***Live Chat Option!***
- ***Cost Estimator Feature!***

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# Mobile App: benefits on the go!

## 24/7 access to benefits information anywhere, any time

Your oral health is important to Delta Dental – and to your overall health!
We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are.

Mobile App gives you access to:

- dentist search
- claims
- coverage
- *and even a* toothbrush timer!

Get the App

ANDROID APP ON Google play

Download on the App Store

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# Thank you!

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# Save the Date – Next Webinar

## Anthem's New LiveHealth Online Telemedicine Benefit

Thursday, **June 18, 2015**

**Anthem webinars will be held on the third Thursday of the month at 1:00 pm eastern time**

***Recordings will be made available on the DHRM website***

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# Thank You for Joining Us!

Your feedback counts!

Please be sure to complete the quick online survey.

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