

HEALTH BENEFITS E-NEWS

*Department of Human Resource
Management
Office of Health Benefits*

June 29, 2016

Premium Rewards Reflected in Pay on July 15

COVA Care and COVA HealthAware participants who have completed the Premium Reward requirements for the new plan year starting July 1 should see their first Premium Reward for the new plan year on their July 15 paycheck.

Here are a few reminders:

- Due to processing time, some participants who meet the new requirements late in June may not see their reward on July 15, but no premium reward will be lost due to processing delays. If a reward is delayed, the full amount of the earned reward will be paid retroactively to the correct effective date.
- If both requirements are completed, submitted and accepted **after** June 30, the Premium Reward will be effective the first of the following month.
- The status of the two Premium Reward requirements can be checked by using the PSBREW function in BES. Allow 6—8 weeks after the requirements have been completed, submitted and accepted to check their status.

Deadline is Tomorrow to Complete Actions for Earning a Premium Reward on July 1

COVA Care and COVA HealthAware employees, retirees and their spouses have until June 30, 2016 to complete the two actions for earning a Premium Reward on July 1. While many participants have met the requirements for the new plan year, current reporting shows that a large number of those currently receiving rewards will lose them effective July 1, 2016. The loss of the reward(s) will be reflected in their pay on July 15.

Please remind employees that they will lower their monthly health care premiums by:

- Completing/updating their online health assessment, and
- Completing/updating their biometric screening requirements.

Go to <http://www.dhrm.virginia.gov/docs/default-source/benefitsdocuments/ohb/2016-2017-premium-rewards-requirements.pdf> for complete information. Remember that the requirements can be completed at any time through May 31, 2017, to earn a Premium Reward prospectively for the remainder of the plan year.

COVA Care and COVA HealthAware: LabCorp Not a Stand-Alone Option for Biometric Screenings

One requirement to earn a Premium Reward is to complete or update biometric screening information. Specifics regarding this requirement are available at the link in the above article. The Physicians Results Form for reporting biometric screening results is available at MyActiveHealth.com/cova and includes [detailed instructions](#).

In the past, there have been special arrangements for completing biometric screenings by using a LabCorp location. LabCorp is no longer a direct part of this process as explained below:

1) LabCorp cannot be used alone:

- Unlike previous years, LabCorp is no longer available as a free, direct service for fulfilling the biometric screening requirement.
- Please do not refer employees, retirees and their eligible spouses to LabCorp with their Premium Rewards Physician Results Form to obtain biometric measurements.

2) LabCorp can be used:

- In conjunction with an annual wellness exam provided that the physician writes a lab order for LabCorp. An annual wellness exam or visit is at no cost to the member.
- Please keep in mind that the applicable copay/coinsurance/deductible may apply if services are not a part of the annual wellness exam.

Remember, the state health plans offer most preventive care at no cost. Having your biometrics measured is a great opportunity to:

- Monitor your health;
- Establish a relationship with a doctor, *and*
- Reduce the cost of your monthly health plan premium.

Change in Refill Timing for the COVA HealthAware Plan

Effective July 1, COVA HealthAware participants will have to use 80 percent, rather than 75 percent, of their existing prescription to get a prescription refill. All COVA HealthAware members will be notified directly of this processing change. In general, this will mean about one additional day before a refill can be covered and will have no impact on most members.

MyActiveHealth Portal Has a New Look

If you are a COVA Care, COVA HealthAware or COVA HDHP member, take a few minutes to check out the improvements to your [MyActiveHealth](#) portal:

- Enhanced usability on any device, allowing the member to have the same or similar experience when using a smartphone, tablet, laptop or desktop
- Refreshed look and feel, making the site more colorful and engaging
- Increased accessibility per Americans with Disabilities Act (ADA) regulations
- Two new widgets on the home page for COVA HealthAware members:
 - Digital Coach progress widget, which shows the member's latest progress toward 100 Heart Beats
 - Rewards Center widget, which shows the member's latest progress toward their Rewards goal.

Flexible Spending Account (FSA) Tips & Reminders

- Employees may be reimbursed for FSA expenses based on the type of expense and the applicable coverage period. The coverage period is the time between the first day and last day of FSA coverage. Consult the Flexible Benefits Sourcebook for complete information at: <https://www.dhrm.virginia.gov/employeebenefits/flexiblependingaccounts>
- The last FSA contribution for the 2015-16 plan year will be deducted on the July 1 pay date. Participants should be sure to include this deduction in their reimbursement requests. You can check the status of your FSAs by going to <https://www.benefitadminsolutions.com/Entry.aspx?id=1>
- Participants have three months from the termination of their FSA to file for reimbursement of eligible expenses incurred during the coverage period and resolve outstanding card transactions.

- The FSA Debit Card may not be used after June 30, 2016, to pay claims incurred during the 2015-2016 plan year, regardless of the date of service. Claims incurred during the plan year but processed after June 30, 2016, will need to be filed online or by using a claim form.
- At this time, participants whose accounts end during the plan year (ex. termination of employment or a status change) do not have access to the FSA Debit Card or the online account after the termination date is received by Anthem. During the three-month run-out period, participants can still submit paper claims by mail and/or FAX, and can receive assistance by calling the FSA Customer Service Line at 1-877-451-7244.

Please do not reply to this e-mail. You may send inquiries to the Office of Health Benefits mailbox at ohb@dhrm.virginia.gov.