



**COMMONWEALTH OF VIRGINIA**  
*DEPARTMENT OF HUMAN RESOURCE MANAGEMENT*

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**To: LODA Health Benefits Plan – Medicare Primary Participants**

This booklet is your annual update of LODA health benefits coverage and information for your 2019 plan year that begins on January 1.

**NOTE:** If other family members are enrolled in LODA Plan – Former LODA Employment or LODA Plan - Current LODA Employment, updated information for those plans will go out prior to their new plan year that begins on July 1.

**YOUR 2019 BENEFITS**

**Will there be any benefit changes for the LODA Plan – Medicare Primary in 2019?**

- There will be no change in your **LODA Plan – Medicare Primary** supplemental benefits for 2019. Consult your “*Medicare and You – 2019*” publication regarding any changes to your primary Medicare coverage for 2019.
- There will be no changes to the dental and vision benefits under this plan for 2019.
- There will be no change to your Medicare Part D outpatient prescription drug coverage tier copayment or coinsurance levels for 2019 (see your Summary Plan Description). However, as explained in your Annual Notice of Changes from Express Scripts Medicare, your annual brand deductible will increase to \$415, and coverage stage changes will be adjusted as follows:

**Initial Coverage Stage** – Once the annual deductible has been met for covered brand-name drugs (and immediately for covered generics), the Initial Coverage Stage will provide benefits until total drug cost reaches **\$3,820**.

**Coverage Gap Stage** – Once your total drug cost reaches **\$3,820**, participants move into the Coverage Gap Stage. In most cases, the amount paid in the Coverage Gap Stage will not be different than the amount paid in the Initial Coverage Stage (after any deductible is met). The way claims are paid changes. The Medicare Coverage Gap Discount program pays 50% of the cost of any covered brand drug manufactured by a program participant.

*The discount is applied to the cost of the drug, and the designated co-payment or coinsurance is applied. The plan pays the remaining cost. In 2019, participants will not pay more than 30% of the cost of the covered brand drugs in this stage. While generic drugs are not a part of the Medicare Coverage Gap Discount Program, the cost for covered generics will not exceed 37% in this stage. (In most cases, the plan provides a greater benefit.)*

**Catastrophic Coverage Stage** – *When a participant’s annual true out-of-pocket drug expense (including deductible, copayments, coinsurance, and the contribution from the Medicare Coverage Gap Discount Program, but not including the cost of non-covered or excluded drugs) reaches **\$5,100**, the cost for covered drugs would be reduced to the greater of either 5% coinsurance or a copayment of **\$3.40** (generics or drugs treated as generics) or **\$8.50** (brand-name drugs or all other covered drugs). Participants remain in this stage until the end of the year.*

## **YOUR 2019 FORMULARY/LIST OF COVERED DRUGS**

As addressed in your Annual Notice of Changes (ANOC) information from Express Scripts Medicare and in compliance with Medicare formulary requirements, you will not receive a printed formulary booklet in your ANOC package. Instructions have been provided for seeking formulary information by phone, online, or by printed copy. You are encouraged to use the information and resources in your ANOC to check the status of maintenance drugs that you are currently taking to be sure that there are no changes. However, anyone who is taking a drug that will experience a negative formulary change effective January 1, 2019 (e.g., higher out-of-pocket cost, no longer included on the formulary, new coverage restrictions), will also receive individual notification in December.

As a reminder, certain changes can be made to the formulary during the year, as approved by Medicare, such as adding to or removing drugs from the formulary; adding prior authorizations, quantity limits and/or step therapy restrictions to a drug; or, moving a drug to a higher or lower cost-sharing tier.

Starting in 2019, Express Scripts Medicare, may immediately remove a brand-name drug on the drug list if, at the same time, the brand-name drug is replaced with a new generic drug with the same or fewer restrictions.

Also, when adding the new generic drug, the brand-name drug may remain on the drug list, but immediately move to a different cost-sharing tier or add new restrictions. This means if you are taking the brand-name drug that is being replaced by the new generic (or the tier or restriction on the brand-name drug changes) you will no longer receive advance notice 60 days prior to the effective change nor will you be able to get a 60-day refill of your brand-name drug at a network pharmacy. You will still receive information on the specific change(s) made, but the notice may arrive after the change has become effective.

Effective for 2019, prior to Express Scripts making any other formulary changes during the year that will require advance notice to you if you’re taking an affected drug, Express Scripts will provide you with notice 30 days, rather than 60 days, before the change is

made or they will give you a one-month supply, rather than a 60-day, refill of your brand-name drug at a network pharmacy.

Members in long-term care (LTC) facilities who may be affected by a formulary change will be allowed to receive up to a 31-day temporary supply of medication rather than a 90 to 98 day supply. This is a change from the range provided in 2018. During the time when you are getting a temporary supply of a drug, you should talk with your provider to decide your next course of action when your temporary supply is complete. You can either switch to another drug covered by the plan or request a formulary exception. To learn more about when you can get a temporary supply and how to ask for one, contact Customer Service at 1-800-572-4098, TTY users call 1-800-716-3231.

## GENERAL INFORMATION

### **Will I get new ID Cards for 2019?**

New ID cards will not be distributed for 2019. You may continue to use your existing ID cards.

### **Will I get a new Member Handbook/Summary Plan Description for 2019?**

Please continue to use your 2017 Summary Plan Description (SPD). You are encouraged to keep this booklet and your Express Scripts Annual Notice of Changes with your SPD for useful coverage information.

### **Can I enroll in additional Medicare Part D prescription drug coverage?**

If you enroll in a Medicare Part D plan other than the **LODA Plan – Medicare Primary** in which you are enrolled, it will generally result in termination of your LODA Plan coverage since Medicare does not allow enrollment in more than one Medicare Part D plan, and the LODA Health Benefits Plans do not offer a Medicare-coordinating plan that does not include prescription drug coverage.

### **As a reminder, be sure to notify DHRM if the following eligibility events occur:**

- Surviving spouses who remarry will lose eligibility for the LODA Program. You must report this to DHRM immediately, and coverage will be terminated at the end of the month in which the marriage occurs. This will not result in loss of coverage for eligible surviving children. (Remarriages prior to July 1, 2017, did not affect eligibility.)
- Any disabled person must report return to full duty. This will result in loss of eligibility for the LODA Plans, including their covered family members.
- Report any changes in your Medicare eligibility status.

- LODA-disabled participants must report divorce from their covered spouse. This will result in the former spouse's loss of eligibility at the end of the month in which the final divorce occurs.

**Medicare premium reimbursement**

As a LODA recipient, you and your eligible spouse/dependents who maintain eligibility for coverage in this plan upon eligibility for Medicare qualify for reimbursement of your Medicare premium. (See your Summary Plan Description for more information.) To be reimbursed you must provide documentation of your 2019 Medicare premium amount and a copy of your Medicare ID card. Documentation may be submitted by 1) Fax: 1-804-371-0231, 2.) Email: LODA @dhrm.virginia.gov or 3) Mail: Department of Human Resource Management LODA Health Benefits Plans, 101 North 14th St, 13th Floor Richmond, VA 23219-3684. Reimbursements are processed quarterly on the 25<sup>th</sup> of March, June, September and December for the prospective three months. For example, upon receipt of required documentation, the December payment would include reimbursement for January, February and March. Required documentation will be requested on an annual basis to confirm the reimbursement amount of your Medicare Part B premium.

**Summary Annual Report**

In compliance with the Employee Retirement Income Security Act of 1974 (ERISA), enclosed is the Summary Annual Report for this plan for 2017.

**What are my resources for assistance?**

<b>Benefit</b>	<b>Contact for Assistance:</b>
<ul style="list-style-type: none"> <li>• <b>LODA Plan – Medicare Primary</b> Medicare Supplement</li> <li>• Routine Vision Coverage</li> <li>• Routine Hearing</li> </ul>	Anthem Blue Cross and Blue Shield 1-800-552-2682
Dental Coverage	Anthem Dental 1-855-648-1411
Medicare Part D Outpatient Prescription Drugs	Express Scripts Medicare 1-800-572-4098
Eligibility Questions (including address changes)	DHRM <ul style="list-style-type: none"> <li>• Call 888-642-4414 (indicate you are calling regarding LODA)</li> <li>• Email at <a href="mailto:LODA@dhrm.virginia.gov">LODA@dhrm.virginia.gov</a></li> <li>• General information can be found at <a href="https://www.dhrm.virginia.gov/healthcoverage/loda-health-benefits">https://www.dhrm.virginia.gov/healthcoverage/loda-health-benefits</a></li> </ul>

## Language Assistance Statement

The Commonwealth of Virginia's Health Benefits Programs

The Commonwealth of Virginia's Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

**ATTENTION:** If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) or fax to 804-786-0356.

### Spanish:

**ATENCIÓN:** Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) o por fax al 804-786-0356.

### Korean:

주의 : 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov)하는 지원이나 팩스에 대한 요청을 보냅니다.

### Vietnamese:

Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ để [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) hoặc fax 804-786-0356.

### Chinese:

注意 : 如果你需要在你講的語言幫助, 語言協助服務提供給您免費。發送您的語言協助 [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov)或傳真至804-786-0356請求。

### Arabic:

تنبيه: إذا كنت بحاجة إلى مساعدة في اللغة التي يتكلم، تتوفر لك خدمات المساعدة اللغوية مجاناً. إرسال طلب للحصول على أو الفاكس إلى [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) 0356-786-804

### Persian:

توجه: اگر شما نیاز به کمک در زبان شما صحبت می کنند، خدمات کمک زبان در دسترس شما هستند رایگان می باشد. ارسال یا فکس به [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) 0356-786-804 درخواست خود را برای کمک به زبان

### Amharic:

አዳምጥ: አንተ የ ማና ገ ፍ ት ቋን ቋ እርዳታ የ ማፈልገ ከሆነ, የ ቋን ቋ እርዳታ አገልግሎቶች ከክፍያ ነፃ ለእርስዎ የ ማግኘት ፍቅር ወይም 804-786-0356 ቋን ቋ [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) እርዳታ ወይም በፋክስ ጥያቄዎን ይላኩ.

**Urdu:**

کے آپ ان چارج کے سے مفت خدمات کی مدد کی زبان تو، ہے درک اور مدد میں زبان آپ اگر: توجہ: اگر آپ آپ کے سے اس یا مدد کے و [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) یا فیکس 804-786-0356 زبان آپ میں دست تیاں یہ ہیں درخواست کی

**French:**

ATTENTION: Si vous avez besoin d'aide dans la langue que vous parlez, les services d'assistance linguistique sont à votre disposition gratuitement. Envoyez votre demande d'assistance linguistique pour [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) ou par télécopieur au 804-786-0356.

**Russian:**

ВНИМАНИЕ: Если вам нужна помощь на языке вы говорите, переводческие услуги доступны бесплатно. Отправьте запрос о помощи языка к [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) или по факсу 804-786-0356.

**Hindi:**

ध्यान दें: आप भाषा बोलते हैं आप में मदद की जरूरत है, भाषा सहायता सेवाओं के प्रभार से मुक्त आप के लिए उपलब्ध हैं। [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) करने के लिए या फैक्स भाषा सहायता 804-786-0356 करने के लिए आपके अनुरोध भेजें।

**German:**

ACHTUNG: Wenn Sie in der Sprache sprechen Sie Hilfe benötigen, die Sprache Hilfeleistungen zur Verfügung stehen Ihnen kostenlos zur Verfügung. Senden Sie Ihre Anfrage für sprachliche Unterstützung zu [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) oder Fax an 804-786-0356.

**Bengali:**

দৃষ্টি আকর্ষণ: আপনি ভাষা আপনি কথা বলতে সাহায্য প্রয়োজন হয়, তাহলে ভাষা সহায়তা সেবা নিখরচা আপনার জন্য উপলব্ধ। [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) অথবা ফ্যাক্স ভাষা সহায়তা 804-786-0356 করার জন্য আপনার অনুরোধ পাঠান।

**Bassa:**

Dè dɛ nà kɛ dyédé gbo: ɔ jù ké m̄ [Bàsóò-wùdù-po-nyò] jù ní, ní, à wuɖu kà kò dò po-poòbèin m̄ gbo kpáa. Dá 804-786-0353.

**Igo (Igbo):**

Ntị: Ọ buru na ị choro enyemaka na asusu ị na-asu, asusu aka oru di ka ị n'efu. Send gi arịrịọ maka asusu aka [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) ma ọ bu faksị ka 804-786-0356.

**Yoruba:**

Akiyesi: Ti o ba nilo iranlowo ninu ede ti o soro, ede iranlowo ise ni o wa wa si o free ti idiyele. Fi ibeere re fun ede iranlowo to [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) tabi Faksi to 804-786-0356.

**Filipino(Tagalog):**

Pansin: Kung kailangan mo ng tulong sa wikang nagsasalita ka, serbisyo ng tulong sa wika ay magagamit sa iyo nang walang bayad. Ipadala ang iyong kahilingan para sa tulong sa wika upang [appeals@dhrm.virginia.gov](mailto:appeals@dhrm.virginia.gov) o fax sa 804-786-0356.