

# **Planning for Retirement – State Retiree Health Benefits Program Coverage Options**

For more information regarding eligibility for retiree coverage, review **Retiree Fact Sheet #2, Eligibility, Enrollment and Plan Choices**. Once you have determined that you are eligible for retiree coverage, consider your options.

## **What are my health plan options at retirement?**

Eligible new retirees **may--**

- ✓ Enroll in the same health plan and membership level that they had as active employees (unless they or any of their covered family members are eligible for Medicare—see below);
- ✓ Make a plan change;
- ✓ Reduce their membership level;
- ✓ Enroll in single coverage in the retiree group from waive status in the active group;
- ✓ Waive retiree coverage to participate as a family member of either an active state employee or another retiree group participant (and preserve eligibility for their own retiree coverage in the future); or,
- ✓ Decline coverage (no return to the program).

New retirees **may not--**

- ✓ Increase membership (unless there is the occurrence of a separate qualifying mid-year event that would allow the increase).

New retirees **are required to:**

- ✓ Select a plan based on their eligibility for Medicare.

Retirees who are not eligible for Medicare can choose from the same plans available to active employees, but Medicare-eligible retirees and their

Medicare-eligible family members must select a Medicare-coordinating plan, and Medicare becomes the primary claims payer (except in limited cases where eligibility is due to End Stage Renal Disease). Failure of Medicare-eligible retirees (and/or their Medicare-eligible family members) to enroll in a Medicare-coordinating plan can result in retraction of claims paid in error and coverage deficits. (See ***Retiree Fact Sheet #5*** for more information about ***Medicare and the State Retiree Health Benefits Program.***)

### **Additional resources and information:**

- **Contact the claims administrators, visit their web sites, or consult your Member Handbook if you have questions about plan benefits or provider networks. Contact information is listed on page five of this Fact Sheet.**
- **Review the monthly retiree premiums (Medicare and/or non-Medicare plans, as appropriate). Retirees pay the full cost of health plan coverage. Premiums will be deducted from your monthly Virginia Retirement System (VRS) benefit unless your benefit will not support the premium amount or you are an ORP retiree or other retiree who does not receive a VRS benefit. In those cases, you would be billed directly by either Anthem Blue Cross and Blue Shield, Payflex (for COVA HealthAware members) or Kaiser Permanente HMO, as appropriate, for your monthly premium.**
- **Contact the Virginia Retirement System (1-888-827-3847) or visit its web site ([www.varetire.org](http://www.varetire.org)) if you need information regarding the Health Insurance Credit Program.**
- **Complete the Retiree Health Benefits Program Enrollment Form and submit it so that it is received by your pre-retirement agency's Benefits Administrator no later than 31 days after your retirement date. Except in very limited and specialized circumstances (e.g., retroactive disability retirees), if an eligible retiree does not enroll in the State Retiree Health Benefits Program within 31 days of his/her retirement date (including waiver of coverage to family member status), he/she will not have another opportunity to enroll. Even though new retirees have 31 days from their retirement date to submit their enrollment form, consider submitting it as early as possible so that your coverage will be in place immediately upon retirement. However, once your enrollment has been submitted and your coverage is in place (including waiver), you may not change your election, even within the 31 days following your retirement**

date unless you experience a qualifying midyear event that would allow the change.

- If you or any covered family members are eligible for Medicare, be sure to contact the Social Security Administration (1-800-772-1213) at least three months before your retirement date to advise of your upcoming change in employment status. If you are going to enroll in the State Retiree Health Benefits Program and are eligible for Medicare, you must also be enrolled in Medicare Parts A and B (Original Medicare) on your retirement date. If you have coverage under the state plan as an active employee prior to retirement, explain that you will be losing that coverage due to retirement; that is, you will be losing coverage based on current employment. Failure to update your records at Medicare can result in problems coordinating your health benefits and potential gaps in coverage. (See *Retiree Fact Sheet #5* for more information about *Medicare and the State Retiree Health Benefits Program*.)
- If you have other retirement questions, contact your pre-retirement agency's Benefits Administrator or go to the Department of Human Resource Management's Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

### **If I enroll in the State Retiree Health Benefits Program will my health plan identification number change?**

Your ID number will not change, but there could be a change for covered family members.

If you or any covered family members move to a Medicare-coordinating plan, you will no longer share the same ID number. You will maintain your ID number, but your family member/s will be assigned a new ID number. All Medicare-primary participants have individual memberships.

**If I enroll in the State Retiree Health Benefits Program will I get a new health plan ID card?**

Following is a summary of ID card issuance at the time of retirement:

Activity	New Card Issued?			
	COVA Care	COVA HealthAware	COVA HDHP	Kaiser
Retirement – no plan change	No	Yes	No	No
Retirement – maintain same plan, change only optional benefits	No	Yes	NA	NA
Change membership level within same plan	No	Yes	No	No

Movement between COVA Care, COVA HealthAware, COVA HDHP and Kaiser will always generate a new ID card.

Move to Medicare-primary coverage (any Advantage 65 Plan) will result in issuance of new ID cards—see page five for plan administrators.

**SEE PAGE FIVE FOR PLAN CONTACT INFORMATION**

**State Retiree Health Benefits Program  
Health Benefits Plan Administrators/Contacts**

**Non-Medicare Plans**

COVA Care	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Anthem)</li> <li>• Behavioral Health, EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Optional Vision (Anthem)</li> <li>• Anthem Web Site</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682</li> <li>• 855-223-9277</li> <li>• 888-335-8296</li> <li>• 866-938-0349</li> <li><a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 800-552-2682</li> <li>• <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></li> </ul>
COVA HealthAware	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Aetna)</li> <li>• Behavioral Health, EAP (Aetna)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Basic and Optional Routine Vision (Aetna)</li> <li>• Aetna Web Site</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901</li> <li>• 888-238-6232</li> <li>• 866-938-0349</li> <li><a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 855-414-1901</li> <li>• <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></li> </ul>
COVA HDHP	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Anthem)</li> <li>• Behavioral Health, EAP (Anthem)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682</li> <li>• 855-223-9277</li> </ul>
Kaiser Permanente HMO	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Vision (Kaiser)</li> <li>• Dental (Dominion Dental)</li> <li>• EAP (ValueOptions)</li> <li>• Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902</li> <li><a href="http://my.kp.org/commonwealthofvirginia">http://my.kp.org/commonwealthofvirginia</a></li> <li>• 888-518-5338</li> <li>• 866-517-7042</li> <li>• 866-530-8778</li> </ul>
TRICARE Supplement	<ul style="list-style-type: none"> <li>• Selman Company ASI</li> </ul>	<ul style="list-style-type: none"> <li>• 866-637-9911</li> </ul>

**Medicare-Coordinating Plans**

<b>Benefit</b>	<b>Administrator</b>	<b>Contact Information</b>
Advantage 65, Option II and Advantage 65-Medical Only – <i>Secondary Medical Benefit (including mental health)*</i>	Anthem Blue Cross and Blue Shield	(804)355-8506 - Richmond (800)552-2682 – (Outside of Richmond) <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
Advantage 65, and Option II – <i>Prescription Drug Benefit</i>	Express Scripts Medicare	(800)572-4098 <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a>
Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – <i>Dental Benefit</i>	Anthem Blue Cross and Blue Shield	(855)648-1411 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – <i>Vision Benefit</i>	Anthem Blue Cross and Blue Shield – Blue View Vision	(804)355-8506 - Richmond (800)552-2682 – (Outside of Richmond) <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>

\*Note: Primary hospital and medical coverage for the state's Medicare-eligible retiree group participants is adjudicated by Medicare