



EMILY S. ELLIOTT
DIRECTOR

COMMONWEALTH OF VIRGINIA
Department Of Human Resource Management

James Monroe Building
N. 14th Street, 12th Floor
Richmond, Virginia 23219
Tel: (804) 225-2131
(TTY) 711

Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Enclosed is the Amendment/Notification of Changes to your **COVA Care Member Handbook** that became effective July 1, 2018. Also included are some clarifications to existing benefits. The COVA Care Member Handbook, and this Amendment, may be found at www.dhrm.virginia.gov.

Thank you.

A10346 (Eff. 7/1/2018)

COVA Care

Commonwealth of Virginia Health Benefits Program Amendment/Notification of Changes to Your July 2016 COVA Care Member Handbook

Effective July 1, 2018

Keep this notification with your COVA Care Member Handbook and previous Amendments. This notification and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA Care Member Handbook and this Amendment from the DHRM Web site at www.dhrm.virginia.gov.

Revised language is in bold.

Add the following benefit provisions

I. SUMMARY OF BENEFITS

Summary of Benefits continued	You Pay In-network Copayment	You Pay In-network Coinsurance	Page Number
Behavioral Health and EAP			52
Intensive In-Home Services	\$25 per Provider group per day	0%	52
Doctor's Visits (On an Outpatient basis)			
Primary Care Physicians	\$25	0%	46
Specialty Care Providers	\$40	0%	
LiveHealth Online	\$0	0%	97
Vision, Routine Basic – Blue View Vision Network (included in Basic Plan)			N/A
Routine eye exam (one per plan year)	\$15	0%	
Eyeglass frames*	35% discount off retail price		
Eyeglass lenses*			
- Single vision lenses	\$50 Copayment		
- Bifocal lenses	\$70 Copayment		
- Trifocal lenses	\$105 Copayment		
Contact Lenses (Conventional, non-disposable)	15% discount off retail price		

*When purchased as part of a complete pair of eyeglasses. If frames, lenses or lens options are purchased separately, members will receive a 20% discount.

Optional Expanded Routine Vision – Blue View Vision Network	86
These benefits are available once per Plan Year.	
	You Pay In-network
Routine eye exam	Covered under Basic Plan
See 2016 COVA Care Member Handbook for a complete listing of Optional Expanded Routine Vision Benefits	86

II. DEFINITIONS – (Page 14)

Intensive In-Home Services

Intensive In-Home services are concentrated, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. Services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management activities and coordination with other required services; and 24-hour emergency response. Services must be provided by a provider practice licensed by the Department of Behavioral Health and Developmental Services. Clinical supervision of intensive in-home services must be provided by an independently licensed provider face-to-face and occur weekly.

Level of Care

This refers to the different types of Behavioral Health treatment Settings available to patients, including acute Inpatient, Residential Treatment, Partial Hospitalization, Intensive Outpatient Treatment, **Intensive In-Home Services** and Outpatient professional (office-based).

Providers

Providers must be licensed in the state where they perform the service you receive. The following types of Providers may give care under Your Health Plan:

- addictionologists
- audiologists
- behavior analysts
- Behavioral Health clinical nurse specialists
- certified nurse midwives
- chiropractors
- chiropodists
- clinical social workers
- clinical psychologists
- dentists
- doctors of medicine (MD), including osteopaths and other specialists
- independent clinical reference laboratories
- **Intensive In-Home Services counselor (supervised by a licensed Provider)**
- marriage and family therapists
- neuropsychologists

- occupational therapists
- opticians
- optometrists
- podiatrists
- professional counselors
- psychiatrists
- registered physical therapists
- Retail Health Clinics
- speech pathologists

III. GENERAL RULES GOVERNING BENEFITS - (Page 23)

13) Out-of-Pocket Expense Limit

*Expenses that **count** toward your Out-of-Pocket Expense Limit:*

- Deductible, Copayments and Coinsurance for covered services from Providers and Facilities in your Anthem or BlueCard/BCBS Global Core PPO Medical and Behavioral Health networks and Outpatient Prescription Drug services.
- **Copayments for covered routine eye exams for members through the end of the month they turn 19.**

*Expenses that **do not count** toward your Out-of-Pocket Expense Limit:*

- services or supplies not covered by Your Health Plan;
- amounts above the Allowable Charge;
- amounts above the health plan limits;
- The difference between the Allowable Charge for a brand name outpatient prescription drug and the Allowable Charge of generic equivalent;
- Copayments, Deductibles and Coinsurance for routine and expanded Dental services, and routine vision (**exception: routine eye exam for members through the end of the month they turn 19**) and hearing services.

IV. BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM SERVICES - (Page 52)

Services Which Are Eligible for Reimbursement

9) Intensive In-Home Services

Intensive In-Home Services for dependents under the age of 18 which includes but is not limited to the following:

- crisis treatment;
- individual and family counseling;
- counseling to assist the child and parents to understand and practice appropriate problem-solving, anger management, and personal interaction;
- case management activities and coordination with other required services; and
- 24-hour emergency response.

Conditions for Reimbursement

- 6) Intensive In-Home Services must be defined in a treatment plan from a licensed provider who determines the care to be Medically Necessary. In addition, the

service must be provided by a group licensed by the Department of Behavioral Health and Developmental Services. Clinical supervision by an independently licensed provider must be face-to-face and occur weekly. A supervision log or note should be placed in the child's file documenting that supervision was provided.

Member Pays

Intensive In-Home Services	\$25 per Provider group per day for In-Network Provider Services
----------------------------	------------------------------------------------------------------

V. WELLNESS AND PREVENTIVE CARE SERVICES – (Page 57)

Special Limits

- 5) A cost-share may apply for prescription contraceptives other than generic or single source brand name. To be covered at 100%, multi-source brand contraceptives must be Medically Necessary as prescribed by a Provider and requires prior-authorization. **You may purchase up to a 12-month supply of hormonal contraceptives at one time. The 12-month supply does not apply to medical contraceptive methods that are not self-administered such as implants, IUDs and DepoProvera injections.**

VI. OUTPATIENT PRESCRIPTION DRUGS - (Page 70)

Pharmacy Management Services

6) Pharmacy Home Program

The Pharmacy Home program identifies members who may be at a safety risk due to over-utilizing medications, providers or pharmacies. Members enrolled into the Pharmacy Home program will be restricted to one pharmacy. This gives the Pharmacy access to the member's entire utilization. Additionally, Behavioral Health Services will reach out to the enrolled member to offer counseling or case management services as needed.

NOTE: Members with a diagnosis of cancer, HIV, Multiple Sclerosis, Sickle-cell Anemia or are in hospice care are exempt from this program.

Members with an increased safety risk are identified for the Pharmacy Home program when a retrospective drug utilization review (DUR) indicates a member has one of the following claim scenarios within a 90 day period:

- filled five or more controlled-substance prescriptions, or 20 or more prescriptions not limited to controlled substances;
- visited three or more health care providers for controlled substance prescriptions, or 10 or more providers not limited to controlled substances; or
- filled controlled substances at three or more pharmacies, or 10 or more pharmacies not limited to controlled substances

Initial enrollment in the Pharmacy Home Program will be for 12 months. Members will be notified in writing of their program status at the end of the 12-month period.

7) Short-Acting Opioid Analgesic Drugs Limit

To help control the opioid epidemic, supplies of new prescriptions will be limited. The amount of short acting opioids dispensed for new users will be limited to a 7-day supply per fill and a 14-day supply per 30-day period. Any supply in excess of these limits would require prior authorization.

This program affects new users only. There will be no impact to existing members utilizing a short acting opioid.

8) GenericSelect Prescription Drug Program

If a member is taking a brand name drug that has an equally effective generic alternative, they may receive a mailing about an opportunity to switch to the lower cost generic drug. If they make the switch, they will pay **zero copayment for the first GenericSelect prescription**.

Targeted branded medications include those for treating ulcers, high blood pressure and cholesterol, among others.

VII. ROUTINE VISION SERVICES – BASIC – (New Section)

ROUTINE VISION - BASIC

Administered by Anthem Blue Cross and Blue Shield (Blue View Vision network)

The Blue View Vision network is for routine eye care only and is a separate network from the Anthem Medical network. Certain non-routine vision care is covered under your Anthem Medical benefits.

Services Which Are Eligible for Reimbursement

- 1) Routine vision examination.

Conditions for Reimbursement

- 1) Vision services must be:
 - billed by a licensed ophthalmologist, optometrist, or optician;
 - services which the Provider is licensed to render;
- 2) Services received in-network will be covered according to in-network benefits; and
- 3) Routine vision eye exam received Out-of-Network will be reimbursed according to the Out-of-Network allowance.

Special Limits

- 1) The routine vision eye exam is available once per Plan Year.
- 2) Covered materials that are lost or broken may be purchased at preferred pricing from a Blue View Vision Provider.

- 3) Benefits cannot be combined with any offer, coupon, or in-store advertisement.
- 4) Discounts are not available for certain brand name frames in which the manufacturer imposes a no discount policy.

Health Plan Reimbursement

Your Health Plan pays the remaining Allowable Charge for the routine vision examination.

Member Pays

In-Network

Routine vision examination

\$15 Copayment

Eyeglass frames*

35% discount off retail price

Standard eyeglass lenses (one of the following)*

- Standard plastic single vision lenses (1 pair) \$50 Copayment
- Standard plastic bifocal lenses (1 pair) \$70 Copayment
- Standard plastic trifocal lenses (1 pair) \$105 Copayment

Upgrade eyeglass lenses*

In addition to the standard eyeglass lens Copayment, you may choose to add one or more of the upgrades below for the additional Copayment(s).

- UV Coating \$15
- Tinted lenses (*solid and gradient*) \$15
- Standard scratch-resistance \$15
- Standard polycarbonate \$40
- Standard progressive (*add-on to bifocal*) \$65
- Standard anti-reflective coating \$45
- Other add-ons and services 20% discount off retail price

*When purchased as part of a complete pair of eyeglasses. If frames, lenses, or lens options are purchased separately, members will receive a 20% discount.

Contact lenses

- Conventional contact lenses (non-disposable type) 15% discount off retail price

How to find a Blue View Vision Provider

Before you seek routine vision services, be sure to locate a Blue View Vision Provider. Go to Find a Doctor at www.anthem.com/cova or call Anthem Member Services at **800-552-2682** for help.

Always tell your routine vision Provider if you have Anthem's Blue View Vision. Network Providers can check your eligibility and automatically file your claims. When

you receive care from a Blue View Vision participating Provider, you receive the greatest benefits and money-saving discounts.

Out-of-Network routine vision services

For your routine eye exam, you can choose to receive care outside of the Blue View Vision network. The following allowances apply.

- Routine eye exam \$30 allowance

You must pay in full at the time of service and then submit a claim and itemized receipt for Reimbursement. Go to www.anthem.com/cova for an Out-of-Network claim form. Out-of-Network claims under Blue View Vision must be submitted within one year from the original date of service.

With the exception of the routine vision eye exam, you do not have Out-of-Network coverage for Routine Basic Vision services.

VIII. PROGRAMS INCLUDED IN YOUR HEALTH PLAN - (Page 94)

LiveHealth Online

Administered by Anthem

LiveHealth Online lets you have a face-to-face doctor Visit from your mobile device or computer with a webcam – any time, 24 hours a day. There is no copayment for a visit. Some of the most common conditions that can be treated through LiveHealth Online are cold and flu symptoms including cough, fever and headache, sinus and ear infections, and allergies. LiveHealth Online has a broad network of board-certified doctors who average 15 years of experience practicing medicine and are specially trained to provide online Visits. You can choose the doctor that's right for you and begin your consultation in minutes. In Virginia and several other states who allow it by law, the doctor can also call in a prescription at the pharmacy of your choice to treat your condition.

To get started, go to livehealthonline.com or download the app so you'll be ready whenever you need these LiveHealth Online services. Choose the type of visit that is right for you.

LiveHealth Online Medical – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more. This includes LiveHealth Online Kids for pediatric visits, and LiveHealth Online Allergy if you want to see a doctor who has additional training and education to treat allergies.

LiveHealth Online Psychology – Use your device to make an appointment to see a therapist or psychologist online.

LiveHealth Online Psychiatry – Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.

LiveHealth Online EAP – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more. Call **855-223-9277** to get your coupon code and instructions on how to make your first appointment.

The following benefits will be effective October 1, 2018

IX. BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM SERVICES – (Page 52)

Services Which Are Eligible for Reimbursement

8) Certain treatments associated with autism spectrum disorder (ASD) for dependents from age 2 through age **18**. Coverage for ASD includes but is not limited to the following:

- diagnosis and treatment of ASD;
- pharmacy care;
- psychiatric care;
- psychological care;
- therapeutic care; and
- Applied Behavior Analysis (ABA).

Special Limits

2) Applied Behavior Analysis services for autism spectrum disorder are covered for children ages 2 through **18**.

X. PROGRAMS INCLUDED IN YOUR HEALTH PLAN – (Page 94)

Vitals SmartShopper Shared Savings Program

Administered by Vitals

This program provides an opportunity for participants to take part in health plan decisions by shopping for certain medical services, comparing costs, and based on their choice, having the opportunity to generate a cash reward. If a lower-cost location is selected, it can result in decreased Out-of-Pocket costs as well as a cash reward.

Starting October 1, 2018, go to **VitalsSmartShopper.com** or contact a Vitals Personal Assistant at **844-277-8991** to register and help you identify savings and reward opportunities.

Following are Clarifications to existing benefit provisions. These do not represent any changes in benefits.

XI. OTHER COVERED SERVICES - (Page 66)

Conditions for Reimbursement

4) For coverage of sleep therapy equipment and related supplies:

- These services require a Health Services Review for Medical necessity.
- A sleep study must have been performed within the past 12 months of the initial rental of sleep therapy equipment and supplies.
- Sleep therapy equipment requires a 10-month rental with compliance review every 90 days. Once the equipment has been rented for 10-months, it is considered purchased.
- Compliance for sleep therapy equipment is defined as greater than or equal to four hours of use per night on 70 percent of nights during a consecutive 30-day period.
- Members who own their sleep therapy equipment must obtain authorization for related supplies and provide proof of compliance annually.
- Replacement machine/equipment for broken non-repairable devices does not require a sleep study. **Replacement machine/equipment requires a 10-month rental with compliance review every 90 days. Once the equipment has been rented for 10-months, it is considered purchased.** Precertification is required.

XII. OPTIONAL EXPANDED DENTAL – (Page 81)

Services Which Are Eligible for Reimbursement

1) Primary Dental Care

- Scaling and root planing of teeth (**once every 2 years per quadrant**);

XIII. OPTIONAL OUT-OF-NETWORK – (Page 85)

Under the Out-of-Network option, the following expenses count toward your Out-of-Pocket Expense Limit:

- Deductible, Copayments and Coinsurance for covered services from Providers and Facilities not in your Anthem or BlueCard PPO networks.

These expenses **do not count** toward your Out-of-Pocket Expense Limit under the Out-of-Network option:

- expenses for services or supplies not covered by Your Health Plan;
- amounts above the Allowable Charge;
- amounts above the health plan limits;
- Copayments, Deductibles and Coinsurance for routine and expanded Dental services and the **Routine Basic Vision** and Optional **Expanded Routine Vision** and Hearing Services; and
- the 25% reduction for Out-of-Network benefits paid by Your Health Plan.

XIV. OPTIONAL **EXPANDED** ROUTINE VISION AND HEARING – (Page 86)

Optional Expanded Routine Vision

Health Plan Reimbursement

Member Pays

In-Network

Routine vision examination

Covered under basic plan

