

# COVA HealthAware

## Notification of Changes to the COVA HealthAware Member Handbook Effective July 1, 2014 (or as noted) Commonwealth of Virginia Health Benefits Program

This notification updates the July 2013 COVA HealthAware Member Handbook and, along with the handbook, constitutes a full and complete description of coverage in the COVA HealthAware Plan.

### **Your Plan at a Glance (page 5), Preventive Care for Women (page 33), Preventive Drugs (page 67)**

The following coverage is added:

- Tamoxifen and Raloxifene for women age 35 and older who are at risk for breast cancer but do not have invasive breast cancer.

### **Your Plan at a Glance (page 7)**

Applied Behavior Analysis/Habilitation Therapy

- The \$35,000 annual coverage limit is removed retroactively to July 1, 2013.

### **Online Provider Directory (page 15)**

- Section entitled, “Do You Live in a Rural Area?” is removed.

### **Earn Additional HRA Contributions by Completing “Do-Rights” (page 26)**

The following healthy actions are added as “Do-Right” incentives:

- Completion of a MyActiveHealth online coaching module
- Completion of an annual routine vision exam

### **Inpatient Care (page 39)**

The following coverage is added:

- Residential Treatment may be covered when rendered in an inpatient setting. Services provided for Residential Treatment include but are not limited to:
  - Multi-disciplinary evaluation;
  - Medication management;
  - Individual, family and group therapy;
  - Parental guidance, and
  - Substance abuse education/counseling.

### **Behavioral Health Care Exclusions (page 57)**

- Services provided by a residential treatment facility are no longer excluded from coverage.

### **Healthy Insights (page 85)**

The following two incentive programs are implemented:

#### **1.) Asthma and COPD Incentive Program**

If you have Asthma or COPD, you may get certain prescription drugs and supplies at no cost. To qualify you need to:

- Take your asthma/COPD medication as directed for a 90-day compliance period;

- Continue to take your medication as directed by your doctor or healthcare provider;
- Speak with a Healthy Insights nurse quarterly, or as directed;
- Have an annual wellness exam with your doctor or healthcare provider; and
- Get a flu shot.

## **2.) Hypertension Incentive Program**

If you have hypertension, you may get certain prescription drugs and supplies at no cost. To qualify, you need to:

- Take your hypertension medication as directed for a 90-day compliance period;
- Continue to take your medication as directed by your doctor or healthcare Provider;
- Speak with a Healthy Insights nurse quarterly, or as directed; and
- Have an annual wellness exam with your doctor or healthcare provider.

### **Eligibility, Enrollment and Changes (page 87)**

Who is Eligible for Coverage

The following section is updated:

- A full-time salaried employee is one who is scheduled to work at least 30 hours per week, or carries a faculty teaching load considered to be full time at his institution.

### **Qualifying Mid-Year Events (Changes Outside Open Enrollment) (page 93)**

The following qualifying mid-year event is added:

- Other employer's open enrollment or plan change, including coverage under the Marketplace Exchange.

### **HIPAA Rights (page 116)**

Health Insurance Portability and Accountability Act (HIPAA) Creditable Coverage

- Due to the provisions of the Affordable Care Act, which eliminated preexisting condition exclusions in 2014, Certificates of Group Health Plan Coverage will no longer be issued after December 31, 2014. Participants who need a certificate may request it from their Benefits Administrator using the form on page 124.

### **Definitions (page 141)**

The following definition is added:

- Residential Treatment Program - this is a specialized treatment for psychiatric, substance abuse and other Medically Necessary therapeutic services. Services occur in a 24-hour per day facility and require a minimum of one physician visit per week.

### **Clinical Trial Costs (page 48)**

This section is replaced as follows:

Benefits include coverage for services given to you as a participant in an approved clinical trial if the services are covered services under your health plan. An "approved clinical trial" means a phase I, phase II, phase III, or phase IV clinical trial that studies the prevention, detection, or treatment of cancer or other life-threatening conditions. The term life-threatening condition means any disease or condition from which death is likely unless the disease or condition is treated.

Benefits are limited to the following trials:

1. Federally funded trials approved or funded by one of the following:
  - a. The National Institutes of Health.
  - b. The Centers for Disease Control and Prevention.
  - c. The Agency for Health Care Research and Quality.
  - d. The Centers for Medicare and Medicaid Services.
  - e. Cooperative group or center of any of the entities described in (a) through (d) or the Department of Defense or the Department of Veterans Affairs.
  - f. A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.
  - g. Any of the following in i, ii and iii below if the study or investigation has been reviewed and approved through a system of peer review that the Secretary of Health and Human Services determines 1) to be comparable to the system of peer review of studies and investigations used by the National Institutes of Health, and 2) Assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review.
    - i. The Department of Veterans Affairs.
    - ii. The Department of Defense.
    - iii. The Department of Energy.
2. Studies or investigations done as part of an investigational new drug application reviewed by the Food and Drug Administration (FDA);

### **Extended Coverage (Pages 97—100)**

This section is replaced as follows: :

## **GENERAL NOTICE OF EXTENDED COVERAGE RIGHTS**

This notice will be provided to new Commonwealth of Virginia Health Benefits Program (the plan) participants (employees, retirees, spouses) within 90 days of enrollment. It includes important information about your right to Extended Coverage/COBRA, which is a temporary extension of health plan coverage. **This notice explains continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for Extended Coverage/COBRA, you may also become eligible for other coverage options that may cost less.

The right to COBRA continuation coverage for employees of private employers was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). These rights are also provided to employees of state and local government employers under the continuation coverage provisions of the Public Health Service Act, which is referred to as Extended Coverage. Extended Coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the plan and under federal law, you should contact the resources listed at the end of this notice.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs.

Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### **What is Extended Coverage (COBRA)?**

Extended Coverage is a continuation of health plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, Extended Coverage must be offered to each person who is a "qualified beneficiary." You, your covered spouse, and your covered children may be qualified beneficiaries if coverage under the plan is lost because of the qualifying event. Under the plan, qualified beneficiaries who elect Extended Coverage must pay the full premium cost unless it runs concurrently with another benefit that provides a contribution toward the premium cost.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the plan because of the following qualifying events:

- Your hours of employment are reduced (this includes periods of leave without pay, and any reduction of hours resulting in loss of coverage and/or loss of or change in the terms and conditions of the employer contribution toward the cost of coverage), or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee or retiree group participant, you'll become a qualified beneficiary if you lose your coverage under the plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct; or
- You become divorced from your spouse.

Your covered children will become qualified beneficiaries if they lose coverage under the plan because of the following qualifying events:

- The parent-employee/retiree dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parents become divorced; or
- The child stops being eligible for coverage under the plan as a "covered child."

**NOTE:** Coverage that is terminated in anticipation of a qualifying event (for example, a divorce) is disregarded when determining whether the event results in a loss of

coverage. If termination occurs under this condition but notification of the qualifying event is received from the employee, qualified beneficiary or a representative within 60 days of the date coverage would have been lost due to the qualifying event, Extended Coverage must be made available and effective on the date coverage would have been lost due to the event, but not before.

### **When is COBRA continuation coverage available?**

Your Benefits Administrator will offer Extended Coverage automatically (without requiring notice) to qualified beneficiaries if the qualifying event is:

- End of employment; or,
- Reduction of hours of employment; or,
- Death of the employee.

**For all other qualifying events (divorce of the employee and spouse; a covered child's loss of eligibility as a covered child), you must notify your Benefits Administrator in writing within 60 days of the date coverage would be lost due to that qualifying event by submitting the following information:**

- The type of qualifying event (e.g., divorce, loss of dependent child's eligibility-- including reason for the loss of eligibility);
- The name of the affected qualified beneficiary (e.g., spouse's and/or covered child's/children's name/s);
- The date of the qualifying event;
- Documentation to support the occurrence of the qualifying event (e.g., final divorce decree);
- The written signature of the notifying party;
- If the address of record is incorrect, an address for mailing the Election Notice.

Failure to provide timely notice of these qualifying events will result in loss of eligibility for continuation coverage. One notice will cover all affected qualified beneficiaries. Notice will be considered furnished when mailed/postmarked or, in the case of hand delivery, the date it is received by your Benefits Administrator.

### **How is COBRA continuation coverage provided?**

Once the qualifying event has occurred or, if necessary, your Benefits Administrator receives notice that a qualifying event has occurred, Extended Coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect Extended Coverage. Covered employees may elect Extended Coverage on behalf of their spouses, and parents may elect Extended Coverage on behalf of their children.

Extended Coverage is a temporary continuation of coverage that generally lasts for up to 18 months due to employment termination or reduction of hours of work. Divorce or

loss of eligibility as a covered child allows for up to 36 months of continuation coverage. If a second (36-month) qualifying event occurs and is reported within 60 days of the date coverage would be lost due to that event, you may be eligible to receive a maximum of 36 months of coverage measured from the initial loss of coverage.

**Additional ways that an 18-month period of continuation coverage can be extended are:**

- ***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family who is covered under the plan is determined by Social Security to be disabled and you notify the Extended Coverage/COBRA Administrator within the specified time limits described below, you and your entire family may be entitled to get up to an additional 11 months of continuation coverage (a maximum of 29 months). The disability must have started at some time before the 60th day of continuation coverage and must last at least until the end of the 18-month initial period of continuation coverage. The Office of Health Benefits Extended Coverage/COBRA Administrator must receive notification of the disability determination within 60 days of either 1.) the date of the disability determination; 2.) the date of the qualifying event; 3.) the date on which coverage would be lost due to the qualifying event; or, 4.) the date on which the qualified beneficiary is informed of the obligation to provide the disability notice (e.g., through this General Notice), AND within the first 18 months of Extended Coverage. Notification must be presented in writing and include the following information:

- The name of the disabled qualified beneficiary;
- The date of the determination;
- Documentation from the Social Security Administration to support the determination;
- The written signature of the notifying party (qualified beneficiary or representative);
- If the address of record is incorrect, a correct mailing address.

NOTE: While the cost of Extended Coverage is the full (employee plus employer contribution) cost of coverage plus a 2% administrative fee, the cost of coverage during the disability extension increases to include a 50% administrative fee.

- ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of Extended Coverage, the covered spouse and children can get up to 18 additional months of continuation coverage, for a maximum of 36 months, if the plan is properly notified about the second qualifying event. This extension may be available to the spouse and any children getting continuation coverage if the employee or former employee dies; gets divorced; or if the covered child stops being eligible under the plan. This extension

is only available if the second qualifying event would have caused the spouse or child to lose coverage under the plan had the first qualifying event not occurred. Written notification must be given within 60 days of the date coverage would have been lost due to the second qualifying event and must include the following information:

- The type of second qualifying event (e.g., divorce, loss of child's eligibility);
- The name of the affected qualified beneficiary (e.g., spouse and/or child);
- The date of the second qualifying event;
- Documentation to support the occurrence of the second qualifying event (e.g., final divorce decree);
- The written signature of the notifying party;
- If the address of record is incorrect, a correct mailing address.

Failure to furnish timely and complete notification of the second qualifying event or disability determination will result in loss of additional Extended Coverage eligibility. Notice will be considered furnished when mailed or, in the case of hand delivery, the date it is received by your Benefits Administrator.

Separate guidelines apply to continuation coverage under the provisions of the Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA). If these provisions apply to you, see your Benefits Administrator for more information.

### **Are there other coverage options besides Extended Coverage/COBRA Continuation Coverage?**

Yes. Instead of enrolling in Extended Coverage/COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than Extended Coverage/COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

### **If you have questions**

For more information about Extended Coverage under the Public Health Service Act for state and local government employees, consult the Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Mail Stop S3-16-26  
Baltimore, MD 21244-1850  
Tel 410.786.3000

For more information about the Patient Protection and Affordable Care Act and other laws affecting group health plans, contact the nearest Regional or District Office of the

U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of regional and district EBSA offices are available at this web site.)

For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### **Plan contact information**

To obtain information about the Commonwealth of Virginia Health Benefits Program, contact the Benefits Administrator in your employing (or retirement) agency.

The Plan Administrator is:

The Department of Human Resource Management  
Office of Health Benefits COBRA/Extended Coverage Administrator  
101 N. 14<sup>th</sup> Street, 13<sup>th</sup> Floor  
Richmond, Virginia 23219