



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

SARA REDDING WILSON  
DIRECTOR

James Monroe Building  
101 N. 14<sup>th</sup> Street  
Richmond, Virginia 23219

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To: Line of Duty Act Health Plan Coverage Participants (or those acting on their behalf)

Subject: Transition to LODA Health Benefits Plans effective July 1, 2017

This is to notify you that there have been changes to the Line of Duty Act (LODA) health plan eligibility criteria and available plans. Effective July 1, 2017, all LODA Health Benefits Plans will be administered by the Department of Human Resource Management (DHRM) and will be modeled after specific State Employee Health Benefits Program plans. This will result in consistent coverage for all LODA-disabled persons, LODA-eligible spouses and LODA-eligible dependents.

If you currently participate in LODA premium-free coverage, you must enroll in the new DHRM plans effective July 1, 2017, to maintain your LODA health benefit. Included in this booklet is information that discusses the new plans and what you need to do now.

**Please read this information thoroughly and  
take all required actions to ensure transition to your  
new LODA Health Benefits Plan(s).**

**Thank you for your attention to this  
important health benefits information.**

**- FACT SHEET -**

***LODA HEALTH BENEFITS PLANS EFFECTIVE JULY 1, 2017***

**1. What LODA Health Benefits Plans legislative changes will affect existing LODA participants?**

The amended Line of Duty Act includes a number of changes. Many of these changes will not affect current participants whose eligibility is based on death or disability occurring prior to July 1, 2017. Described below are the changes that will affect existing participants:

- ***Remarried Surviving Spouses:***

- **Prior to July 1, 2017.** Eligible surviving spouses of deceased LODA participants who remarry prior to July 1, 2017, can continue coverage under the new LODA Health Benefits Plans starting July 1, 2017, as long as they remain otherwise eligible.
- **On or after July 1, 2017.** Surviving spouses who remarry on or after July 1, 2017, will lose eligibility for coverage in the LODA plans. There will be no opportunity to return to the LODA program in the future unless new eligibility is gained based on a separate line-of-duty incident. It will be the responsibility of the surviving spouse to report a marriage that occurs on or after July 1, 2017. Failure to update this information will result in retroactive termination of coverage back to the date when eligibility should have been lost. Loss of coverage for remarried surviving spouses will not result in loss of coverage for their eligible children.

- ***Children covered until age 26:***

- The age limit for eligible children has changed. Starting July 1, 2017, children are eligible until the end of the year in which they turn age 26. Children who have been previously terminated due to reaching the limiting age, but are now eligible, may be enrolled for coverage starting on July 1, 2017, without regard to financial support, place of residence, marital status, employment status, or student status. All children, including those re-enrolling based on the change in age limit, must be included on the enclosed Enrollment Form. Failure to enroll all eligible children at this time will result in their loss of eligibility for the program.

- **Coverage for children or spouses who are not eligible for premium-free LODA Health Benefits:**

- Currently, there are some family groups who have coverage under a single plan, but not all family members are eligible for premium-free LODA health benefits. As examples:
  - This could be a child born to or adopted by a LODA-disabled person after the date of the LODA disability, or
  - This could be the spouse of a LODA-disabled person whose marriage occurred after the disability date.
- Ineligible family members may not be covered under the new self-insured LODA Health Benefits Plans and will need to maintain or seek alternative coverage arrangements. Options could include the Health Insurance Marketplace, Medicaid, FAMIS, an individual policy, or an employer plan.
- This is an administrative change, not a change in eligibility provisions.

## **2. Where can I find a summary of benefits for the LODA Health Benefits Plans?**

- You will receive an updated benefit summary before July 1, 2017, and a complete Summary Plan Description/Member Handbook based on your enrollment status as soon as possible. You will receive member ID card(s) for use starting July 1, 2017.
- The LODA Health Benefits Plans will be modeled after existing State Health Benefits Program plans. Included at the end of this fact sheet are Benefit Summaries that include basic overviews of the current state plans that serve as models for the LODA Health Benefits Plans.

## **3. How will I know which plan to enroll in?**

- You will not need to choose a plan. There are two plan designs in which LODA participants will be enrolled based on their employment and Medicare status. This results in the three following eligibility groups.

- **LODA PLAN – FORMER LODA EMPLOYMENT**

If you are a retiree, survivor, LTD participant or LODA participant who does not work for a LODA employer (former employees) and are not eligible for Medicare, or if you are an eligible covered family member based on former employment, you will be covered in this group. Coverage for this group is modeled after the State Employee Health Benefits Program's COVA Care with Out-of-Network, Expanded Dental and Vision/Hearing Plan. A current overview of that plan design is provided at the end of this Fact Sheet.

- **LODA PLAN – CURRENT LODA EMPLOYMENT**

If you are a LODA-disabled person who is currently employed by a LODA employer, you and eligible family members will be covered in this group regardless of Medicare status. Coverage for this group is also modeled after the State Employee Health Benefits Program's COVA Care with Out-of-Network, Expanded Dental and Vision/Hearing Plan. A current overview of that plan design is provided at the end of this Fact Sheet.

- **LODA PLAN – MEDICARE PRIMARY**

If you are a retiree, survivor or LTD participant (former employees), including family members who are covered based on the former employment of the LODA disabled or deceased person, and you are eligible for Medicare, you will be covered in this group. This group's coverage is modeled after the State Retiree Health Benefits Program's Advantage 65 with Dental and Vision Plan. A current overview of that plan design is provided at the end of this Fact Sheet. All participants in this group must be enrolled in Medicare Parts A and B. You will also be enrolled in a Medicare Part D prescription drug plan, pending approval by Medicare.

#### **4. How do the LODA Plans work with Medicare?**

- If you are covered based on former employment and eligible for Medicare, Medicare will be the primary payer of your medical claims, just as it is today. This would include LODA participants who are retirees or long-term disability program participants and survivors of deceased LODA participants. Under the LODA Health Benefits Plans, you will be in the LODA PLAN – MEDICARE PRIMARY group described above. You will have coverage secondary to Medicare that will fill gaps for medical services under Medicare Parts A and B, and you will be enrolled in an enhanced Medicare Part D prescription drug plan in addition to dental, routine vision, and a routine hearing benefit. This is the same coverage that applies to Medicare-eligible state retirees, and coordination of benefits is based on the Medicare Secondary Payer provisions of the Social Security Act. Enrollment in Medicare Parts A and B is required. This is not a change.
- If Medicare should be primary claims payer for multiple members of one family group, each Medicare-primary plan participant will have their own ID number since Medicare-primary coverage must coordinate with individual Medicare eligibility. If one family group has LODA participants in both the Medicare primary and non-Medicare/former employment groups, the plan in which individuals are enrolled will be based on their Medicare eligibility. For example, one family could have one or more LODA participants in the LODA PLAN – MEDICARE PRIMARY group and one or more in the LODA PLAN – FORMER LODA EMPLOYMENT group.

#### **5. What actions need to be taken now?**

- **Enrollment Form.** All LODA participants must review the information printed on the enclosed LODA Health Benefits Plans Enrollment Form and edit any information that is inaccurate. Any sections that are not pre-populated should be completed. Additional instructions are provided at the end of this booklet.

The completed form must be received **no later than April 14, 2017**. A postage-paid envelope is enclosed for your convenience. All existing LODA participants who continue to be eligible for LODA health benefits and submit their enrollment form timely will be placed in the new LODA Health Benefits Plans effective July 1, 2017. Due to the complexity of eligibility for this population, please feel free to include additional information on the form in order to fully describe your existing LODA status. Failure to submit this form will result in interruption of your LODA health plan coverage.

**Reimbursement for plans that are not a part of the new LODA Health Benefits Plans, as described in the three eligibility groups, will be discontinued after the June 2017 premium. This does not include any eligible Medicare Part B reimbursements.**

- **Your Current/Existing Health Plan.** In early to mid-May, after you have submitted your enrollment form and DHRM has had the opportunity to review it, contact your current plan(s). Explain that you will be newly eligible for the LODA Health Benefits Plans effective July 1, 2017, and that you will need to arrange for termination of your existing coverage on June 30, 2017. Generally, eligibility for other group health plan coverage will allow you to make this change. Remember—anyone who is not eligible for premium-free LODA health plan coverage may not transition to the new LODA Health Benefits Plans.
- **Health Care Providers.** Notify your health care providers of your coverage change to be effective July 1, 2017, and provide them with your new ID card, which you will receive prior to July 1, 2017. Ask them if they participate in your LODA Health Benefits Plans networks—see below. If they do not participate, consider selecting a participating provider. You have coverage for non-network providers, but you will almost always pay more when you go out of the network.
  - **For LODA PLAN – FORMER LODA EMPLOYMENT and LODA PLAN – CURRENT LODA EMPLOYMENT.**
    - Your medical network is through Anthem Blue Cross and Blue Shield’s PPO network.
    - Your dental network is through Delta Dental.
    - Your pharmacy network is through Anthem Blue Cross and Blue Shield. Check with your pharmacy to determine if you can transfer any existing prescriptions or if a new prescription will be needed from your doctor. If you are using a mail service pharmacy, contact your existing pharmacy as well as the Anthem mail service pharmacy to determine what you will need to do to obtain refills. Anthem mail service contact information will be provided with your new ID card.
  - **For LODA PLAN – MEDICARE PRIMARY.**
    - Medicare is the primary payer for all Medicare-covered services. Use of Medicare-participating providers will generally reduce out-of-pocket expense. Your providers can tell you if they participate with Medicare.
    - For medical services that are specifically covered under this plan but are not covered by Medicare, consult your Member Handbook or contact Anthem for assistance.
    - Your dental network is through Anthem

- Your Medicare Part D outpatient prescription drug plan is through Express Scripts Medicare. Check with your pharmacy to determine if it is in the Express Scripts network, if you can transfer existing prescriptions, or if a new prescription will be needed from your doctor. If you are using a mail service pharmacy, contact your existing pharmacy as well as the Express Scripts Medicare mail service pharmacy to determine if any action is required to obtain refills starting July 1, 2017. Express Scripts' contact information will be provided with your new ID card.

## **6. What resources are available?**

- If you have questions regarding this initial enrollment process, please address them by email to [\*\*LODA@dhrm.virginia.gov\*\*](mailto:LODA@dhrm.virginia.gov).
- You may also send questions through the US Postal Service to:

LODA Health Benefits Plans  
Department of Human Resource Management – Office of Health Benefits  
101 North 14<sup>th</sup> Street, 12<sup>th</sup> Floor  
Richmond, VA 23219

- Check the dedicated LODA page on the DHRM web site for new information as July 1, 2017, approaches. Use the following web address:

<http://www.dhrm.virginia.gov/healthcoverage/loda-health-benefits>

- You will be provided additional telephone contact information along with LODA-specific program updates, reminders, and ongoing support after the initial transition period.



Virginia Department of  
**HUMAN RESOURCE**  
 MANAGEMENT

**BENEFIT SUMMARIES**  
**State Employee Health Benefits Program Plan designs that will be used as models for the LODA Health Benefits Plans**

The following two plan summaries provide basic overviews of the existing State Health Benefit Program plans that will be used as models for the LODA Health Benefits Plans.

- 1.) The LODA PLAN – FORMER LODA EMPLOYMENT and the LODA PLAN – CURRENT LODA EMPLOYMENT benefit design is modeled after the state program plan, COVA Care with Out-of-Network, Expanded Dental and Vision/Hearing Plan.

<b>Benefit Plan Design 7/1/17—6/30/18</b>	<b>In Network, You Pay*</b>
Primary care physician visit	\$25 copayment
Specialty care physician visit	\$40 copayment
Hospital inpatient per stay	\$300 copayment
Hospital outpatient per service	\$125 copayment
Outpatient prescription drug – retail network	\$15/\$30/\$45/\$55 copayment (34 days, 4 cost tiers)
Outpatient prescription drug – mail service	\$30/\$60/\$90/\$110 copayment (90 days, 4 cost tiers)
Deductible	\$300/person or \$600/family for in-network providers.
Outpatient diagnostic lab or x-ray	20% coinsurance (after annual deductible)
Dental, routine vision and hearing, out-of-network coverage	Coverage is included—complete information will be provided in your Member Handbook

\*Using an out-of-network provider results in 25% benefit reduction

2.) The LODA PLAN – MEDICARE PRIMARY benefit design is modeled after the state program plan, Advantage 65 with Dental and Vision.

Benefit Plan Design	For 2017, You Pay:
Supplement to Medicare Part A (Inpatient Hospital)	\$100 per covered benefit period
Supplement to Medicare Part B (Medical services such as office visits, labs, and x-rays)	\$183 annual deductible – subject to change each calendar year
Enhanced Medicare Part D Plan (Outpatient Prescription Drug Coverage—Formulary applies)	\$7/\$25/25%/75% for tiers 1/2/3/4 up to 34 days at a participating retail pharmacy  \$7/\$50/25%/75% for tiers 1/2/3/4 up to 90 days at the mail service pharmacy  \$400 deductible for brand drugs  (If out-of-pocket costs reach \$4,950, the Medicare catastrophic coverage level would apply.)
Dental, routine vision and hearing	Coverage is included—complete information will be provided in your Member Handbook

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**YOU'RE READY TO ENROLL!**

**Following are additional instructions to help you complete your LODA Health Benefits Plans Initial/Transition Enrollment Form**

- Check all pre-printed information and make any necessary corrections.
- Unless they do not apply to you, respond to all questions that request a YES or NO answer.
- Be sure to add any family members who are currently eligible for premium-free coverage but are not pre-printed, including children who are now eligible due to the increase in age limit.
- Do not include any family members who are not eligible for premium-free coverage.
- If any family members are listed in error (e.g., not eligible or do not want coverage), please indicate "DELETE" on the form.
- Any participants who are covered based on former employment and are eligible for Medicare must provide all requested Medicare information.
- RETURN THE FORM NO LATER THAN APRIL 14, 2017, IN THE ENCLOSED POSTAGE-PAID ENVELOPE. FAILURE TO SUBMIT THE FORM WILL RESULT IN INTERRUPTION OF YOUR LODA HEALTH PLAN COVERAGE.