



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

To: Line of Duty Act Health Plan Coverage Participants
(Qualifying Date of Disability or Death Prior to July 1, 2017)

From: LODA Plans Administrator

Date: July 31, 2018

Subject: Annual LODA Health Benefits Plans update for your new plan year which began on July 1, 2018, for:

- LODA Plan – Current LODA Employment
- LODA Plan – Former LODA Employment

This is your annual LODA Health Benefits Plan summary of plan updates and general information. You will receive this information at the beginning of every new plan year. Your plan year begins each July 1 and runs through the following June 30.

No action is required for you to continue your LODA coverage in the new plan year as long as you remain eligible.

Good News for Patients of Augusta Health Medical Center and Augusta Medical Group

Some LODA participants who have used the Augusta Health Medical Center and Augusta Medical Group lost access to those providers when they left the Anthem network earlier this year. However, effective on July 1, **Augusta Health and Medical Group resumed participating in the Anthem network, so in-network access has been restored.** Even though all LODA non-Medicare plan participants have out-of-network coverage, using participating providers assures that Anthem's allowable charge will be accepted, and there is no risk of balance billing.

Plan Changes for July 1

Following are coverage changes to be effective for the new plan year which began on July 1, 2018. Keep this information with your Summary Plan Description/Member Handbook as a complete description of your LODA Health Benefits Plans coverage. (These changes do not apply to the LODA Plan – Medicare Primary.)

- **Hormonal contraceptives dispensing limit increased:** Participants may now obtain a 12-month supply of these medications at one time.

- **Annual routine vision exam copayment reduction:** Your annual routine vision examination copayment will be reduced to \$15 when you use a Blue View Vision provider. Contact Anthem if you need assistance in identifying a participating provider. NOTE: When the routine vision exam is for a member up to the end of the month in which they turn age 19, this copayment will apply to your out-of-pocket expense limit.
- **Short-acting opioid analgesic drug limitations:** In response to the opioid epidemic, supplies of these drugs provided under **new** prescriptions will be limited. This will not apply to existing prescriptions.
- **Pharmacy Home Program:** Members identified as having an increased safety risk based high prescription and/or controlled substance utilization will be restricted to one Pharmacy Home. This could include:
 - using three or more providers for controlled substance prescriptions or 10 or more providers for all prescriptions, or
 - filling controlled substances at three or more pharmacies or 10 or more pharmacies not limited to controlled substances

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

- **LiveHealth Online copayment eliminated:** LiveHealth Online will now be available for \$0 copayment. This will include LiveHealth Online Medical, Psychology, Psychiatry, and Employee Assistance Program (EAP). LiveHealth Online provides face-to-face access to doctors using your mobile device or computer. Your Summary Plan Description/Member Handbook has more information.
- **Behavioral health intensive in-home services now available:** New at-home treatment options for children and adolescents will now be available. 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; communication skills; case management activities; coordination with other required services; and 24-hour emergency response.

NOTE: These changes do not apply to the LODA Plan – Medicare Primary.

General Information and Reminders

LODA Health Benefits Plans eligibility provisions can vary based on the date of LODA-qualifying disability or death. Since your qualifying date of LODA disability or death is prior to July 1, 2017, following is an eligibility rule that applies to you. Consult your Summary Plan Description/Member Handbook for complete information.

- Surviving spouses who remarried prior to July 1, 2017, will not be affected by their remarriage; however, remarriage on or after July 1, 2017, will result in loss of eligibility for LODA plan coverage.

All LODA Health Benefits Plans participants, regardless of eligibility date, will lose coverage for the following reasons:

- The disabled person ceases to be disabled.
- The disabled person returns to full duty.
- All eligible dependents (children) will lose coverage at the end of the year in which they reach age 26 (unless they are determined to be incapacitated as defined by the plan).
- All covered spouses will lose eligibility for LODA coverage if they cease to be married to the LODA-disabled participant.

IF ANY OF THE ABOVE EVENTS OCCUR, NOTIFY YOUR LODA BENEFITS ADMINISTRATOR IMMEDIATELY! YOUR SUMMARY PLAN DESCRIPTION HAS COMPLETE INFORMATION.

In addition, contact your LODA Benefits Administrator in the event of any of the following changes:

- Any participant has a change in Medicare status, and/or
- Any participant has a change in address or other contact information.

Important Health Care Notices

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Affordable Care Act (ACA) **Summary of Benefits and Coverage (SBC)**

A summary of your LODA Health Benefits Plan coverage, which provides information about your coverage in a standard format, is available on the Department of Human Resource Management's website at www.dhrm.virginia.gov. Paper copies of the SBC are available, free of charge, by calling 1-888-642-4414. For a complete description of plan benefits, limits and exclusions always refer to your Summary Plan Description/Member Handbook.

Other Health Benefits Notices

Your Summary Plan Description/Member Handbook includes the following Notices:

- General Notice of Extended Coverage Rights
- Employee/Retiree Privacy Notice
- HIPAA Privacy Practices
- Commonwealth of Virginia's Health Benefits Programs Nondiscrimination Notice
- Statement of ERISA Rights
- Federal Notices

Resources

Benefit or Administrative Assistance	Contact
Medical, Prescription Drug, Vision & Hearing (Anthem BCBS) Behavioral Health Benefits & EAP (Anthem) ID Card Order Line	Anthem Blue Cross and Blue Shield 1-800-552-2682 Anthem Behavioral Health and Employee Assistance Program (EAP) (access to services and authorizations) 1-844-271-7688 866-587-6713
Dental Coverage	Delta Dental of Virginia 1-888-335-8296
Eligibility and Enrollment Information	<ul style="list-style-type: none"> • Phone 888-642-4414 (indicate you are calling regarding LODA) • Email at LODA@dhrm.virginia.gov • Fax: (804) 371-0231 • Mail: LODA Health Benefits Plans DHRM – Office of Health Benefits - LODA 101 North 14th Street, 12th Floor Richmond, VA 23219

Enclosure:

- **Language Assistance Notice**

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