



Important Health Care Notices

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

The health benefits available to you through the Commonwealth of Virginia represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about any health coverage option in a standard format, to help you and your family compare across options.

A paper copy for the plan in which you are enrolled is enclosed. The SBCs are available on the Department of Human Resource Management's website at www.dhrm.virginia.gov. Paper copies of the SBCs 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 plan Member Handbook.

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.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a *HIPAA Special Enrollment* you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days of the day your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the marriage, birth, adoption or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two new Special Enrollment rights for certain eligible employees and dependents **who lose coverage or become eligible for premium assistance** under a Medicaid or state children's health insurance program. Employees must request coverage changes within 60 days of the eligibility determination.

To request a *HIPAA Special Enrollment* or obtain more information, contact your agency Benefits Administrator.

Health Benefits Notices

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Kaiser or the Medical Flexible Spending Account, you should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practices, an Extended Coverage (COBRA) General Notice, and a Medicare Part D Notice of Creditable Coverage.

If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at www.dhrm.virginia.gov to obtain a copy.

See the Summary of Benefits and Coverage and CHIP Notice inserts included with this sheet in your Open Enrollment package.

Notice Regarding Wellness Program Plan Year July 1, 2017, through June 30, 2018

ActiveHealth Management administers a voluntary wellness program available to all employees, retiree group participants and spouses enrolled in the COVA Care, COVA HealthAware, and COVA High Deductible Health Plans under the Commonwealth of Virginia Employee/Retiree Health Benefits Program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities

Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you decide to participate in the wellness program you can choose to complete a voluntary online health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). Completion of the HRA by employees/retirees and their enrolled spouses in the COVA Care or COVA HealthAware Plans will result in earning a premium reward, which is a reduction in the monthly health plan premium contribution. You are not required to complete the HRA or to participate in other medical examinations. However, employees/retirees and enrolled spouses who choose to participate in the wellness program by completing the HRA will earn an incentive of \$17 per month for each completed HRA. The premium reduction will be effective based on the date the HRA is completed. Although you are not required to complete the HRA, only employees/retirees and spouses who do so will earn the premium reward.

Additional incentives are available for employees and spouses enrolled in the COVA Care and COVA HealthAware Plans who participate in certain health-related activities as listed at the end of this Notice. These programs are described in detail in your Member Handbook. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Department of Human Resource Management's Office of Health Benefits by email at ohb@dhrm.virginia.gov or by telephone at 888-642-4414. Employees/retirees and enrolled spouses in the COVA High Deductible Health Plan may participate in these wellness programs, but no incentive is available. The information from your HRA or health plan claims will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as the programs listed at the end of this Notice or care considerations that provide personalized health guidance. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Commonwealth of Virginia Employee and Retiree Health Benefits Programs may use aggregate information it collects to design a program based on identified health risks in the workplace, ActiveHealth Management will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing

you services as part of the wellness program will abide by the same confidentiality requirements. Only ActiveHealth Management, as the administrator of the wellness program, will receive your personally identifiable health information in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Human Resource Management’s Office of Health Benefits by email at ohb@dhrm.virginia.gov or by phone at 1-888-642-4414.

The following wellness program incentives are also available:

Program	Description	Incentive
Healthy Beginnings	Maternity support	Copayment waiver or contribution to Health Reimbursement Arrangement (HRA)
Healthy Insights	Disease management for Diabetes, COPD/Asthma or Hypertension	Medication copayment or coinsurance waiver for compliance
Bariatric Pre-Surgery Education Program	Bariatric Surgery Support	Copayment waiver or contribution to Health Reimbursement Arrangement (HRA)
Do-Rights – COVA HealthAware Only	Completion of <ul style="list-style-type: none"> • Your routine physical exam • Your routine dental exam • Your flu shot • A MyActiveHealth Activity Tracker at least 3 times per month for each month in a quarter • A MyActiveHealth Digital Coaching module • Your annual routine vision exam 	Contribution to your Health Reimbursement Arrangement