



**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

To: State Retiree Health Benefits Program Retirees, Survivors and Long Term Disability Participants who are not eligible for Medicare or who cover a family member who is not eligible for Medicare

From: Office of State and Local Health Benefits Programs

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Subject: OPEN ENROLLMENT MAY 1—15, 2017

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**IT'S ANNUAL OPEN ENROLLMENT TIME!!!**

Your annual Open Enrollment will take place from **May 1 through May 15** and provides your annual opportunity to make changes to your non-Medicare-coordinating health plan and, in most cases, membership level. Changes will be effective July 1, 2017. This booklet includes information about coverage options in the new plan year, and the enclosed **2017 BENEFITS AT A GLANCE** provides a benefit comparison to help you choose your plan. Also enclosed are summaries of available plan options that highlight benefits. Another resource to assist you in reviewing your choices is **ALEX**, your online Benefits Counselor—see page 3 for more information about **ALEX**.

**This Open Enrollment period does not apply to participants in Medicare-coordinating plans** (Advantage 65 and Medicare Supplemental/Option II Plans), but Medicare-eligible Retirees, Survivors and Long Term Disability Enrollees who cover non-Medicare-eligible family members receive this package so they can make a plan change for their covered family members.

## Monthly Premium Costs Effective July 1, 2017

The following chart reflects your plan choices and monthly premiums starting July 1, 2017. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums in the chart below (see shaded premiums) can be reduced by completing the requirement to earn a premium reward. More detailed information about starting or continuing premium rewards can be found on Page 3.

Plans	Single	Two-Person	Family
COVA Care (with preventive dental)	\$735	\$1,360	\$1,972
COVA Care + Out-of-Network	\$752	\$1,384	\$2,004
COVA Care + Expanded Dental	\$766	\$1,419	\$2,063
COVA Care + Out-of-Network + Expanded Dental	\$783	\$1,443	\$2,095
COVA Care + Expanded Dental + Vision and Hearing	\$784	\$1,450	\$2,105
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$801	\$1,474	\$2,137
COVA HealthAware (with preventive dental)	\$665	\$1,233	\$1,783
COVA HealthAware + Expanded Dental	\$695	\$1,293	\$1,873
COVA HealthAware + Expanded Dental & Vision	\$706	\$1,310	\$1,896
COVA HDHP (with preventive dental)	\$551	\$1,024	\$1,496
COVA HDHP + Expanded Dental	\$581	\$1,083	\$1,586
Kaiser Permanente HMO**	\$625	\$1,150	\$1,675
TRICARE Supplement	\$61	\$120	\$161

\*\*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly—see *Resources* on page 8 of this booklet for contact information.

Your new premium will go into effect on July 1, 2017. If your premium is deducted from your VRS retirement benefit and the increase results in your VRS benefit no longer being enough to allow your premium deduction, direct billing will automatically begin in June for your July premium. Otherwise, your new premium will be deducted or billed in the usual manner. Keep in mind that, due to administrative differences, direct billing is mailed before the coverage month, while VRS benefit-deducted premiums are collected after the coverage month. This means that you will generally be billed for a two-month premium if you have to start direct billing of your premium. If you have an automatic deduction of your monthly premium billing through your financial institution or you use automatic bill pay to generate your monthly premium payment, be sure to update your account to pay your new premium amount.

**If your premium is billed**, you will receive your monthly invoice or payment coupons from the following billing administrator:

<i><b>If your plan is:</b></i>	<i><b>You will be billed by:</b></i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	Payflex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
TRICARE Supplement	Selman and Company

**Note:** If you are receiving a health insurance credit and your premiums are not being deducted by VRS, you will need to submit a VRS-45 to report your new premium. Contact VRS for more information.

## Put ALEX to Work for You!

Again this year, **ALEX**, your online interactive benefits counselor, will be available during Open Enrollment to assist you with reviewing your health plan options. ALEX can help you decide which plan may be the most cost-effective for you. The tool is easy to use and understand. ALEX will gather information from you and, in turn, provide information to you about available plans, including an estimate of different plan costs based on your input. The final decision is yours, but ALEX provides an additional resource to help you decide—just go to [www.myalex.com/cova/2017](http://www.myalex.com/cova/2017) and say hello to ALEX!

## Have You Earned a Premium Reward? New Premium Reward Requirement for the New Plan Year

Non-Medicare Retiree group enrollees and their non-Medicare covered spouses enrolled in the COVA Care or COVA HealthAware Plans continue to be eligible to earn Premium Rewards, but the required action has changed for the new plan year starting July 1.

- All eligible participants must complete/update and submit their online Health Assessment between May 1—15 to earn a reward starting July 1. If this requirement is not completed, any existing premium reward will end on June 30, 2017. There is no biometric screening requirement for the upcoming plan year.
- If the requirement is not completed during May 1—15, it can be completed at any time during the plan year, and the reward will be effective based on the following timeline. This includes individuals who become newly eligible after July 1.

Complete Health Assessment on these dates:	Reward is effective on this date:
5/16/2017 through 6/15/2017	8/1/2017
6/16/2017 through 7/15/2017	9/1/2017
7/16/2017 through 8/15/2017	10/1/2017
8/16/2017 through 9/15/2017	11/1/2017
9/16/2017 through 10/15/2017	12/1/2017
10/16/2017 through 11/15/2017	1/1/2018
11/16/2017 through 12/15/2017	2/1/2018
12/16/2017 through 1/15/2018	3/1/2018
1/16/2018 through 2/15/2018	4/1/2018
2/16/2018 through 3/15/2018	5/1/2018
3/16/2018 through 4/15/2018	6/1/2018

- ✓ Just go to [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) to complete or update your health assessment. Your Health Assessment may not be completed any earlier than May 1, 2017, to earn a reward for the new plan year.
- ✓ Monthly premium cost in either a COVA Care Plan or a COVA HealthAware Plan will be reduced by \$17 per month when the requirement is met. This also applies to a covered non-Medicare spouse who fulfills the requirement, with a potential monthly savings of \$34 if both the retiree and covered spouse are eligible and complete the requirement...and even more important, participation is a step toward better health.

NOTE: Any participants who have opted out of the MyActiveHealth portal will be ineligible for premium rewards or any other program incentives during the opt-out period, and it takes several weeks to opt back in.

## ***Plans and Options for July 1, 2017***

The following plans (including available options—see page 2) continue to be available for July 1, 2017: **COVA Care, COVA HealthAware, COVA High Deductible Health Plan (HDHP), Kaiser Permanente HMO and the Tricare Supplement.**

### **All State Employee/Retiree Health Benefits Plans:**

Affordable Care Act (ACA): All plans will comply with ACA Section 1557, Nondiscrimination in Health Programs and Activities.

### **COVA Care and COVA HDHP Plans:**

LiveHealth Online Psychology: Plan participants enrolled in either the COVA Care or COVA HDHP plans will now be able to make an appointment with a licensed therapist using LiveHealth Online Psychology. Services include assistance with dealing with anxiety, depression, grief, and panic attacks. Daytime, evening and weekend appointments are available. Members can schedule an appointment online or call 1-844-784-8409. The cost is the same as an outpatient behavioral health office visit.

Employee Assistance Program (EAP): LiveHealth Online allows plan members to consult with a counselor as part of their EAP benefit at no cost. Plan participants can call 1-855-223-9277 to get their coupon code and details on how to make an appointment.

You can register now at [www.livehealthonline.com](http://www.livehealthonline.com) or download the app.

### **COVA Care, COVA HDHP and COVA HealthAware Plans:**

MyStrength Online tool helps members deal with such health issues as chronic pain, depression, substance abuse and anxiety. Plan Members may obtain more information about this tool by visiting their plan's EAP website:

- **COVA Care and COVA HDHP:** visit [www.AnthemEAP.com](http://www.AnthemEAP.com). The company code is: Commonwealth of Virginia.
- **COVA HealthAware:** visit [www.mylifevalues.com](http://www.mylifevalues.com). The user name and password is covva.

### **Your Plan Amendment and Member Handbook:**

The changes in your Annual Rate Notification Booklet are updates to your plan member handbook. Look for the 2017 amendment to your plan soon, mailed to your home address.

All current plan member handbooks and amendments are available on the Open Enrollment page on the DHRM website at [www.dhrm.virginia.gov/healthcoverage/open-enrollment](http://www.dhrm.virginia.gov/healthcoverage/open-enrollment).

## **Making Open Enrollment Changes**

**Making Changes During Open Enrollment:** Online enrollment through EmployeeDirect will **not be available for this open enrollment period.** If you wish to make a plan or membership change during Open Enrollment, you must complete a *State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants*. This year the forms are available in an online fillable format. Forms are located on the DHRM website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or you may obtain a paper form from your Benefits Administrator. If you need assistance identifying your Benefits Administrator, see page 8. Indicate “*Open Enrollment*” on the form as the reason you are making the change.

Upon completion of the form:

- You will need to print and sign the form.
- Follow the mailing instructions on the form to submit your changes to your Benefits Administrator.

Note: Enrollment Forms must be postmarked no later than May 15, 2017.

Enrollment Forms: ***The Enrollment form must be signed by the eligible Enrollee.*** This is either the Retiree, Survivor or Long Term Disability participant through whom eligibility for coverage is obtained—***not a covered family member.*** Even those covered family members who have separate/individual ID numbers must have their Enrollment Forms signed by the Enrollee. Enrollment Forms will not be accepted if not signed by the Enrollee.

If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is in effect, it will not be changed except as allowed by the policies of the Department of Human Resource Management. **After the Open Enrollment period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.**

If you are requesting a membership increase, you must include documentation to support eligibility for the new family member. For example:

- To add an existing spouse, you must provide photocopies of the marriage certificate and, if available, the top portion of the first page of the retiree group enrollee’s most recent Federal Tax Return that confirms the spouse (all financial information and Social Security Numbers should be removed/masked).
- To add a biological or adopted child, you must include a photocopy of the birth certificate showing the retiree group Enrollee’s or spouse’s name as the parent or a photocopy of a legal pre-adoptive or adoptive agreement.

For other eligible membership additions, contact your Benefits Administrator to confirm the necessary documentation. Supporting documentation must be received by the end of the Open Enrollment period. If it is not received, your membership increase will not be processed.

**Making Changes After Open Enrollment** - After the Open Enrollment period, membership **increases** will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). Membership increases must be accompanied by appropriate documentation to support the addition (see above). **Enrollees have 60 days to make a change based on a qualifying mid-year event.** Retiree group Enrollees may **decrease** membership prospectively (going forward) at any time.

## ActiveHealth Management Health and Wellness Program

The Journey to a Healthier You! You and your covered family members in COVA Care, COVA HealthAware or COVA HDHP have access to online tools and free health and wellness programs through MyActiveHealth. This personalized health and wellness portal includes programs such as the following:

- ✓ **Healthy Lifestyles** – tools and coaching to keep you on track for maintaining good health through good nutrition, exercise, stress management and quitting tobacco.
- ✓ **Healthy Beginnings** – help for expectant moms through telephonic one-on-one coaching with a nurse coach.
- ✓ **Healthy Insights** – helps you manage chronic conditions through disease management programs.

There are also incentives available to COVA Care and COVA HealthAware participants through participation in these programs. Register at [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) to access useful tools and get complete information.

If you wish to opt out of the MyActiveHealth portal, contact ActiveHealth directly, but you will not be eligible for any incentives, including premium rewards, for any period during which you are in an opt-out status. You may opt back into the portal, but reinstatement takes several weeks. An individual opt-out (or opt-in) does not apply to any other covered adult under your membership.

## Kaiser Permanente Health and Wellness Programs

Kaiser Permanente offers health and wellness programs to its members. They include maternity support, health condition management, and healthier living resources. For more information, contact Kaiser at 800-777-7902 or 301-468-6000.

## Retiree Group Reminders...

**IMPORTANT!! When You Become Eligible for Medicare** - When Retiree Group Enrollees (Retirees, Survivors, Long Term Disability Participants) or their covered family members become eligible for Medicare, Medicare becomes the primary health plan, and they must make a decision as to whether they wish to maintain secondary coverage under the State Retiree Health Benefits Program or terminate that coverage. In most cases, Medicare-eligible participants will be contacted through the Enrollee and provided with their options approximately three months in advance of their Medicare eligibility date. If no positive election is made, they will automatically be moved to the Advantage 65 with Dental/Vision Plan, a Medicare supplemental plan that includes Medicare Part D prescription drug coverage (contingent upon approval by Medicare), dental and vision. Even though the state program makes every effort to identify participants who become eligible for Medicare, it is the responsibility of the Enrollee to ensure that any participants who become eligible for Medicare are moved to Medicare-coordinating coverage immediately upon Medicare eligibility. Failure to move to Medicare-coordinating coverage immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. The state program will not make primary claim payments when Medicare should be the primary coverage. Contact your Benefits Administrator if you need additional information (see page 8).

Some important things to consider when making this coverage decision:

- If you wish to select your Medicare-coordinating plan through the state program, you must enroll in Medicare Parts A and B (Original Medicare) in order to get the full benefit of the Advantage 65 Plans, the state program's Medicare supplemental coverage. Failure to enroll in Medicare Parts A and B can result in a significant deficit in your coverage since Advantage 65 will not pay claims that Medicare would have paid had you been enrolled.
- As a Medicare-eligible participant, you may select from available Advantage 65 Plans.
- If an Enrollee requests termination of coverage in the State Retiree Health Benefits Program, he or she may not re-enroll. Termination of the Enrollee will result in termination of all covered family members. For more information about *Medicare and the State Retiree Health Benefits Program*, go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) and look for *Retiree Fact Sheets*.

**Prompt Payment of Premiums** - Enrollees are responsible for timely payment of their monthly premiums (either through VRS retirement benefit deduction or by direct payment to the billing administrator). Participants who pay directly receive monthly bills or coupons which indicate when premium payments are due. Monthly premiums that remain unpaid for 31 days after the due date will result in termination of coverage. Claims paid during any period for which premium payment is not received will be recovered. Once an Enrollee and/or his/her covered family members have been terminated for non-payment of premiums, re-enrollment in the program is not allowed except at the sole discretion of the Department of Human Resource Management.

Enrollees are responsible for understanding the amount of their premium and for notifying their Benefits Administrator within 60 days of any qualifying mid-year event that affects eligibility and/or membership level. Premium overpayments due to failure of the Enrollee to advise the program of membership reductions may result in loss of the overpaid premium amount.

**Address Changes** - **Was this package forwarded to you from an old address?** If so, be sure to contact your Benefits Administrator immediately to make an address correction, including an updated telephone number. If you have an email address, you may ask to have it included in your eligibility record. Failure to update your mailing address can result in missing important information about your health benefits program. The Department of Human Resource Management will not be responsible for information that participants miss, including billing statements, because their address of record is incorrect. The Department's only means of reaching many retiree group participants is through the US Postal Service. Please let your Benefits Administrator know when you move! You may also change your address by using *EmployeeDirect* online at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)—click on the *EmployeeDirect* link.

**If You Need Help...** - Retiree group participants should contact their Benefits Administrator with administrative questions regarding Open Enrollment or about eligibility issues. Benefits Administrators are generally unable to assist with claim or coverage problems, and those questions should be directed to your claims administrator. Please see *Resources* on page 8 for contact information.

**Enclosures:**

- **Summary of Benefits and Coverage for your current plan**
- **CHIP Notice**
- **2017 Benefits At A Glance**
- **Your Health Plan Options booklet**
- **Important Notices**
- **Language Assistance Notice**

**RESOURCES FOR PLANS AND OPTIONAL BENEFITS**

Following is contact information, by plan and plan provision, which you may use to obtain additional information or assistance regarding plan options:

COVA Care and COVA HDHP	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Behavioral Health (Anthem)</li> <li>• EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Optional Vision (Anthem)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></li> <li>• 855-223-9277 <a href="http://www.anthemEAP.com">www.anthemEAP.com</a></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• 866-938-0349 <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 800-552-2682</li> </ul>
COVA HealthAware	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug and Behavioral Health (Aetna)</li> <li>• EAP (Aetna)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Basic and Optional Routine Vision (Aetna)</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901 <a href="http://www.covahealthaware.com/cova">www.covahealthaware.com/cova</a></li> <li>• 888-238-6232</li> <li>• 866-938-0349 <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></li> <li>• 855-414-1901</li> </ul>
Kaiser Permanente HMO	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Vision (Kaiser)</li> <li>• Dental (Dominion Dental)</li> <li>• EAP (ValueOptions)</li> <li>• Behavioral Health</li> <li>• Online Doctor Video Chat</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902 <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia">http://my.kaiserpermanente.org/mida/commonwealthofvirginia</a></li> <li>• 888-518-5338</li> <li>• 866-517-7042</li> <li>• 866-530-8778</li> <li>• 703-359-7878</li> </ul>
TRICARE Supplement	<ul style="list-style-type: none"> <li>• Selman and Company(SelmanCo)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-638-2610 (press Option 1)</li> </ul>

***If you have questions about eligibility and enrollment, contact:***

<b><i>If You Are A:</i></b>	<b><i>Contact This Benefits Administrator</i></b>
<b>Virginia Retirement System Retiree/Survivor or a VSDP Long Term Disability Program Participant</b>	The Virginia Retirement System 888-827-3847 <a href="http://www.varetire.org">www.varetire.org</a>
<b>Local or Optional Retirement Plan Retiree</b>	Your Pre-Retirement Agency Benefits Administrator
<b>Non-Annuitant Survivor (a survivor of an employee or retiree, not receiving a VRS benefit)</b>	Department of Human Resource Management 888-642-4414 <a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a>

The Department of Human Resource Management web site also has information about the State Retiree Health Benefits Program. Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).