



***The Office of Health Benefits
Benefits Administrator Informational Series***

***Open Enrollment 2024- What You Need to Know
Effective July 1, 2024 – June 30, 2025***

March 2024

Office of Health Benefits (OHB)

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OHB Open Enrollment Information:

<https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2024-25>

Email: openenrollment@dhrm.virginia.gov



Get Ready for Open Enrollment

Introducing the New **Spotlight Brochure**

- ▶ New Look and Design
- ▶ Delivered without any inserts or envelope
- ▶ All information contained in one easy to read document

Things to Know:
 Approximately 100k
 Spotlights are printed for
 all benefit eligible
 employees



Minimal rate increase for most plans

Premium Increase based on claims expenses

- ▶ Claim utilization
- ▶ Claim payments
- ▶ Plan Administration

Premium and Plan Benefits may change subject to final state budget approval



Open Enrollment (OE) Key Factors

Important Dates:

- **OE Period** - May 1st - May 15th
- **Spotlight Mailing** - April 8th - 12th
- **BA Memo** - Week of April 8th
- **DHRM OE Webpage** - Week of April 8th
- **All Employee Email** - Week of April 22nd

Important Reminders for Employees:

- Register in Cardinal **EARLY**
- Gather **documentation** needed to add dependents
- Hit the **Submit Button** in Cardinal
- Review **Confirmation Statement**

Provide employees with agency BA contact information to submit paper enrollment form, in the event the employee can't get into Cardinal



What's New for 2024

Health Flexible Spending Accounts (FSA)

- ▶ Contribution maximum increases from \$3,050 to \$3,200
- ▶ New Health FSA Inspira MasterCard
 - Newly enrolled in Health FSA
 - Upon expiration of current PayFlex MasterCard



What's New for 2024

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All Plans

Hearing Aid Benefit for Children

- ▶ Coverage for hearing aids and related services for minor children age 18 and younger.
- ▶ Coverage includes the cost of one hearing aid, per hearing-impaired ear, every 24 months, up to \$1,500.



COVA Care without Optional Vision & Hearing:

The \$1,500 benefit for a minor **will** pay every 24 months and there is no additional benefit.

COVA Care with Optional Vision & Hearing:

The \$1,500 benefit **will** pay first for a minor every 24 months, if the benefit doesn't cover the hearing aid, the minor can utilize the optional benefit of \$1,200 every 48 months.

Adults only have the optional benefit of \$1,200 every 48 months.

COVA HealthAware: The \$1,500 benefit for a minor **will not** be subject to the deductible and paid at \$0 coinsurance every 24 months.

COVA HDHP: The \$1,500 benefit for a minor **will** be subject to the deductible and paid at \$0 coinsurance every 24 months.

Kaiser: The \$1,500 benefit for a minor **will** pay every 24 months. There is no additional benefit.

Sentara Health Plans HMO: The \$1,500 benefit for a minor **will** pay every 24 months. There is no additional benefit.

The adult hearing aid benefit is \$1,200 every 48 months.

What's New for 2024



Benefit	Description	COVA Care	COVA HDHP
LiveHealth Online Healthy Back & Joints powered by SWORD	In-home, Virtual Physical Therapy	YES	YES
Remove Member Liability for After-Hour Charge	After-hour charge applied by some Urgent Care Centers and/or Free-Standing Emergency Room facilities is covered	YES	YES
Cancer Care Navigator	Concierge Cancer Care	YES	YES
Building Healthy Families Replaces Future Moms	Removes 16-week enrollment requirement; and other requirements must be met before delivery <i>(see Spotlight for details)</i>	YES \$300 Inpatient copay waiver, <i>if requirements met</i>	YES- Program NO- Incentive
Emergency Room Copay Increase	Increase from \$150 to \$300	YES	NO



What's New for 2024

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Benefit	Description	COVA Care	COVA HDHP
HealthKeepers HMO Network	Employees that reside in Virginia will be covered under the HealthKeepers HMO network includes Out-of-Network coverage; and the In-Network lab is LabCorp Employees that reside outside of Virginia will be covered under the current PPO network includes Out-of-Network coverage <i>(see Spotlight for details)</i>	NO	YES
Remove VBIDs	Discontinued program to receive certain medications and supplies at \$0 cost when requirements were met for diabetes, hypertension, asthma and chronic obstructive pulmonary disease/COPD	YES	N/A
PreventiveRx Plus	No program requirements to receive certain medications and supplies for diabetes, asthma, hypertension, high cholesterol, depression and chronic obstructive pulmonary disease/COPD and osteoporosis at \$0 member cost	YES	YES
Talkspace	Message therapist at anytime via text, audio and video messaging. One week of unlimited messaging counts as one visit. <i>EAP or Behavioral Health copay and/or coinsurance will apply</i>	YES	YES



What's New for 2024



COVA HealthAware Benefit	Description
Cancer Support	Concierge Cancer Care
Teladoc – Behavioral Health	Behavioral Health services has been added to the telehealth Teladoc services
SmartShopper <i>(replaces Informed Rewards)</i>	Same services, but different phone number to access coverage <i>(see Spotlight for details)</i>
Maternity Management* <i>(Not included in Spotlight)</i>	Removes 16-week enrollment requirement; the \$300 HRA deposit will be made once the requirements have been completed



What's New for 2024





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What's New for 2024

Other Plans

 Sentara [®]	 KAISER PERMANENTE [®]	TRICARE Supplement										
<p><i>(Greater Hampton Roads and Eastern Shore - See website for specific zip codes)</i></p>	<p><i>(Primarily Northern Virginia - see website for specific zip codes)</i></p>	<p>New four-tier premium rate structure</p>										
<p>Plan design changes to the deductible and various copays</p>	<p>No Benefit changes</p>	<table border="1"> <thead> <tr> <th data-bbox="1671 876 2053 976">Tier of Coverage</th> <th data-bbox="2053 876 2211 976">Employee Pays</th> </tr> </thead> <tbody> <tr> <td data-bbox="1671 976 2053 1043">Employee Only</td> <td data-bbox="2053 976 2211 1043">\$61.00</td> </tr> <tr> <td data-bbox="1671 1043 2053 1110">Employee Plus Spouse</td> <td data-bbox="2053 1043 2211 1110">\$120.00</td> </tr> <tr> <td data-bbox="1671 1110 2053 1215">Employee Plus Children <i>(no spouse)</i></td> <td data-bbox="2053 1110 2211 1215">\$120.00</td> </tr> <tr> <td data-bbox="1671 1215 2053 1340">Employee Plus Family <i>(one or more children AND spouse)</i></td> <td data-bbox="2053 1215 2211 1340">\$161.00</td> </tr> </tbody> </table>	Tier of Coverage	Employee Pays	Employee Only	\$61.00	Employee Plus Spouse	\$120.00	Employee Plus Children <i>(no spouse)</i>	\$120.00	Employee Plus Family <i>(one or more children AND spouse)</i>	\$161.00
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Hot Topics

Premium Rewards

COVA Care and COVA HealthAware members can receive a Premium Reward beginning July 1



- ▶ Health assessment **must** be completed with the current health plan administrator during Open Enrollment.
- ▶ Health assessments submitted before May 1, 2024 **will not count for July 1, 2024.**
- ▶ Employees and/or spouses enrolling for the **first time** during Open Enrollment may have to wait until July 1, 2024 to complete a Health Assessment.
- ▶ To verify Premium Rewards “Simple Benefits” and “Create Additional Pay” in Cardinal.

Hot Topics

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Supporting Documentation for Newly Enrolled Dependents

Employees have **60 days from the end of Open Enrollment** to submit the supporting eligibility documentation.

Newly added dependents **will be** in an **Unapproved Dependent** status until the required documentation is provided.

Dependent(s) **will not** have access to health care coverage until they are updated to an **Approved Dependent** status.



Hot Topics

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Supporting Documentation for Newly Enrolled Dependents

If the documentation **is received within the 60 days from the end of Open Enrollment**, the agency should reopen the event to change the dependent to **Approved**.

Making the change directly to the Update Dependent/Beneficiary screen **will not go over on the daily file** to the vendor(s) and access to coverage for the dependent will be delayed.

If documentation **is not received within 60 days from the end of Open Enrollment**, the agency should reopen the event and update the health benefits enrollment to remove (-) **the Unapproved Dependent and adjust the plan option, if applicable**.



Hot Topics

Open Enrollment Election Not Submitted

Agency Benefits Administrators must run query every few days during Open Enrollment to identify employees that failed to click the Submit Button in Cardinal ESS

<p>Use the Running an HCM Query job aid to identify ESS users that made an Open Enrollment change but did not click the “Submit Enrollment” button.</p>	<p>Navigator > Reporting Tools > Query > Query View > V_BN_OE_ELECT_NO_SUBMIT query.</p>	<p>Please reach out to these employees and have them submit/complete their enrollment during the Open Enrollment period.</p>	<p>No exceptions will be given to employees that do not click the “Submit Enrollment” button during the Open Enrollment period.</p>
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Hot Topics

Cardinal HCM Reports during Open Enrollment

Use the [Generating an HCM Report](#) job aid for help to run the following reports:

- ▶ **Benefit Enrollment Changes Report (RBN287)** - This report lists all employees who enrolled in benefits or made changes to existing benefits within a specific date range.
- ▶ **Benefit Eligibility Audits (RBN301)** – For Open Enrollment, check the **Dependents Waiting Approval box** and select your company to identify **Unapproved Dependents**.



THANK YOU FOR ATTENDING!

Questions?