HEALTH CARE AND FLEXIBLE SPENDING ACCOUNTS
OPEN ENROLLMENT — MAY 1 - 15, 2018
Effective for Plan Year July 1, 2018 – June 30, 2019

You can make changes during Open Enrollment to your health coverage and flexible spending accounts (FSAs). Make your decisions carefully.

No action is required if you:
• have no health plan coverage changes,
• are not enrolling in an FSA, and
• do not plan to participate in Premium Rewards

Health Care Coverage
• Enroll in or change your health plan
• Elect optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware
• Waive coverage
• Add or remove family members

Flexible Spending Accounts (FSAs)
• Enroll in a Health or Dependent Care FSA or both
• You must submit an enrollment request every year to have an FSA

To Enroll or Make Changes

Complete An Enrollment Form
• Enroll or make changes to your Health Coverage: The health coverage and membership information is included in Section 4 of the form. If you don’t want to make health care changes, simply mark the “No Change” block in Section 4.
• Enroll in an FSA: Check the appropriate box in Section 3 of the form and enter your “per pay” election amount.

Remember, you should always complete sections 1, 2 and 5 of the enrollment form.

Submit Your Enrollment Form
• Did you complete the fillable form on the DHRM website? Print it, sign it and submit to your Benefits Administrator.
• No computer access? Request a printed enrollment form from your Benefits Administrator.

Be sure to submit your Enrollment Form for Employees to your agency Benefits Administrator by close of business on May 15, 2018.

EmployeeDirect is On Leave

EmployeeDirect for health benefits will not be available this year for Open Enrollment.

*Premium and plan benefits may change subject to final state budget approval.*
Changes Beginning July 1

Premiums
• Premiums will change for all plans except TRICARE. See page 3.

COVA Care, COVA HDHP, COVA HealthAware and Kaiser Permanente HMO
• Hormonal contraceptives dispensing limit increased: A 12-month supply will be available at one time.

COVA Care and COVA HDHP
• Annual routine vision exam: Available for all members at a $15 copayment at a participating Blue View Vision provider. COVA Care members may enroll in the optional vision and hearing benefit for expanded vision coverage, such as frames and lenses. See page 5.
• Short-acting opioid analgesic drugs: To help control the opioid epidemic, supplies of new prescriptions will be limited.
• Online Psychiatry: Added to LiveHealth Online visits.
• Behavioral health intensive in-home services: Certain treatment for children and adolescents will be available at home, avoiding inpatient readmissions.

COVA Care
• No cost for LiveHealth Online visits: Includes Online Psychology, Kids and Psychiatry.
• Generic Select incentive program: When you switch to a generic from certain brand drugs, your first generic retail or generic mail order prescription will be free.

COVA HealthAware
• Annual routine vision exam: Continues to be available to all members at no cost.
• Short-acting opioid analgesic drugs: Continued monitoring to help control the opioid epidemic, including limited supplies of new prescriptions.

More complete information will be available in your state plan 2018 Member Handbook amendment or your Kaiser Permanente Evidence of Coverage.

New Opportunity for Savings!
Look for more information soon on the Shared Savings Program under COVA Care and COVA HDHP. When you choose quality treatment at a lower cost for certain services, you will have the chance to receive an incentive payment. Administered by the Vitals group, the Shared Savings Program will enable you to shop for quality health care and be rewarded for selecting lower-cost providers.
Commonwealth of Virginia State Health Benefits Program

Employee Monthly Premiums for July 1, 2018 – June 30, 2019

*Premiums and plan benefits may change subject to final state budget approval.*

Salaried employees working 30 or more hours a week pay the “Employee Pays” amount. Salaried employees working less than 30 hours a week pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete a health assessment to save $17 a month or $34 when both of you meet the requirement. See page 6.

<table>
<thead>
<tr>
<th>HEALTH CARE PLANS</th>
<th>Premium</th>
<th>Premium with Rewards</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You Only</td>
<td>You Plus One</td>
</tr>
<tr>
<td></td>
<td>Employee</td>
<td>State Pays</td>
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<tr>
<td>COVA Care</td>
<td>$92</td>
<td>$687</td>
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<td></td>
<td>$211</td>
<td>$1,229</td>
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<td></td>
<td>$287</td>
<td>$1,802</td>
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<tr>
<td>COVA Care + Out-of-Network</td>
<td>$110</td>
<td>$687</td>
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<tr>
<td></td>
<td>$236</td>
<td>$1,229</td>
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<tr>
<td></td>
<td>$321</td>
<td>$1,802</td>
</tr>
<tr>
<td>COVA Care + Expanded Dental</td>
<td>$125</td>
<td>$687</td>
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<td></td>
<td>$274</td>
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<tr>
<td></td>
<td>$384</td>
<td>$1,802</td>
</tr>
<tr>
<td>COVA Care + Out-of-Network</td>
<td>$143</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$299</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$418</td>
<td>$1,802</td>
</tr>
<tr>
<td>COVA Care + Expanded Dental</td>
<td>$144</td>
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</tr>
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<td></td>
<td>$307</td>
<td>$1,229</td>
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<td></td>
<td>$429</td>
<td>$1,802</td>
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<tr>
<td>COVA Care + Vision &amp; Hearing</td>
<td>$162</td>
<td>$687</td>
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<td></td>
<td>$332</td>
<td>$1,229</td>
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<td></td>
<td>$463</td>
<td>$1,802</td>
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<tr>
<td>COVA HealthAware</td>
<td>$17</td>
<td>$677</td>
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<td>$58</td>
<td>$1,229</td>
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<td>$59</td>
<td>$1,802</td>
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<tr>
<td>COVA HealthAware + Expanded Dental</td>
<td>$48</td>
<td>$677</td>
</tr>
<tr>
<td></td>
<td>$121</td>
<td>$1,229</td>
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<tr>
<td></td>
<td>$153</td>
<td>$1,802</td>
</tr>
<tr>
<td>COVA HealthAware + Expanded Dental &amp; Vision</td>
<td>$60</td>
<td>$677</td>
</tr>
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<td></td>
<td>$138</td>
<td>$1,229</td>
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<td></td>
<td>$177</td>
<td>$1,802</td>
</tr>
<tr>
<td>COVA HDHP</td>
<td>$0</td>
<td>$584</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$1,086</td>
</tr>
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<td>$0</td>
<td>$1,587</td>
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<tr>
<td>COVA HDHP + Expanded Dental</td>
<td>$32</td>
<td>$584</td>
</tr>
<tr>
<td></td>
<td>$63</td>
<td>$1,086</td>
</tr>
<tr>
<td></td>
<td>$95</td>
<td>$1,587</td>
</tr>
<tr>
<td>Kaiser Permanente HMO (available primarily in Northern Virginia)</td>
<td>$75</td>
<td>$594</td>
</tr>
<tr>
<td></td>
<td>$177</td>
<td>$1,053</td>
</tr>
<tr>
<td></td>
<td>$253</td>
<td>$1,539</td>
</tr>
<tr>
<td>TRICARE Voluntary Supplement**</td>
<td>$61</td>
<td>$669</td>
</tr>
<tr>
<td></td>
<td>$120</td>
<td>$1,230</td>
</tr>
<tr>
<td></td>
<td>$161</td>
<td>$1,792</td>
</tr>
</tbody>
</table>

** Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount.
# 2018 Benefits at a Glance

## Health Plans (Administrators)

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA HealthAware (Aetna)</th>
<th>COVA Care (Anthem)</th>
<th>COVA HDHP (Anthem)</th>
<th>Kaiser Permanente (Kaiser)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
</tr>
<tr>
<td><strong>Health Reimbursement Arrangement (HRA)</strong></td>
<td>$600 employee</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Employer deposit to your HRA on July 1, 2018</td>
<td>$600 enrolled spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## In-Network Benefits

### Deductible – per plan year

- **One person**
  - Deductible: $1,500
  - $300
  - $1,750
  - None
- **Two or more persons**
  - Deductible: $3,000
  - $600
  - $3,500
  - None

### Out-of-pocket expense limit – per plan year

- **One person**
  - Deductible: $3,000
  - $1,500
  - $5,000
  - $1,500
- **Two or more persons**
  - Deductible: $6,000
  - $3,000
  - $10,000
  - $3,000

## Doctor’s visits (in person and telemedicine)

- **Primary care physician office visit**
  - Deductible: 20% after deductible
  - $25
  - 20% after deductible
  - $25
- **Primary care physician online visit**
  - Deductible: 20% after deductible
  - $0
  - 20% after deductible
  - $0
  - Video Chat 703-359-7878

- **Specialist office visit**
  - Deductible: 20% after deductible
  - $40
  - 20% after deductible
  - $40

## Hospital services

- **Inpatient**
  - Deductible: 20% after deductible
  - $300 per stay
  - 20% after deductible
  - $300 per admission
- **Outpatient**
  - Deductible: 20% after deductible
  - $125 per visit
  - 20% after deductible
  - $75 per visit

## Emergency room visits

- **Ambulance travel**
  - Deductible: 20% after deductible
  - $150 per visit
  - 20% after deductible
  - $150 per visit (waived if admitted)

## Ambulance travel

- **Outpatient diagnostic laboratory and x-rays**
  - Deductible: 20% after deductible
  - $0
  - 20% after deductible
  - $0
  - Lab, pathology, shots, radiology, diagnostic tests
  - $75 specialty imaging

## Infusion services

- **Infusion services (includes IV or injected chemotherapy)**
  - Deductible: 20% after deductible
  - $25 PCP
  - $40 specialist

## Outpatient therapy visits

- **Occupational and speech therapy**
  - Deductible: 20% after deductible
  - $25 PCP/$35 specialist
  - 20% after deductible
  - $40
- **Physical therapy only**
  - Deductible: 20% after deductible
  - $15
  - 20% after deductible
  - $40
- **Physical therapy and other related services, including manual intervention & spinal manipulation**
  - Deductible: 20% after deductible
  - $25 PCP/$35 specialist
  - 20% after deductible
  - $40
- **Chiropractic services (30-visit plan year limit per member)**
  - Deductible: 20% after deductible
  - $25 PCP/$35 specialist
  - 20% after deductible
  - $40

## Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 10

- **Applied behavior analysis (ABA)**
  - Deductible: 20% after deductible
  - $25 per service
  - 20% after deductible
  - $25 per visit

## Behavioral health

- **Medical and non-medical professional visits**
  - Deductible: 20% after deductible
  - $25
  - 20% after deductible
  - $12 group/$25 individual
- **Inpatient residential treatment**
  - Deductible: 20% after deductible
  - $300 per stay
  - 20% after deductible
  - $300 per admission
- **Intensive outpatient treatment (IOP)**
  - Deductible: 20% after deductible
  - $125 per episode of care
  - 20% after deductible
  - $12 group/$25 individual

## Employee Assistance Program (EAP)

- **Up to 4 visits per incident**
  - $0
  - $0
  - $0
  - $0

## Prescription drugs – mandatory generic

- **Retail Pharmacy**
  - Up to 34-day supply
  - 20% after deductible
  - Up to 34-day supply
  - $15/$30/$45/$55
  - Up to 34-day supply
  - 20% after deductible
  - Up to 30-day supply
  - Medical center: $15/$25/$40
  - Community participating:
    - $20/$45/$60
    - (3 x copayment for 90 days)
- **Home Delivery Pharmacy**
  - Up to 90-day supply
  - 20% after deductible
  - Up to 90-day supply
  - $30/$60/$90/$110
  - Up to 90-day supply
  - 20% after deductible
  - Up to 30-day supply
  - $13/$23/$38
  - (2 x copayment for 90 days)
### Health Plans

**COVA HealthAware (Aetna)**

<table>
<thead>
<tr>
<th>In-Network Benefits</th>
<th>You Pay</th>
<th>You Pay</th>
<th>You Pay</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness &amp; preventive services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office visits at specified intervals, immunizations, lab and x-rays</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Annual Routine Vision Exam</strong></td>
<td>$0</td>
<td>$15</td>
<td>$15</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Annual Routine Hearing Exam</strong></td>
<td>$0</td>
<td>Optional benefit *</td>
<td>Not available</td>
<td>$25 PCP/$40 specialist</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>• Diagnostic and preventive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expanded Dental</strong></td>
<td>Optional Benefit <em>:</em></td>
<td>Optional Benefit <em>:</em></td>
<td>Optional Benefit <em>:</em></td>
<td>See fee schedule</td>
</tr>
<tr>
<td>• Maximum benefit – per member</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>• Deductible</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$25 per person</td>
</tr>
<tr>
<td>• Primary (basic) care</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>• Complex restorative (inlays, onlays, crowns, dentures, bridgework)</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>• Orthodontic</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>- Lifetime maximum benefit</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$1,000 (age 19 and under)</td>
</tr>
<tr>
<td><strong>Routine Vision</strong></td>
<td>Optional Benefit <em>:</em></td>
<td>Optional Benefit <em>:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Eyeglass frames</td>
<td>80% after plan pays $100</td>
<td>80% after plan pays $100</td>
<td>Not available</td>
<td>75% of balance</td>
</tr>
<tr>
<td>• Lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Eyeglass lenses (standard plastic, single, bifocal or trifocal) or</td>
<td>$20</td>
<td>$20</td>
<td>Not available</td>
<td>75% of balance</td>
</tr>
<tr>
<td>• Contact lenses**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Conventional**</td>
<td>85% after plan pays $100</td>
<td>85% after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td>- Disposable**</td>
<td>Balance after plan pays $100</td>
<td>Balance after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td>- Non-elective**</td>
<td>Balance after plan pays $250</td>
<td>Balance after plan pays $250</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td><strong>Routine Hearing</strong></td>
<td></td>
<td>Optional Benefit <em>:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Routine hearing exam (once every plan year)</td>
<td>$0 (Included in basic plan)</td>
<td>$40</td>
<td>Not available</td>
<td>$25 PCP/$40 Specialist</td>
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<tr>
<td>• Hearing aids and other hearing-aid related services (once every 48 months)</td>
<td>Not available</td>
<td>Balance after plan pays $1,200</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>• Benefit maximum</td>
<td>Not available</td>
<td>$1,200</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>Included in Basic Plan</td>
<td>Optional Benefit <em>:</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of $3,000/$6,000. Balance billing may apply</td>
<td>Plan payment reduced by 25%. Balance billing may apply</td>
<td>Not available</td>
<td>Not available</td>
<td></td>
</tr>
</tbody>
</table>

**COVA Care (Anthem)**

**COVA HDHP (Anthem)**

**Kaiser Permanente (Kaiser)**

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The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart on page 3.

**Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or [www.dhhr.virginia.gov](http://www.dhhr.virginia.gov)
Put Good Health at the Top of Your List

MyActiveHealth provides free health and wellness programs and online tools to employees and covered family members enrolled in COVA Care, COVA HDHP and COVA HealthAware.

There are three programs to help you improve your health. See details at http://www.dhrm.virginia.gov/healthcoverage/activehealth.

Healthy Lifestyles: Personal coaching to help you stay on track with nutrition, exercise, stress management and quitting smoking.

Healthy Beginnings: Expectant moms receive one-on-one telephonic coaching with a nurse. COVA Care and COVA HealthAware members can waive their co-pay or receive a Health Reimbursement Account (HRA) contribution. Enroll within the first 16 weeks of pregnancy.

Healthy Insights: Helps you manage a chronic condition for long-term success. COVA Care and COVA HealthAware members can save money with diabetes, asthma/COPD and hypertension incentive programs.

Your Privacy Is Important to Us

• ActiveHealth will use this information to identify possible health issues to help you and your doctor track and improve your health. Participation is voluntary.

• Safeguards are in place to ensure the security of your personal information and all data from your health assessment and biometric screening. Although this information is available to you and also your doctor at your request, your individual information is NOT available to your employer.

To participate, visit www.myactivehealth.com/cova or call 866-938-0349.

Kaiser Permanente: Members have similar health and wellness programs. They include maternity support, health condition management, and healthier living resources. Contact Kaiser Permanente for more information.

COVA Care and COVA HealthAware

Earn Premium Rewards

It’s as simple as completing an online health assessment, answering a few questions about your health and lifestyle. You’ll get a personalized report with action steps that can serve as your guide toward better health PLUS you can earn a Premium Reward!

What Do I Need to Do?

Visit www.myactivehealth.com/cova to complete or update your online health assessment.

To Earn a Reward Beginning July 1, 2018:

• Complete or update your health assessment between May 1 and May 15, 2018. Health assessments submitted before May 1, 2018 will not count for the new plan year.

To Earn a Reward After July 1, 2018:

• Complete a health assessment by the 15th of the month, and you will receive a reward in about six to eight weeks.

• See the examples below and the chart on the DHRM website at http://www.dhrm.virginia.gov/healthcoverage/open-enrollment.

If you think you’ve earned a Premium Reward and you haven’t received it, contact your agency Benefits Administrator. You will need to provide a copy of your health assessment completion screen from the MyActiveHealth portal.

Opting out of the MyActiveHealth portal makes you ineligible for Premium Rewards or any other program incentives.

For more details, contact MyActiveHealth at 866-938-0349.

Once the Requirement is Met

• Employee or spouse participates: You save up to $204 annually or $17 per month.

• Employee and spouse participate: You save up to $408 annually or a total of $34 in premiums per month.
Save Cash with an FSA!

Need more funds in your bank account? Enrolling in an FSA is a great way to save money on out-of-pocket expenses for health or dependent care. You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan. Remember, you must enroll each year to have an FSA. Complete Section 3 of the enrollment form to enroll. See page 1.

What Expenses Are Eligible?

Health FSA: Use your pre-tax dollars to pay for eligible health care expenses, such as:
• Copays, coinsurance and deductibles.
• Other out-of-pocket eligible medical expenses

Dependent Care FSA: Use your pre-tax dollars for eligible work-related dependent care expenses, including:
• Care for your child under the age of 13.
• Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.

More About FSAs

Maximum FSA Contributions
• Health FSA: Up to $2,600 per plan year
• Dependent Care FSA: Up to $5,000 per plan year depending on your tax filing status

Minimum FSA Contribution
• $10 per pay period

Administrative Fee
• $3.65 deducted monthly on a pre-tax basis for one or both FSAs

Use It or Lose It!
• Submit claims for reimbursement by your filing deadline (runout period) or you will forfeit any remaining FSA funds.
• If your account is for part of the plan year, you may file FSA claims up to three months after your coverage period ends.
• If your account ends on June 30, 2019, you have until Sept. 30, 2019 to file for reimbursement.

If you enroll in COVA HealthAware
• Plan carefully for a health FSA: The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.

Your online account
Visit www.benefitadminsolutions.com/anthem after July 1 to manage your account online and keep track of all your transactions, including those needing additional documentation.

Your FSA Sourcebook Has It All
See the 2018 FSA Sourcebook for details about what expenses are eligible, how the accounts work, and more. Visit www.anthem.com/cova or call 877-451-7244.

Pay Right Away with Your Health FSA Card
You’ll receive an Elite Visa® Benefit Card in the mail after you enroll for the first time in a Health FSA. Once activated, it gives you instant access to your Health FSA funds. You will receive a new card automatically the month before your current card’s expiration date. Separate cards for dependents will be reissued at the same time.

You simply pay for eligible health care expenses at most merchants where Visa is accepted.
• Be sure to pay special attention to Health FSA card transactions that require after-the-fact validation.
• Resolve all card transactions by the end of your runout period.
## Keep These Contacts Handy

<table>
<thead>
<tr>
<th>Plan or Benefit</th>
<th>Who To Contact</th>
</tr>
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<tbody>
<tr>
<td><strong>COVA Care and COVA HDHP</strong></td>
<td>Medical, Prescription Drug, Vision &amp; Hearing</td>
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<tr>
<td></td>
<td>Anthem Blue Cross and Blue Shield: 800-552-2682 or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></td>
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<td></td>
<td>Dental Benefits</td>
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<td></td>
<td>Delta Dental of Virginia: 888-335-8296 or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></td>
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<td></td>
<td>Behavioral Health Benefits &amp; Employee Assistance Program (EAP)</td>
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<tr>
<td></td>
<td>Anthem: 855-223-9277 or <a href="http://www.anthemEAP.com">www.anthemEAP.com</a></td>
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<td>Online Doctor</td>
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<td>LiveHealth Online: <a href="http://www.livehealthonline.com">www.livehealthonline.com</a></td>
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<tr>
<td><strong>COVA HealthAware</strong></td>
<td>Medical, Prescription Drug, Vision, Hearing, Dental &amp; Behavioral Health Benefits</td>
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<tr>
<td></td>
<td>Aetna: 855-414-1901 or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></td>
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<td>Employee Assistance Program (EAP)</td>
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<tr>
<td></td>
<td>Aetna: 888-238-6232 or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></td>
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<td>Online Doctor</td>
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<td>Teladoc: <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a></td>
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<tr>
<td><strong>Kaiser Permanente HMO</strong></td>
<td>Medical, Prescription Drug and Vision Benefits</td>
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<tr>
<td></td>
<td>Kaiser Permanente: 800-777-7902, 301-468-6000 in Washington, D.C. or</td>
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<td><a href="http://my.kp.org/commonwealthofvirginia/">http://my.kp.org/commonwealthofvirginia/</a></td>
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<td>Dental Benefits</td>
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<td>Dominion National: 855-733-7524 or <a href="http://www.DominionNational.com/kaiserdentists">http://www.DominionNational.com/kaiserdentists</a></td>
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<td>Behavioral Health</td>
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<td></td>
<td>Kaiser: 866-530-8778</td>
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<td></td>
<td>Employee Assistance Program (EAP)</td>
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<td>Beacon Health Options: 866-517-7042 or <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a></td>
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<td>Online Doctor</td>
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<td>Video Chat: 703-359-7878</td>
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<td><strong>TRICARE Supplement</strong></td>
<td>Selman &amp; Company (SelmanCo): 800-638-2610 (press Option 1)</td>
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<tr>
<td><strong>Flexible Spending Accounts (FSA)</strong></td>
<td>Anthem FSA: 877-451-7244 or <a href="http://www.anthem.com/2018">www.anthem.com/2018</a></td>
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<td>Participants only: <a href="http://www.benefitadminsolutions.com/anthem">www.benefitadminsolutions.com/anthem</a></td>
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<tr>
<td><strong>MyActiveHealth Program</strong></td>
<td>ActiveHealth Management: 866-938-0349 or <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a></td>
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<tr>
<td><strong>ALEX Benefits Counselor</strong></td>
<td><a href="http://www.myalex.com/cova/2018">www.myalex.com/cova/2018</a></td>
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<tr>
<td><strong>Department of Human Resource Management</strong></td>
<td><a href="http://www.dhram.virginia.gov">www.dhram.virginia.gov</a></td>
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<tr>
<td></td>
<td>Office of Health Benefits: <a href="mailto:openenrollment@dhram.virginia.gov">openenrollment@dhram.virginia.gov</a></td>
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