OPEN ENROLLMENT — MAY 1 - 15, 2019
EFFECTIVE FOR PLAN YEAR JULY 1, 2019 – JUNE 30, 2020

• PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

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SPOTLIGHT ON YOUR BENEFITS

STARTING JULY 1

Premiums: See page 3.
• Employee premiums will change for optional benefits.
• There are no changes in basic plan employee premiums.

New Regional Plan Choice: See page 8.
• New Optima Health Vantage HMO plan offered in Hampton Roads.

Flexible Spending Accounts (FSAs): See page 10.
• PayFlex will administer Health and Dependent Care FSAs.
• Health Flexible Spending Account (FSA) limit increased: You may contribute up to $2,700.

COVA Care, COVA HealthAware and COVA HDHP: See page 6.
• Anthem will administer the outpatient prescription drug program through IngenioRx.
• Delta Dental will administer dental benefits.
• Medication synchronization program available under the pharmacy benefit.

COVA HealthAware: See page 6.
• PayFlex will administer the Health Reimbursement Arrangement (HRA).
• Aetna Health app enhanced.

COVA Care and COVA HDHP: See page 6.
• NEW Engage app available to manage Anthem benefits.
• Anthem Health Guide enhanced customer service model.

COVA Care and COVA HealthAware: See page 9.
• Earn Premium Rewards by completing and submitting a health assessment online between May 1 and May 15.

Kaiser Permanente HMO: See page 8.
• Dental, prescription drug and vision benefits will change.

Enroll in Health Benefits Online This Year!
Log in to EmployeeDirect and follow the instructions for Health Benefits Direct. Details on page 2.
https://edirect.virginia.gov
You can make changes during the annual Open Enrollment window related to your health plan and enroll in flexible spending accounts (FSAs). Be sure to make your decisions carefully.

No action is required if you:
- have no health plan-related changes,
- are not enrolling in an FSA, or
- do not plan to participate in Premium Rewards.

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

<table>
<thead>
<tr>
<th>Health Plan Choices</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVA Care</td>
<td>Statewide and elsewhere</td>
</tr>
<tr>
<td>COVA HealthAware</td>
<td>Statewide and elsewhere</td>
</tr>
<tr>
<td>COVA HDHP</td>
<td>Statewide and elsewhere</td>
</tr>
<tr>
<td>Kaiser Permanente HMO</td>
<td>Regional, mostly in Northern Virginia</td>
</tr>
<tr>
<td>Optima Health HMO</td>
<td>Regional, mostly in Hampton Roads</td>
</tr>
<tr>
<td>TRICARE Supplement</td>
<td>Statewide and elsewhere for eligible military retirees</td>
</tr>
</tbody>
</table>

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

Make Open Enrollment Changes Online!
You can use Health Benefits Direct, the new online Open Enrollment tool, for health plan changes or FSA enrollment for the new plan year beginning July 1, 2019. Just visit EmployeeDirect, register if you are a new user or log in with your user name and password. Health Benefits Direct will be available May 1 - May 15 for Open Enrollment.

If you are a new EmployeeDirect user or have forgotten your user name, check with your Benefits Administrator ahead of time to be sure your ID, date of birth and email address are correct.

Submit your elections early and no later than May 15, 2019 at 11:59 p.m.

Two Choices for Making Elections May 1 - May 15
1. Submit Your Open Enrollment Elections Online
   - Log in to EmployeeDirect
   - Select Health Benefits Direct
   - Review your current health benefits record
   - Update your personal information
   - Enroll or make changes to your health plan and/or membership
   - Enroll in one or both FSAs

-OR-
2. Complete and Submit an Enrollment Form for Employees
   - Complete the fillable form on the DHRM website at www.dhram.virginia.gov/healthcoverage/open-enrollment. Print it, sign it and submit to your Benefits Administrator by the close of business on May 15, 2019.
   - No computer access? Request a printed enrollment form from your Benefits Administrator.
   - Remember, you should always complete sections 1, 2 and 5 of the enrollment form.
Salaried employees working 30 hours or more 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 can complete a health assessment to pay $17 less a month or $34 less when both of you meet the requirements. See page 9.

### EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2019 - JUNE 30, 2020

<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>
</tr>
<tr>
<td><strong>COVA Care</strong></td>
<td>$92</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$211</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$287</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA Care + Out-of-Network</strong></td>
<td>$110</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$244</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$336</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA Care + Expanded Dental</strong></td>
<td>$125</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$272</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$376</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA Care + Out-of-Network + Expanded Dental</strong></td>
<td>$143</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$305</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$425</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA Care + Expanded Dental + Vision &amp; Hearing</strong></td>
<td>$144</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$307</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$427</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA Care + Out-of-Network + Expanded Dental + Vision &amp; Hearing</strong></td>
<td>$162</td>
<td>$687</td>
</tr>
<tr>
<td></td>
<td>$340</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$476</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA HealthAware</strong></td>
<td>$17</td>
<td>$677</td>
</tr>
<tr>
<td></td>
<td>$58</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$59</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA HealthAware + Expanded Dental</strong></td>
<td>$48</td>
<td>$677</td>
</tr>
<tr>
<td></td>
<td>$115</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$143</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA HealthAware + Expanded Dental &amp; Vision</strong></td>
<td>$59</td>
<td>$677</td>
</tr>
<tr>
<td></td>
<td>$136</td>
<td>$1,229</td>
</tr>
<tr>
<td></td>
<td>$172</td>
<td>$1,802</td>
</tr>
<tr>
<td><strong>COVA HDHP</strong></td>
<td>$0</td>
<td>$584</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$1,086</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$1,587</td>
</tr>
<tr>
<td><strong>COVA HDHP + Expanded Dental</strong></td>
<td>$32</td>
<td>$584</td>
</tr>
<tr>
<td></td>
<td>$59</td>
<td>$1,086</td>
</tr>
<tr>
<td></td>
<td>$86</td>
<td>$1,587</td>
</tr>
<tr>
<td><strong>Kaiser Permanente HMO</strong> (available primarily in Northern Virginia)</td>
<td>$75</td>
<td>$584</td>
</tr>
<tr>
<td></td>
<td>$177</td>
<td>$1,086</td>
</tr>
<tr>
<td></td>
<td>$253</td>
<td>$1,587</td>
</tr>
<tr>
<td><strong>Optima Health Vantage HMO</strong> (Hampton Roads area)</td>
<td>$75</td>
<td>$685</td>
</tr>
<tr>
<td></td>
<td>$177</td>
<td>$1,230</td>
</tr>
<tr>
<td></td>
<td>$253</td>
<td>$1,785</td>
</tr>
<tr>
<td><strong>TRICARE Voluntary Supplement</strong></td>
<td>$61</td>
<td>$61</td>
</tr>
</tbody>
</table>

**Premium and Plan Benefits May Change Subject to Final State Budget Approval.**

**NOTE:** Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount.
### 2019 Benefits at a Glance

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA HealthAware</th>
<th>COVA Care</th>
<th>COVA HDHP</th>
<th>Kaiser Permanente</th>
<th>Optima Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
</tr>
<tr>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>$600 employee</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Employer deposit to your HRA on July 1, 2019</td>
<td>$600 enrolled spouse</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td><strong>In-Network Benefits</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
</tr>
<tr>
<td><strong>Deductible — per plan year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$1,500</td>
<td>$300</td>
<td>$1,750</td>
<td>None</td>
<td>$150</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$3,000</td>
<td>$600</td>
<td>$3,500</td>
<td>None</td>
<td>$300</td>
</tr>
<tr>
<td><strong>Out-of-pocket expense limit — per plan year</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$3,000</td>
<td>$1,500</td>
<td>$5,000</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$6,000</td>
<td>$3,000</td>
<td>$10,000</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Doctor’s visits</strong> (in person and telemedicine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • Primary care physician | 20% after deductible | $25      | 20% after deductible | $25      | Tier 1: $5  
Tier 2: $25 |
| • Primary care physician online visit | 20% after deductible | www.teladoc.com/cova  
$0 | 20% after deductible | www.livehealthonline.com  
$0 | Video Chat 703-359-7878 $0 |
| • Specialist       | 20% after deductible | $40      | 20% after deductible | $40      | Tier 1: $10  
Tier 2: $40 |
| **Hospital services** | | | | | |
| • Inpatient        | 20% after deductible | $300 per stay | 20% after deductible | $300 per admission | $300 per admission |
| • Outpatient       | 20% after deductible | $125 per visit | 20% after deductible | $75 per visit | $125 per visit |
| • Emergency room visits | 20% after deductible | $150 per visit  
(waived if admitted) | 20% after deductible | $75 per visit  
(waived if admitted) | $150 per visit  
(waived if admitted) |
| • Ambulance travel | 20% after deductible | 20% after deductible | 20% after deductible | $50 per service | 20% after deductible |
| • Outpatient diagnostic laboratory and x-rays | 20% after deductible | 20% after deductible | 20% after deductible | $0 lab, pathology, shots, radiology, diagnostic tests  
$75 specialty imaging | 20% after deductible |
| • Infusion services  
(includes IV or injected chemotherapy) | 20% after deductible | 20% after deductible | 20% after deductible | $25 PCP  
$40 specialist | $40 copay per office visit  
$100 copay for Pre-authorized  
Injectable/Infused Medications |
| **Outpatient therapy visits** | | | | | |
| • Occupational and speech therapy | 20% after deductible | $25 PCP/$35 specialist | 20% after deductible | $40 | $25 |
| • Physical therapy only | 20% after deductible | $15 | 20% after deductible | $40 | $25 |
| • Physical therapy and other related services,  
including manual intervention & spinal manipulation | 20% after deductible | $25 PCP/$35 specialist | 20% after deductible | $40 | $25 |
| • Chiropractic services  
(30-visit plan year limit per member) | 20% after deductible | $25 PCP/$35 specialist | 20% after deductible | $40 | $35 |
| • Applied behavior analysis (ABA) for autism spectrum disorder | 20% after deductible  
(ages 2 through 18) | $25 per service  
(ages 2 through 18) | 20% after deductible  
(ages 2 through 18) | $25 per visit  
(ages 2 through 18) | $25 PCP  
(ages 2 through 18) |
| **Behavioral health** | | | | | |
| • Medical and non-medical professional visits | 20% after deductible | $25 | 20% after deductible | $12 group/$25 individual | $18 |
| • Inpatient residential treatment | 20% after deductible | $300 per stay | 20% after deductible | $300 per admission | $300 per admission |
| • Intensive outpatient treatment (IOP) | 20% after deductible | $125 per episode of care | 20% after deductible | $12 group/$25 individual | $125 |
| **Employee Assistance Program (EAP)**  
Up to 4 visits per incident | $0 | $0 | $0 | $0 | $0 |
| **Prescription drugs — mandatory generic** | | | | | |
| Retail Pharmacy | 20% after deductible | Up to 34-day supply  
$15/$30/$45/$55 | 20% after deductible | Up to 30-day supply  
Medical center: $15/$25/$40  
Community participating: $20/$45/$60  
(3 x copayment for 90 days) | Up to 31-day supply  
$15/$30/$45/$55 |
| Home Delivery Pharmacy | 20% after deductible | Up to 90-day supply  
$30/$60/$90/$110 | 20% after deductible | Up to 30-day supply  
$13/$23/$38  
(2 x copayment for 90 days) | Up to 90-day supply  
$30/$60/$90 |
<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA HealthAware</th>
<th>COVA Care</th>
<th>COVA HDHP</th>
<th>Kaiser Permanente</th>
<th>Optima Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wellness &amp; Preventive Services</strong></td>
<td></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>
<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>
<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>
<td>$0</td>
</tr>
<tr>
<td><strong>Annual Routine Vision Exam</strong></td>
<td>$0</td>
<td>$15</td>
<td>$15</td>
<td>$25 PCP/$40 specialist</td>
<td>$15</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>
<td>$40</td>
</tr>
<tr>
<td><strong>Dental Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Diagnostic and preventive</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>▪ <strong>Expanded Dental</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>$2,000</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/75 family</td>
<td>$50/$150</td>
</tr>
<tr>
<td>▪ Primary (basic) care</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</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>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>▪ Orthodontic – lifetime maximum benefit</td>
<td>50% no deductible $2,000</td>
<td>50% no deductible $2,000</td>
<td>50% no deductible $2,000</td>
<td>50% up to $1,000 (age 19 and under)</td>
<td>50% no deductible $2,000</td>
</tr>
<tr>
<td>▪ Expanded Routine Vision</td>
<td>Optional Benefit*: Optional Benefit*: Included with Medical: Included with Medical:</td>
<td></td>
<td></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 (age 19+)</td>
<td>80% after plan pays $100</td>
</tr>
<tr>
<td>▪ Lenses - 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>
<td>$20</td>
</tr>
<tr>
<td>▪ Contact lenses** - Conventional** - Disposable** - Non-elective**</td>
<td>85% after plan pays $100 Balance after plan pays $100 Balance after plan pays $250</td>
<td>85% after plan pays $100 Balance after plan pays $100 Balance after plan pays $250</td>
<td>Not available Not available Not available</td>
<td>85% for initial fitting and pair 85% for initial fitting and pair 85% for initial fitting and pair Pediatric Eyewear – contact Kaiser</td>
<td>85% after plan pays $100 Paid-in-Full</td>
</tr>
<tr>
<td><strong>Routine Hearing</strong></td>
<td>Included in Basic Plan: Optional Benefit*: Included in Basic Plan: Included in Basic Plan:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Routine hearing exam (once every plan year)</td>
<td>$0</td>
<td>$40</td>
<td>Not available</td>
<td>$25 PCP $40 Specialist</td>
<td>$40</td>
</tr>
<tr>
<td>▪ Hearing aids and other hearing-aid related services</td>
<td>Not available</td>
<td>Balance after plan pays $1,200 (once every 48 months)</td>
<td>Not available</td>
<td>Not available</td>
<td>Balance after plan pays $1,200 (once every 36 months)</td>
</tr>
<tr>
<td>▪ Benefit maximum</td>
<td>Not available</td>
<td>$1,200</td>
<td>Not available</td>
<td>Not available</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>Included in Basic Plan: Optional Benefit*:</td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Plan payment reduced by 25%. Balance billing may apply.</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td></td>
</tr>
</tbody>
</table>

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.dhrm.virginia.gov.
Outpatient Prescription Drug Program

- **Anthem Pharmacy delivered by IngenioRx administers for all statewide plans:** This includes your retail, home delivery and specialty pharmacy benefits. Get 24/7/365 customer support from a pharmacy expert and online access to your pharmacy benefits at anthem.com. Your new Anthem Pharmacy member services telephone number will be included on your plan ID card. Take advantage of new online and mobile tools, including a “medicine cabinet” that stores a list of your medications.

- **Medication Synchronization**
  This voluntary program lets you work with your pharmacy to synchronize your maintenance prescription refills once per plan year so that they are all available the same time each month. You’ll be allowed to receive a partial supply of your drugs for the purpose of synchronization. Your share of the cost will be prorated so that you don’t pay the full cost for a partial supply.

- **Things to Keep in Mind:** Your existing prior authorizations and retail prescriptions will automatically transfer to the new administrator. Current home delivery prescriptions will also transfer, except for controlled substances and compounded medications. Beginning July 1, any new home delivery prescriptions should be sent to IngenioRx.

Dental Benefits

- **Delta Dental administers dental benefits for all statewide plans:** Diagnostic and preventive services are included in the basic plan. You will need to purchase the Expanded Dental option for primary or major dental coverage.

- **Things to Keep in Mind:** You will need to purchase the Expanded Dental optional benefit to have coverage for primary care services such as simple extractions, fillings and root canals. The optional benefits also include major restorative dental care, such as crowns and dental implants, and orthodontia.

- You also have access to the Delta Dental app for your dental benefits! See page 5 for specific benefits and also consult the Delta Dental brochure.

Health and Wellness Programs

Your medical plan will administer your health and wellness programs starting July 1. Your health plans include a host of free and confidential health and wellness programs. For more information on individual plans, see the plan brochures on the DHRM website at the Open Enrollment link: [http://www.dhrm.virginia.gov/healthcoverage/open-enrollment](http://www.dhrm.virginia.gov/healthcoverage/open-enrollment).

- **Disease Management:** Support is available to help manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease (CAD)

  You may contact your health plan or you may receive a call from your plan if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. You may opt in or out of the program when they call. See the plan brochures.

- **Medication and Health Coaching Incentives:** COVA Care and COVA HealthAware members can receive certain medications or supplies at no cost for these conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes, and high blood pressure. You must also receive quarterly health coaching for these conditions. Your health plan brochure has more details.

- **Maternity Management:** If you’re a mom-to-be, you have access to a nurse coach and other maternity support specially designed to help you have a healthy pregnancy. Call your health plan to enroll. COVA Care and COVA HealthAware members, enroll within the first 16 weeks of pregnancy for free pre- and post-natal support and you may earn a $300 hospital copay waiver or Health Reimbursement Arrangement (HRA) incentive.

- **Health Assessment:** After July 1, you will complete health assessments with your individual plan. Completing a health assessment is a great way to keep track of your medical history and health goals.
What Happens to My Current Programs?
Your plan will be managing your health and wellness programs. Look for additional information after July 1 on transition of the maternity management and disease management programs. You will also receive help through your plan if you need to better manage chronic conditions or receive health coaching.

Members enrolled in the Bariatric Pre-Surgery Education program will receive additional information from their health plans.

COVA HealthAware - Health Reimbursement Arrangement (HRA)
Beginning July 1, 2019, the HRA account will be administered by PayFlex and funded on a PayFlex MasterCard. You can access your available HRA funds to pay eligible expenses for any family member on the plan:
• With your Mastercard at the pharmacy for a prescription drug
• With your Mastercard when you receive your bill from a provider or medical facility (with your bill payment stub, online or by phone)
• As a direct reimbursement from your HRA using the PayFlex portal if you paid the provider directly out of pocket.

You can keep track of your HRA account through the Aetna member website at www.aetna.com and secure connection to www.payflex.com. See the COVA HealthAware website and plan brochure for more information about the HRA.

In addition, if you elect a health flexible spending account (FSA), you’ll receive a single PayFlex MasterCard for both accounts. Keep in mind as you calculate your FSA contributions, the HRA will pay first for eligible medical and pharmacy expenses. See page 10 for more information about the FSA.

ADDENTIAL PLAN SERVICES
COVA Care and COVA HDHP
• Enhanced member service with an Anthem Health Guide: Get ready for a new and improved customer service experience by phone or live chat. Anthem health guides are member service associates specially trained to answer your health plan questions and lead you to the right programs and support for your unique needs.

• New Engage mobile app - your personalized health assistant: The Engage mobile app connects you to your health benefits and programs from your smartphone or tablet. You can see your medical and pharmacy benefits in one place, including your ID card and account balances. More is in your plan brochure.

COVA HealthAware
• Aetna Health App: It’s a simple and easy way to manage your plan! Use the app on your smartphone for 24/7 access to your secure member information. You can pull up your ID card, estimate health care costs and more. Visit the Aetna website for more information.

• Concierge Services remain available for members.

New ID Cards In June
You will receive your new ID cards in June, and should start using your cards July 1.
Kaiser Permanente HMO

The Kaiser plan has made changes to its dental, prescription drug and vision benefits.
• As of July 1, you will pay coinsurance for dental benefits rather than a flat fee. There is a $75 family deductible, and for dependents 19 years old and under, you pay 50 percent of the cost up to $1,000 for orthodontia. See page 5.
• For specialty drugs, you pay 50 percent of the cost up to a $75 maximum
• For vision benefits:
  • Adults 19 years of age and older pay 75 percent of the balance for eyeglass frames
  • A special list of contact lenses and frames is available for children. Select:
    – One pair of glasses per year with single or bifocal lenses, or
    – The first purchase of contact lenses per year, or
    – Two per eye per year for medically necessary contacts.

Learn more at http://my.kp.org/commonwealthofvirginia/.

Optima Health Vantage HMO

Optima Health provides both comprehensive coverage and access to a quality network of doctors, specialists, and hospitals in the Hampton Roads region at an affordable price.

To be eligible for the Optima Health Vantage HMO, you must live or work in the service area, which includes 17 city and county zip codes in the Greater Hampton Roads region: Gloucester, Hampton, James City, Mathews, Newport News, Poquoson, Williamsburg, York, Chesapeake, Franklin, Isle of Wight, Norfolk, Portsmouth, Southampton, Suffolk, Surry, Virginia Beach.

The Optima Health Plan is a referral-less HMO plan in which you choose a plan primary care physician (PCP) who will coordinate your healthcare needs. Also remember that as an HMO, the plan does not include out-of-network coverage except in emergencies. There is out-of-area coverage for dependent children.

Plan Highlights:
• Comprehensive benefits including dental, vision and hearing
• Preventive care covered at 100 percent
• 100 percent of hospitals in Hampton Roads are in-network as of Jan. 1, 2019
• Freedom to see a plan specialist with no referral required
• Access to a 24/7/365 MDLive online physician covered at 100 percent
• Incentives for disease management programs
• Emergency travel assistance for all members
• Employee Assistance Program
• Low copayments on doctor and specialist visits when you access care through a Sentara Quality Care Network (SQCN) provider
• Pay lower annual deductibles: $150 for individual and $300 for family
• Access to a dedicated Member Services unit to help you understand benefits, find the right doctor, and more

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To learn more, visit: optimahalth.com/cova and download the benefits brochure or call 866-846-2682, 8:00 a.m. to 6:00 p.m.
• Email: members@optimahalth.com
• Web Chat: go to optimahalth.com/cova and click on Web Chat (available starting July 1)

What's New for Regional Plans

You must live or work in the plan’s service area zip codes to enroll in these plans.

Introducing the Optima Health Vantage HMO

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Health and Wellness Programs

Both Optima Health and Kaiser have special health coaching and wellness programs for employees and their covered family members. Consult the individual plan brochure for details at www.dhhrm.virginia.gov/healthcoverage/open-enrollment

Service Area Audits for Regional Plan

Since enrollment is based on where you live or work, it is important that plan members ensure they live or work in the service area. The Department of Human Resource Management will be conducting ongoing audits of regional plan service areas.

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COVA Care and COVA HealthAware

Earn Premium Rewards Again This Year!

What Do I Need to Do?

To Earn a Reward BEGINNING July 1, 2019:
- Complete or update your health assessment between May 1 and May 15, 2019. Health assessments submitted before May 1, 2019 will not count for the new plan year. Visit www.myactivehealth.com/cova to complete or update your online health assessment.

To Earn a Reward AFTER July 1, 2019:
- Complete a health assessment by the 15th of the month, and you will receive a reward in about six to eight weeks.
- Health assessments completed between May 16 and June 30 should be submitted to ActiveHealth.
- Beginning July 1, visit the COVA Care or COVA HealthAware plan website to access your online health assessment.
- See the examples below and the chart on the DHRM website at http://www.dhrm.virginia.gov/healthcoverage/open-enrollment.

<table>
<thead>
<tr>
<th>Example</th>
<th>Completes Assessment</th>
<th>Submit To</th>
<th>Where</th>
<th>Receives Premium Reward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sean</td>
<td>May 15</td>
<td>ActiveHealth</td>
<td><a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a> or 866-938-0349</td>
<td>July 1, 2019</td>
</tr>
<tr>
<td>Crystal</td>
<td>June 15</td>
<td>ActiveHealth</td>
<td><a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a> or 866-938-0349</td>
<td>Aug. 1, 2019</td>
</tr>
<tr>
<td>Tom</td>
<td>June 30, 2019</td>
<td>ActiveHealth</td>
<td><a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a> or 866-938-0349</td>
<td>Sept. 1, 2019</td>
</tr>
<tr>
<td>Sue</td>
<td>July 1, 2019</td>
<td>Anthem or Aetna</td>
<td><a href="http://www.anthem.com/cova">www.anthem.com/cova</a> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></td>
<td>Sept. 1, 2019</td>
</tr>
</tbody>
</table>

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.

After July 1, if you think you have earned a Premium Reward and you haven’t received it, you can check your health assessment on the ActiveHealth portal until July 31.
FLEXIBLE SPENDING ACCOUNTS (FSAs)

Starting July 1, PayFlex will administer the Health and Dependent Care Flexible Spending Accounts (FSAs).

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 in an FSA.

- Enroll in a Health or Dependent Care FSA or both
- You must submit an enrollment request each year you wish to have a Health Care and/or Dependent Care Account

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 $2,700 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
- $2.10 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, 2020, you have until Sept. 30, 2020 to file for reimbursement.

Be Sure You Don't Lose Your Funds

If your account ends on June 30, 2019, you have until Sept. 30, 2019, to file for reimbursement and resolve outstanding card transactions. Submit your reimbursement request and documentation to Anthem. For more information contact Anthem FSA at 877-451-7244 or www.benefitadminsolutions.com/Anthem.

Pay Right Away with Your PayFlex Health FSA Mastercard

You'll receive a PayFlex Mastercard in the mail after you enroll for your Health FSA for the new plan year starting July 1, 2019. Once activated, it gives you instant access to your Health FSA funds.

You simply pay for eligible health care expenses at most merchants where Mastercard is accepted.

- Be sure to pay special attention to Health FSA card transactions that require verification. See the FSA Sourcebook or go to the Payflex web site for more information.
- Resolve all card transactions by the end of your runout period.

COVA HealthAware Members

Enrolling in an FSA

- Plan carefully for a health FSA: The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.
- Use the PayFlex Mastercard for both your HRA and FSA. See page 7.

Your FSA Sourcebook Has It All

See the 2019 PayFlex FSA Sourcebook and PayFlex website for details about what expenses are eligible, how the accounts work, and more.

Visit payflex.com or call 855-516-8595
COVA Care and COVA HDHP

Activate Your SmartShopper Account!

When you’re trying to juggle appointments for medical procedures into your already busy schedule, SmartShopper has you covered. SmartShopper is a great program you already have. It helps find quality, convenient locations at certain facility whenever you or a covered family member needs certain routine medical tests or procedures. With SmartShopper, you can also earn cash rewards. See a list of Shoppable Health Care Services on the DHRM website.

It’s easy to get started! Just call your SmartShopper Personal Assistant at 844-277-8991 and see how easy it is to activate your account. Your Personal Assistant will also schedule your appointment. You can also activate your account by logging on to COVA.VitalsSmartShopper.com. Please remember when accessing SmartShopper online to use the following browsers: Internet Explorer 11, or the 2 most recent versions of Chrome, Safari, Edge, and Mozilla.

Does picking a health care plan have you stumped? LET ALEX® HELP!

Get Advice from ALEX

Review your health plan options with ALEX, your benefits counselor. Alex will receive your input, do the math, and recommend a plan just for you. Visit ALEX at www.myalex.com/cova/2019.
## IMPORTANT CONTACTS

<table>
<thead>
<tr>
<th>Plan or Benefit</th>
<th>Who To Contact</th>
</tr>
</thead>
</table>
| **COVA Care and COVA HDHP** | Medical, Vision & Hearing  
Anthem Blue Cross and Blue Shield: **800-552-2682** or [www.anthem.com/cova](http://www.anthem.com/cova)  
Prescription Drug  
Anthem Pharmacy: **833-267-3108** (starting July 1, 2019) or [www.anthem.com](http://www.anthem.com)  
Behavioral Health & Employee Assistance Program (EAP)  
Anthem: **855-223-9277** or [www.AnthemEAP.com](http://www.AnthemEAP.com)  
Dental  
Delta Dental of Virginia: **888-335-8296** or [www.deltadentalva.com](http://www.deltadentalva.com) |
| **COVA HealthAware** | Medical, Vision, Hearing & Behavioral Health  
Aetna: **855-414-1901** or [www.covahealthaware.com](http://www.covahealthaware.com)  
Prescription Drug  
Anthem Pharmacy: **833-267-3108** (starting July 1, 2019) or [www.anthem.com](http://www.anthem.com)  
Dental  
Delta Dental of Virginia: **888-335-8296** or [www.deltadentalva.com](http://www.deltadentalva.com)  
Employee Assistance Program (EAP)  
Aetna: **888-238-6232** or [www.AnthemEAP.com](http://www.AnthemEAP.com) (Password: COVA) |
| **Kaiser Permanente HMO**  
(Primarily Northern Virginia - see website for specific zip codes) | Medical, Prescription Drug and Vision  
Dental  
Behavioral Health  
Kaiser: **866-530-8778**  
Employee Assistance Program (EAP)  
Beacon Health Options: **866-517-7042** or [www.achievesolutions.net/kaiser](http://www.achievesolutions.net/kaiser) |
| **Optima Health Vantage HMO**  
(Primarily Hampton Roads - see website for specific zip codes) | Medical, Prescription Drug, Dental, Vision and Behavioral Health  
- Employee Assistance Program (EAP): [https://login.optimaep.com/?s_username=Cova](https://login.optimaep.com/?s_username=Cova)  
- Optima Health: **866-846-2682**, [www.optimahealth.com/cova](http://www.optimahealth.com/cova), or [members@optimahealth.com](mailto:members@optimahealth.com) |
| **TRICARE Supplement** | Selman & Company (SelmanCo): **800-638-2610** (press Option 1) |
| **Flexible Spending Accounts (FSA)** | PayFlex FSA: **855-516-8595** or [www.payflex.com](http://www.payflex.com) |
| **Health Assessment** | Through June 30, 2019:  
ActiveHealth Management: **866-938-0349** or [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) |
- EmployeeDirect: [https://edirect.virginia.gov](https://edirect.virginia.gov) |
Office of Health Benefits: [openenrollment@dhrm.virginia.gov](mailto:openenrollment@dhrm.virginia.gov)  
Having problems? EmployeeDirect: [Edirectissues@dhrm.virginia.gov](mailto:Edirectissues@dhrm.virginia.gov) |

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**IMPORTANT CONTACTS**

Virginia Department of Human Resource Management