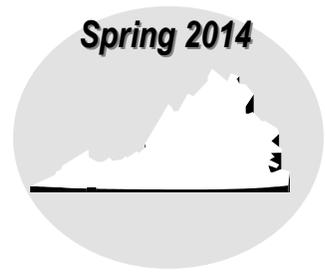


SPOTLIGHT

ON YOUR BENEFITS



PUBLISHED BY THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT • COMMONWEALTH OF VIRGINIA

Health and Flexible Benefits
OPEN ENROLLMENT
MAY 1- MAY 23, 2014!
 Effective for Plan Year
 July 1, 2014 - June 30, 2015

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

CHANGES FOR JULY 1

Premiums

- **Premiums increase** for all plans except the COVA HDHP and TRICARE voluntary supplement. See page 8.

COVA Care

- **Prescription drug copay tiers 2-4 increase** by \$5 at retail and \$10 at home delivery (mail order). See page 2.

COVA HealthAware

- **Two new “Do Rights”** for your Health Reimbursement Arrangement (HRA)! See page 3.

COVA Care and COVA HealthAware

- **Asthma/COPD and hypertension incentive programs added** to MyActiveHealth. See page 5.

COVA Care, COVA HealthAware and COVA HDHP

- **Residential treatment centers added** to behavioral health services. See pages 2 and 3.

Kaiser Permanente HMO

- **New pediatric eyewear benefit.** See page 4.

Flexible Spending Accounts (FSAs)

- **The period to file claims changes** if your account ends before June 30, 2015. See page 10.

To compare plan benefits, see pages 6 and 7.

IT’S YOUR CALL!

Only you and your family know your health coverage needs. So it’s important to understand your choices during Open Enrollment. Consider the options carefully before making a decision.

Your Open Enrollment Options

Health Care Coverage

- **Enroll in or change** your health plan.
- **Keep** your current plan.
- **Consider** optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware.
- **Add or remove** eligible family members.
- **Waive** health care coverage.

Premium Rewards

- **Enroll or remain** in COVA Care or COVA HealthAware to qualify.

Flexible Spending Accounts (FSAs)

- **Enroll in** a Health or Dependent Care FSA or both.

Health Plan Choices	Available
COVA Care	Statewide
COVA HealthAware	Statewide
COVA HDHP	Statewide
KAISER Permanente HMO	Regional, mostly in Northern Virginia
TRICARE Supplement	Statewide for participants or spouses who are military retirees

He’s Back!



ALEX here, your online interactive assistant. I can advise you on what plan may be best for you. The final decision is still yours. Check me out at www.alexforcova.com.

COVA Care and COVA HDHP

administered by Anthem and Delta Dental

AN OVERVIEW OF HOW THE PLANS WORK

Need Enhanced Coverage?

COVA Care and **COVA HDHP** optional buy-ups are available for an additional premium. See page 7 for an overview of Expanded Dental, Out-of-Network, Vision and Hearing benefits. Premiums and specific buy-up options are listed on page 8.

COVA Care is a preferred provider organization (PPO). Members pay copayments or coinsurance. A deductible must be met for certain services.

COVA HDHP is a high deductible health plan. Members meet the deductible and then pay 20 percent coinsurance for services before reaching the out-of-pocket limit. The plan also allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you pay for health care expenses or save for retirement.

COVA Care and COVA HDHP include all doctors and hospitals in the Anthem Blue Cross Blue Shield PPO network for medical, behavioral health and pharmacy services in Virginia, and the BlueCard PPO and BlueCard Worldwide programs for coverage outside of Virginia. Both plans include an Employee Assistance Program (EAP).

Dental benefits are through the Delta Dental network. If you seek services outside the Delta network, you may pay for any amount above Delta Dental's allowable charge.

See other programs included with **COVA Care** and **COVA HDHP** on page 5.

NEW FOR JULY 1, 2014

Coverage Added for Behavioral Health Residential Treatment Centers

COVA Care	COVA HDHP
You pay \$300 in-network per stay	You pay 20% coinsurance after deductible

COVA Care Copays Increase for Tiers 2-4 By \$5 Retail and \$10 Mail Order

Copayment	Retail Pharmacy	Home Delivery
Tier 1	\$15	\$30
Tier 2	\$30	\$60
Tier 3	\$45	\$90
Tier 4	\$55	\$110

Carefully Consider Your Dental Benefits

What type of dental care will you need in the coming year? That's the question to ask when deciding on dental coverage.

If you only need routine cleanings and x-rays, then consider the COVA Care or COVA HDHP basic plan. In-network diagnostic and preventive dental services are provided at no cost to you, including a routine oral exam and cleanings twice a year, x-rays, and sealant and fluoride for children under age 19.

If you think you will need dental services beyond routine cleanings and x-rays, you may purchase the Expanded Dental Option for an additional premium. Remember that the COVA Care and COVA HDHP basic plans do not include primary, complex restorative or orthodontic dental services. See page 4.

Go Mobile!

Download the Anthem Blue Cross and Blue Shield app by visiting the Apple Store (iOS) or Google Play (Android). Go to anthem.com using the log in button on your smartphone and log in to your personal account.

KNOW YOUR NUMBERS! It Pays to be Healthy.

COVA HealthAware rewards you for many of the healthy activities you're already doing! Administered by Aetna, the plan includes a Health Reimbursement Arrangement (HRA), which is designed to give you more control over your health benefit dollars and help pay your out-of-pocket expenses. You also receive exciting member tools to help you monitor your health and your plan.

COVA HealthAware Features Include:

- Coverage paid at 100 percent for in-network preventive medical, dental, vision, and hearing exams
- Out-of-network coverage
- Optional benefits for an additional premium:
 - Expanded Dental
 - Expanded Dental & Vision
- Initial contributions to your HRA
- A chance to earn more HRA contributions by completing "Do Rights"

See other programs on page 5.

HRA Funding For This Plan Year

Beginning July 1, 2014, you'll receive your annual HRA contribution to help pay your eligible medical, behavioral health, and pharmacy out-of-pocket expenses:

- Employee/Retiree only = \$600
- Employee/Retiree + Spouse = \$1,200

For more details, contact your Benefits Administrator or visit COVAHealthAware.com.

Your Dental Benefits

You have the Aetna dental network for your dental benefits. Diagnostic and preventive dental services are included as part of the basic health plan, including routine exams, cleanings and x-rays.

Expanded Dental must be purchased for primary, complex restorative, and orthodontic coverage. See page 4.

NEW FOR JULY 1, 2014

- Adds coverage for approved behavioral health services at Residential Treatment Centers.
- Offers more healthy activities to choose for "Do Right" contributions to your HRA.

Earn "Do Rights" to Get More HRA Dollars

You can earn additional HRA contributions during the plan year by completing healthy activities called "Do Rights." You will receive \$50 in your HRA for each "Do Right," up to \$150 for three activities. If your enrolled spouse does the same, that's a total of \$300 for both of you.

Eligible "Do Rights"

- Routine annual physical exam
- Routine dental exam
- Routine vision exam (*new!*)
- Annual flu shot
- MyActiveHealth Health Tracker usage
- MyActiveHealth Coaching Module completion (*new!*)

Keep in Mind...

HRA contributions are funded the month after reporting of your completed "Do Right." You can track them through your secure Aetna Navigator® member website and the MyActiveHealth Rewards Center.

Do you have HRA Funds remaining for this plan year?

Your funds will roll over into the new plan year with no limit as long as you stay in the plan.

On the Go?

Log onto Aetna Navigator at www.aetna.com beginning July 1. Go to the "We've Gone Mobile" section to get a mobile app, and then log in to your personal account.

TRICARE Supplement

administered by
ASI

TRICARE Supplement For Military Retirees

The TRICARE Supplement is offered as a health plan option to coordinate with the federal TRICARE plan. Enrollment is open to state employees, early retirees and their spouses who are military retirees and eligible for:

- TRICARE, the military health benefits program, and
- The state health benefits program.

For more details, contact ASI at **1-866-637-9911**.

A REGIONAL OPTION FOR SOME EMPLOYEES

The **Kaiser Permanente HMO** has a network of Kaiser Permanente physicians and medical centers. Based primarily in Northern Virginia, Kaiser's service area has expanded in recent years to Fredericksburg and other parts of the Commonwealth. To be eligible to enroll, you need to live or work in certain zip codes within Virginia, Maryland and the District of Columbia.

While there is no deductible for in-network services, you must use Kaiser HMO participating providers. You also need to choose a primary care physician (PCP) for each enrolled family member. There is no out-of-network coverage.

Contact Kaiser for more information at **1-800-777-7902**.

NEW FOR JULY 1, 2014

Starting July 1, 2014, Kaiser will offer select frames, lenses and contacts for children up to age 19 at a zero copay. The benefit includes eyewear from specific groups or lists:

- One pair of frames per year and
- Single vision or bifocal lenses, or
- A 3-month only supply of contact lenses

Contact Kaiser for additional information at **1-800-777-7902**.

Download the Mobile App! Bookmark kp.org on mobile devices, or visit kp.org/register now to set up an account.

OTHER PLAN INFORMATION YOU NEED TO KNOW

Medication Therapy Management

Many COVA Care and COVA HealthAware members take multiple medications for various chronic conditions. A free voluntary medication therapy management program allows you to confidentially review your medications with a pharmacist. In these sessions, you can learn more about complying with your drug treatment, possible drug reactions and other issues. The program also can help identify any gaps in your care or therapy.

Certain criteria must be met. If you qualify, your health plan will reach out to you.

Do You Need the Expanded Dental Option?

Purchase the Expanded Dental buy-up if you think you might have major dental work in the next year. In-network benefits for Expanded Dental under COVA Care, COVA HealthAware and COVA HDHP include:

Primary Care— Fillings, tooth extractions, root canal, scaling and root planing of gums, periodontal evaluation.

Complex Restorative Dental Care—Inlays and onlays, crowns, dental implants, full and partial dentures, fixed bridges and repair.

Orthodontic Benefits— Installing orthodontic appliances, services needed for diagnosis, tooth guidance and harmful habit appliances.

For more details on the Expanded Dental Option, visit www.dhrm.virginia.gov or contact the plan administrator.

ActiveHealth still has your favorite programs and even more!

All the health and wellness programs you currently enjoy through MyActiveHealth continue this year for COVA Care, COVA HDHP and COVA HealthAware participants—with some new enhancements! Best of all, they continue to be offered at no extra cost to you, as part of your state health plan. Remember that you cannot access this tool unless you are enrolled in one of these plans.

Check out the MyActiveHealth Portal

The **MyActiveHealth wellness portal** puts your health at your fingertips 24/7, bringing you easy access to a host of valuable information. When you log into www.MyActiveHealth.com/COVA, you can find your health information housed in one place; personalized health action items; and easy-to-use health tips, tools, and trackers. Be sure to check out the MyActiveHealth mobile site on the website or scan the QR code from posters, flyers or brochures.

NEW FOR JULY 1, 2014

For members with asthma, COPD and hypertension

There are new incentive programs for COVA Care and COVA HealthAware that may allow you to get certain drugs at no cost to manage your condition. You have to meet certain criteria. More information will be coming soon at www.dhrm.virginia.gov.

MyActive Health Programs— For COVA Care, COVA HealthAware and COVA HDHP Members

Program	What Is It?	What's in it for me?
<i>Healthy Insights</i>	Helps you manage a chronic condition for long-term success. A nurse coach is available to you online or by phone for just questions or developing a personal plan. Includes incentives when you have certain conditions that qualify.	<ul style="list-style-type: none"> • Better health for everyone, and • Savings for COVA Care and COVA HealthAware members! • Free prescription drugs and supplies when requirements are met. <ul style="list-style-type: none"> • <i>Diabetes management.</i> • <i>Asthma and COPD—New!</i> • <i>Hypertension—New!</i> • Depending on the plan, a hospital copayment waiver or an HRA contribution when criteria are met. <ul style="list-style-type: none"> • <i>Bariatric surgery education</i>
<i>Healthy Beginnings</i>	Gives expectant moms one-on-one coaching through a telephonic nurse coach. Helps moms be healthier so their babies will be, too. Includes incentives when you have certain conditions that qualify.	<ul style="list-style-type: none"> • Healthier moms and babies! • Savings for COVA Care and COVA HealthAware members! • Depending on the plan, a hospital copayment waiver or an HRA contribution when requirements are met.
<i>Healthy Lifestyles</i>	Helps those who are generally healthy but need a little extra support staying on the right track. Includes coaching on nutrition, exercise, stress management and quitting tobacco.	<ul style="list-style-type: none"> • Better health for everyone • Support when you need it • Great tools to fit your lifestyle!

2014 BENEFITS AT A GLANCE

Health Plans	COVA Care	COVA HealthAware	Kaiser Permanente	COVA HDHP
Benefits	You Receive	You Receive	You Receive	You Receive
Health Reimbursement Arrangement (HRA) Deposited to your HRA on July 1, 2014	Not available	\$600 employee \$600 enrolled spouse	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
Deductible – per plan year				
•One person	\$225	\$1,500	None	\$1,750
•Two or more persons	\$450	\$3,000	None	\$3,500
Pharmacy expenses apply toward deductible	No	Yes	No	Yes
Out-of-pocket expense limit – per plan year				
•One person	\$1,500	\$3,000	\$1,500	\$5,000
•Two or more persons	\$3,000	\$6,000	\$3,000	\$10,000
Pharmacy expenses count toward out-of-pocket limit	No	Yes	No	Yes
Doctor's visits				
•Primary care physician	\$25	20% after deductible	\$25	20% after deductible
•Specialist	\$40	20% after deductible	\$40	20% after deductible
Hospital services				
•Inpatient	\$300 per stay	20% after deductible	\$300 per admission	20% after deductible
•Outpatient	\$125 per visit	20% after deductible	\$75 per visit	20% after deductible
Emergency room visits	\$150 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)	20% after deductible
Ambulance travel	20% after deductible	20% after deductible	\$50 per service	20% after deductible
Outpatient diagnostic, laboratory, tests, injections and x-rays	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	\$25 PCP \$40 specialty	20% after deductible
Outpatient therapy visits				
•Occupational, physical and speech therapy	\$25 PCP/\$35 specialist	20% after deductible	\$40	20% after deductible
•Chiropractic (30-visit plan year limit per member)	\$35	20% after deductible	\$40	20% after deductible
*Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 6	\$25 per service	20% after deductible	\$25 per visit	20% after deductible
Behavioral health				
•Medical and non-medical professional visits	\$25	20% after deductible	\$12 group/\$25 individual	20% after deductible
• Inpatient residential treatment	\$300 per stay	20% after deductible		20% after deductible
•Intensive outpatient treatment (IOP)	\$125 per episode of care	20% after deductible		20% after deductible
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 \$15 \$30/\$45/\$55	Up to 34-day supply 20% after deductible	Up to 30-day supply Medical center: \$15/\$25/\$40 Community participating: (3 x copayment for 90 days)	Up to 34-day supply 20% after deductible \$20/\$45/\$60
Home Delivery Pharmacy	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)	Up to 90-day supply 20% after deductible
Dental Services				
•Diagnostic and preventive	\$0	\$0	See fee schedule	\$0
Annual Routine Vision Exam	Not available	\$0	Not available	Not available
Annual Routine Hearing Exam	Not available	\$0	Not available	Not available

Boxes indicate benefit change

***Amended December 2014 retroactive to July 1, 2012.**

2014 BENEFITS AT A GLANCE

In-Network Benefits	COVA Care You Pay	COVA HealthAware You Pay	Kaiser Permanente You Pay	COVA HDHP You Pay
Wellness & preventive services	\$0	\$0	\$0	\$0
	<i>Office visits at specified intervals, immunizations, lab and x-rays Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening</i>			
Expanded Dental •Maximum benefit – per member •Deductible •Primary (basic) care •Complex restorative (inlays, onlays, crowns, dentures, bridgework) •Orthodontic –Lifetime maximum benefit	Optional Benefit*: \$2,000 \$50/\$100/\$150 20% after deductible 50% after deductible 50% no deductible \$2,000	Optional Benefit*: \$2,000 \$50/\$100/\$150 20% after deductible 50% after deductible 50% no deductible \$2,000	\$1,000 \$25 per person See fee schedule See fee schedule See fee schedule \$1,000 (age 19 and under)	Optional Benefit*: \$2,000 \$50/\$100/\$150 20% after deductible 50% after deductible 50% no deductible \$2,000
Routine Vision <i>(once every plan year)</i> •Routine eye exam	Optional Benefit* : \$40	Optional Benefit*: Included in basic plan	\$25 PCP/\$40 specialist	Not available
•Eyeglass frames •Lenses –Eyeglass lenses (<i>standard plastic, single, bifocal or trifocal</i>) or –Contact lenses – •Conventional** or disposable** •Non-elective**	20% off balance after plan pays first \$100 \$20 15% off balance after plan pays \$100 Balance after plan pays \$250	20% off balance after plan pays first \$100 \$20 15% off balance after plan pays \$100 Balance after plan pays \$250	25% discount 25% discount 15% discount off initial fitting and pair 15% discount off initial fitting and pair <div style="background-color: red; color: white; padding: 2px; text-align: center;"> Pediatric Eyewear -contact Kaiser </div>	
Routine Hearing •Routine hearing exam	Optional Benefit*: <i>(once every 48 months)</i> \$40	Included in basic plan	\$25 PCP/\$40 specialist	Not available
•Hearing aids and other hearing-aid related services •Benefit maximum	Balance after plan pays \$1,200 \$1,200	Not available	Not available	Not available
Out-of-Network	Optional Benefit*: Plan payment reduced by 25%. Provider may balance bill for amount above allowable charge.	Additional deductible out-of-pocket limits apply. 40% coinsurance after deductible. Provider may balance bill for amount above allowable charge.	Not available	Not available

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

**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.

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

Commonwealth of Virginia State Health Benefits Program

Employee Monthly Premiums for July 1, 2014 - June 30, 2015

Important: Premiums may change subject to final state budget approval.

Full-time employees pay the "Employee Pays" amount. Part-time salaried employees 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 certain health activities to save \$17 a month or \$34 when both of you meet the requirements.

Health Care Plans		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse	You Plus Spouse and More		
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Em- ployee & Spouse
COVA Care	<i>Employee Pays</i>	\$75	\$171	\$230	\$58	\$154	\$137	\$213	\$196
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$604	\$1,119	\$1,620	\$587	\$1,102	\$1,085	\$1,603	\$1,586
COVA Care + Out-of-Network	<i>Employee Pays</i>	\$89	\$190	\$256	\$72	\$173	\$156	\$239	\$222
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$618	\$1,138	\$1,646	\$601	\$1,121	\$1,104	\$1,629	\$1,612
COVA Care + Expanded Dental	<i>Employee Pays</i>	\$100	\$219	\$303	\$83	\$202	\$185	\$286	\$269
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$629	\$1,167	\$1,693	\$612	\$1,150	\$1,133	\$1,676	\$1,659
COVA Care + Out-of-Network + Expanded Dental	<i>Employee Pays</i>	\$114	\$238	\$329	\$97	\$221	\$204	\$312	\$295
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$643	\$1,186	\$1,719	\$626	\$1,169	\$1,152	\$1,702	\$1,685
COVA Care + Expanded Dental + Vision & Hearing	<i>Employee Pays</i>	\$115	\$244	\$337	\$98	\$227	\$210	\$320	\$303
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$644	\$1,192	\$1,727	\$627	\$1,175	\$1,158	\$1,710	\$1,693
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	<i>Employee Pays</i>	\$129	\$263	\$363	\$112	\$246	\$229	\$346	\$329
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$658	\$1,211	\$1,753	\$641	\$1,194	\$1,177	\$1,736	\$1,719
COVA HealthAware	<i>Employee Pays</i>	\$26	\$81	\$96	\$9	\$64	\$47	\$79	\$62
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$555	\$1,029	\$1,486	\$538	\$1,012	\$995	\$1,469	\$1,452
COVA HealthAware + Expanded Dental	<i>Employee Pays</i>	\$51	\$129	\$169	\$34	\$112	\$95	\$152	\$135
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$580	\$1,077	\$1,559	\$563	\$1,060	\$1,043	\$1,542	\$1,525
COVA HealthAware + Expanded Dental & Vision	<i>Employee Pays</i>	\$59	\$143	\$188	\$42	\$126	\$109	\$171	\$154
	State Pays	\$529	\$948	\$1,390	\$529	\$948	\$948	\$1,390	\$1,390
	Total Premium	\$588	\$1,091	\$1,578	\$571	\$1,074	\$1,057	\$1,561	\$1,544
COVA HDHP	<i>Employee Pays</i>	\$0	\$0	\$0					
	State Pays	\$456	\$847	\$1,237					
	Total Premium	\$456	\$847	\$1,237					
COVA HDHP + Expanded Dental	<i>Employee Pays</i>	\$25	\$48	\$73					
	State Pays	\$456	\$847	\$1,237					
	Total Premium	\$481	\$895	\$1,310					
Kaiser Permanente HMO – (available primarily in Northern Virginia)	<i>Employee Pays</i>	\$58	\$137	\$196					
	State Pays	\$491	\$873	\$1,276					
	Total Premium	\$549	\$1,010	\$1,472					
TRICARE Voluntary Supplement	<i>Employee Pays</i>								
	Total Premium	\$61	\$120	\$161					

Premium Rewards

For COVA Care and
COVA HealthAware

DON'T MISS THE CHANCE TO SAVE MONEY!

Track your health and save on your monthly premiums at the same time. Just complete an *online health assessment* **and** a *biometric screening* to earn a premium reward.

It's easy and important. This is about you. Taking these steps gives you a starting point for getting healthier. Plus you can lower your premium. You or your enrolled spouse can save \$17 a month, and if both of you participate, up to \$34 a month!

Already Earning a Premium Reward?

Congratulations! You'll be able to keep your premium reward through June 30, 2015 as long as you stay in either COVA Care or COVA HealthAware. No further action is required.

Enrolled in COVA Care or COVA HealthAware and Not Earning a Premium Reward?

You can follow the steps below and still earn a premium reward. **You must complete and submit both a Health Assessment and a Biometric Screening by May 31, 2014.**

New to COVA Care or COVA HealthAware?

If you enroll in one of these plans for July 1, 2014, you can follow the steps below to earn a reward. **You must complete and submit both actions by Aug. 31, 2014 to qualify.**

If You Complete Both Requirements By:	Your Premium Reward Begins:
July 31, 2014	Aug. 1, 2014
Aug. 31, 2014	Sept. 1, 2014

Not sure if you're getting a premium reward?

Log on to EmployeeDirect at <http://edirect.virginia.gov> or contact your Benefits Administrator to check your reward status. You may also call ActiveHealth at **866-938-0349** to see if you have already completed either of the healthy actions.

Follow These Steps to Earn a Premium Reward

Register or log in to www.myactivehealth.com/cova. Be sure to submit all actions by the deadline shown for you!

Online Health Assessment:

- **Go to** the health assessment link to answer the questions.
- **Click "Complete and Save"** to submit your health assessment. **Important:** You must take this step to complete the requirements.
- **You or your spouse** need to register separately and complete your own health assessment.

Biometric Screening:

- **Go to** the biometric screening link.
- **Print** either a:
 - Biometric screening Physician Form to take to your doctor, or
 - LabCorp authorization to take to a location that is convenient for you.
- Be sure to follow all instructions on the form or authorization.

About Security

Safeguards are in place to ensure that your personal information on the MyActiveHealth portal is not shared with your employer. All data from your health assessment and biometric screening is completely secure. It is available to you and also to your doctor at your request.

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

If you do not have access to the Internet or need help, please contact ActiveHealth at 866-938-0349.

Please Note! You can call ActiveHealth to "opt out" of the program. Just remember that since ActiveHealth administers the Commonwealth's incentive programs, you will be unable to receive any program incentives in the future, including premium rewards.

Flexible Spending Accounts (FSAs)

administered by Anthem

What Expenses Are Eligible?

Health FSA

- Copays, coinsurance, and deductibles
- Other out-of-pocket eligible medical expenses

Dependent Care FSA

- 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 the year.

Important Facts and Figures

Maximum FSA contributions:

- **Health FSA:** Up to \$2,500
- **Dependent Care FSA:** Up to \$5,000, depending on how your taxes are filed.

Minimum FSA contribution:

- \$10 per pay period.

Administrative fee:

- \$3.65 deducted monthly on a pre-tax basis for one or both FSA accounts.

Use it or lose it!

- Be sure you file for reimbursement or you will forfeit your FSA funds.

If you enroll in COVA HealthAware, the HRA pays first.

- Keep this in mind as you plan for Health FSA expenses.

PUT MORE IN YOUR POCKET WITH AN FSA

Flexible spending accounts (FSAs) can help you pay less taxes to Uncle Sam. The **Health FSA** lets you use your pre-tax dollars to pay for eligible health care expenses. The **Dependent Care FSA** is used to pay for work-related Dependent Care expenses. You can enroll in one or both FSAs if you are eligible for health benefits even if you are not enrolled in a state plan.

You must **enroll every plan year** in an FSA to have an account, so if you want to continue using your FSA or enroll in one for the first time, be sure to take action during Open Enrollment.

New for July 1, 2014

- If you have an FSA account **for only 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, 2015**, you still have until Sept. 30, 2015 to file for reimbursement.

Pay the Easy Way

You'll receive an Elite Visa® Benefit Card in the mail after you enroll in a Health FSA. It gives you instant access to your Health FSA funds – all you do is swipe your card and go! There's no need to pay for expenses and then wait for reimbursement.

You simply purchase eligible health care expenses at most merchants where Visa is accepted. Some transactions will require "after the fact" validation.

- Be sure to pay special attention to Health FSA card transactions that require additional documentation.
- These transactions must be resolved by the end of the three-month claims filing period. If you fail to take action by the deadline, unresolved card transactions will be reclassified as taxable income.



Questions? Call Anthem FSA Member Services at 877-451-7244.

- **Additional FSA details:** Review your FSA Sourcebook or visit www.anthem.com/cova.
- **Your online account:** Register online at benefitadmindolutions.com/anthem to get the most out of your FSA. Manage your account online and keep track of all your transactions, including those that need additional documentation. Once you have set up your unique login information you can:

- Check your account balance
- Find helpful resources and plan details
- Enroll in Real-time Alerts about your card activity
- Submit online reimbursement requests
- Keep up with card purchases

Important Health Care Notices

WOMEN'S HEALTH AND CANCER RIGHTS

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Health Benefits Notices

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

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

See the Summary of Benefits and Coverage, CHIP and HIPAA Special Enrollment Notice inserts in your Open Enrollment package with the Spotlight.

Go Ask ALEX!

ALEX is an online, interactive assistant "who" can help you decide which plan may be the most cost-effective for you. The tool is user-friendly and easy to understand, and will walk you through your plan options.

ALEX will:

- Ask questions about your individual needs;
- Explain the plans offered;
- Estimate the lowest cost plan option for you; and
- Provide a plan comparison.

Check out Alex at www.alexforcova.com.
Remember—The final decision is yours!

Your Convenient Online Portal!

EmployeeDirect

- **New! Confirm your premium rewards**
- Submit your Open Enrollment elections
- Review your personal information
- Update your health benefits profile

<http://edirect.virginia.gov>

New Look. Same Security. Go Green!

YOUR QUESTIONS ANSWERED

PLAN OR BENEFIT	WHO TO CONTACT
COVA Care and COVA HDHP	Medical, Prescription Drug, Vision, Hearing & Behavioral Health Benefits Anthem Blue Cross and Blue Shield: 800-552-2682 or www.anthem.com/cova
	Dental Benefits Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com
	Employee Assistance Program (EAP) Anthem: 855-223-9277 or www.AnthemEap.com
COVA HealthAware	Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits Aetna: 855-414-1901 or www.covahealthaware.com
	Employee Assistance Program (EAP) Aetna: 888-238-6232 or www.covahealthaware.com
Kaiser Permanente HMO	Medical, Prescription Drug and Vision Benefits Kaiser Permanente: 800-777-7902, (301) 468-6000 in Washington, D.C. or http://my.kaiserpermanente.org/mida/commonwealthofvirginia
	Dental Benefits Dominion Dental: 888-518-5338
	Behavioral Health Kaiser: 1-866-530-8778 Employee Assistance Program (EAP) ValueOptions: 866-517-7042
TRICARE Supplement	Association & Society Insurance Corporation (ASI): 866-637-9911
Flexible Spending Accounts (FSA)	Anthem FSA: 877-451-7244 www.anthem.com/cova Participants only: benefitadminsolutions.com/anthem
MyActiveHealth Program	Active Health Management: 866-938-0349 or www.myactivehealth.com/COVA
ALEX Decision Assistant	www.alexforcova.com
Department of Human Resource Management	www.dhrm.virginia.gov Email: openenrollment@dhrm.virginia.gov

