

may not extend beyond July 31, because only six months of coverage are allowed for personal leave without pay.

If a faculty member waives coverage while on a LWOP, he or she may not elect to re-enroll in the Group during the period of the leave. If the faculty member who waives coverage is on LWOP through the end of the academic year, coverage is not available for the summer months. Application may be made for coverage which coincides with the new contract year.

***Collecting Premiums
For Employees On A
9-, 10-, Or 11-Month
Appointment***

Premiums for the summer months must be collected by payroll deduction or by personal check if an employee with premium liability does not receive a paycheck during the summer months.

If premiums for the summer months are collected by personal checks, the checks should be submitted by the first day of the month of coverage.

***If Premiums Are Not
Paid***

If an employee who is eligible for the State contribution during the summer months fails to make payment for his share of the premium, coverage must be dropped. Coverage will be dropped on the last day of the month for which a premium has been paid. Notify the employee in writing that coverage has been terminated. Terminate coverage on the BES record.

***Dependent Social
Security Numbers***

Generally, dependents are identified in the BES system by their Social Security Numbers. Newborns may be temporarily added to the BES system by using 999-99-9999 in place of their pending Social Security Number (system will assign a random "9xx" number). However, after 90 days, the continued use of a "9xx" Social Security Number will freeze the record, preventing any future changes until an actual Social Security Number is provided. Social Security Numbers for newborns are automatically generated based on paperwork submitted by the hospital at birth. In the State of Virginia, this typically takes seven weeks to process. In no case should a newborn be given a permanent fictitious/assigned ID number in the "8xx" series.

Some alien/non-citizen dependents may not be able to provide a Social Security Number, but instead may present an Individual Taxpayer Identification Number (ITIN). This is acceptable since legally admitted aliens who do not have authorization to work in the United States do not have Social Security Numbers. If a dependent is able to provide documentation of his TIN, he may be added to the BES system using an 888-88-8888 in the place of a Social Security Number (the BES system will assign a random "8xx" number). Use of the "8xx" series will allow for future changes to the record. The Department of Human Resource Management must enter all "8xx" series identification numbers.

Coordination of Benefits (COB) is a method which avoids duplicate payments for the same service. All State employee health benefits plans provide for coordination of benefits. If a person covered by the State plan has additional health care coverage, benefits will be coordinated with the other plan if that plan involves employer contributions or payroll deductions and if the other plan is:

1. a group plan;
2. a labor-management trusted plan, union welfare plan, employer organization plan, or employee benefit organization plan; or
3. a governmental program or coverage required or provided by law.

COB does not apply when someone has an individual accident or sickness policy paid for by the insured or when a State employee funds an individual or franchise sickness or accident insurance policy through payroll deduction. For instance, if an employee has a cancer policy paid 100% by the employee for which payroll deductions are taken, there is no COB.

With COB, one of the programs is responsible for “primary coverage” and the other for “secondary coverage.” Full benefits are paid by the primary coverage program before benefits of the other programs are calculated. Secondary coverage programs provide benefits only for covered services which are not payable by the primary coverage. When the State plan pays secondary, the payment will be calculated such that the combined primary and secondary coverage will not exceed what the State would have paid if it were the primary payor.

One of the most common situations is where the State employee and his spouse are enrolled in Family membership through different employers. In these cases the birthday rule is used to determine which plan pays primary for dependent children. The plan of the spouse who has the earlier birth date in the calendar year will be primary payor in most circumstances.

Under most circumstances, employees and retirees in the State Health Benefits Program do not have to file claims for health care services. For example, with COVA Care, all network providers, and many non-network providers, submit claims directly.

When An Enrollee Receives Health Care Services . . .

- The identification card should be presented.
- The enrollee should request that the provider submit the claim directly to the health benefits plan.

Because network providers and many out-of-network providers routinely file claims and are familiar with claims procedures, having them file the claim will expedite payment for approved covered services.

Claims Filing Steps

There are, however, times when the health care provider does not bill the health benefits plan directly. In these instances the enrollee must file a claim.

Claims procedures will vary from plan to plan, but generally the enrollee must follow these steps if the health care provider does not file the claim.

1. Complete a claim form provided by the health benefits plan. Carefully follow instructions on the form.
2. Attach a copy of a fully itemized bill to the claim form. An itemized bill usually includes:
 - Patient's name
 - Provider's name
 - Date of each service
 - Description and cost of each service
 - Diagnosis of the condition
3. Forward the claim form and itemized bill to the address shown on the form.

If there are questions about completing the form, attachments to the form, or the claim's status, the enrollee should contact the health benefits plan.

Timely filing is important. Employees should consult their plan's member handbook for specific claims filing deadlines. Claims forms are available through the plans.

Administrative Information

The State Health Benefits Programs are administered by the Department of Human Resource Management. The Office of State and Local Health Benefits Programs provides this Manual to support agency Benefits Administrators. Additionally, the Programs' Web site <http://www.dhrm.virginia.gov/compandbenefits.html> contains a full library of information on the State Health Benefits Programs. When you have questions or need information not found in this Manual or on the Web site, please contact the Office of Health Benefits Programs.

State Health Benefits Programs
Department of Human Resource Management
101 North Fourteenth Street
12th Floor
Richmond, VA 23219

Accounting Information

The Health Care Accounting Unit in the Department of Accounts audits the group bills and can assist the agencies with problems related to payroll deductions, collection of premiums, etc.

Health Care Accounting Unit
Department of Accounts
101 North Fourteenth Street
2nd Floor
Richmond, VA 23219

Statewide Plans

When questions arise about coverage or claims under the State's COVA Care, Medicare Complementary (Option I), or Medicare Supplemental (Option II) plans, Advantage 65, and the Dental/Vision Plan, call or write appropriate administrator

Anthem Blue Cross and Blue Shield - Medical, Vision and Hearing Benefits

Member Services: (804) 355-8506 in Richmond or 1-800-552-2682 outside Richmond
www.anthem.com

Delta Dental Plan of Virginia - Dental Benefits

Member Services: 1-888-335-8296
www.deltadentalva.com

Medco Health Solutions. Inc. - Prescription Drug Program

Member Service: 1-800-355-8279
www.medcohealth.com

ValueOptions, Inc. Behavioral Health and Employee Assistance Program

Member Services: 1-866-725-0602

www.achievesolutions.net/covacare

Regional Plans

Kaiser Permanente HMO Plan (Northern Virginia Only)

Kaiser Foundation Health Plan of the Mid-Atlantic States

(301) 468-6000 in the Washington, D.C. area or

toll free **1-800-777-7902** outside Washington, D.C.

Behavioral Health: Toll free **1-866-530-8778**

Employee Assistance Program: Toll free **1-866-517-7042**

<http://www.dhrm.virginia.gov/hbenefits/kaiser.html>

How Forms Are Processed

Form	Where to Submit	Reason
Enrollment Form for Active Employees	All plans—agency enters into BES and retains Enrollment Form	Enrollment/changes
Enrollment Form for Retirees	All plans – agency enters into BES and sends a copy to VRS	Enrollment/changes
Enrollment Form for Extended Coverage Employee/Dependents	Agency enters into BES and retains Enrollment Form DHRM Extended Coverage Administrator	Enrollment Changes
Disability Certification	Agency retains	To continue State’s contribution due to illness
Materials Order Form	Commonwealth Mailing Systems	Enrollment Forms/ Provider Directory/Member Handbooks, etc. (all participating plans)
Kaiser Materials	Kaiser	Order Provider Directory, PCP Form
Appeal Form	Director of DHRM	Appeal to Director of DHRM once plan appeals exhausted

Additionally, there is a wealth of information available at the Office of Health Benefits’ Websites located at <http://www.dhrm.virginia.gov/compandbenefits.html> with links to the individual carrier Websites.