

**Frequently Asked Questions
COVA Connect Meetings
April 2009**

General

Q: Is COVA Connect an HMO plan?

A: Like COVA Care, COVA Connect is a preferred provider organization (PPO) and not a health maintenance organization (HMO) plan. It is a Commonwealth of Virginia program and the Commonwealth determines the benefits. COVA Connect is comparable to COVA Care and will be managed by the Department of Human Resource Management.

Q: If the Commonwealth determines benefits, what is Optima Health's role in COVA Connect?

A: The Commonwealth's health benefits program is self-insured. That means that the health benefits program collects premiums and ensures that claims are paid. Just as Anthem processes claims for COVA Care, Optima will process claims for COVA Connect.

Q: What are the differences between COVA Care and COVA Connect?

A: COVA Connect will provide added services to what is now available in COVA Care, including a health coach and clinical advocate to help members maximize their health benefits. COVA Connect will have the same plan provisions as COVA Care, and premiums, deductibles, copayments and coinsurance will be the same.

Q: I am in the COVA Connect pilot area and currently enrolled in COVA Care with Expanded Dental. What happens if I take no action during Open Enrollment?

A: If you live in the COVA Connect pilot area and do nothing, you will be transferred to COVA Connect beginning July 1 with the same options you had on June 30 in COVA Care (basic, expanded dental, out-of-network, vision and hearing).

Q: As a COVA Connect member, can I continue to participate in CommonHealth or Weight Watchers?

A: Both CommonHealth and Weight Watchers are Commonwealth of Virginia programs and not tied to any one health plan. You may continue to participate on or after July 1, 2009.

Premiums and Benefits

Q: Why is the cost of some services increasing for COVA Connect and not for COVA Care?

A: Premiums, deductibles, copayments and coinsurance will be the same for COVA Connect as for COVA Care. All state employees in COVA Care and COVA Connect will see the same increases in premium for buy-up options and in the cost for deductibles, copays and coinsurance beginning July 1.

Q: As a COVA Connect member, will I need to select a PCP or get a referral to a specialist?

A: Like COVA Care, COVA Connect members will not be required to designate a primary care physician (PCP) or obtain a referral to see a specialist.

Q: What is considered an emergency under COVA Connect?

A: COVA Connect will use the same criteria for emergency services as COVA Care. In an emergency, go the nearest hospital or medical facility. An emergency is defined as the sudden onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain that without immediate medical attention could reasonably be expected by a prudent layperson who possesses an average knowledge of health and medicine to result in:

- serious jeopardy to the mental or physical health of the individual;

- danger of serious impairment of the individual's body functions;
- serious dysfunction of any of the individual's bodily organs; or
- in the case of a pregnant woman, serious jeopardy to the health of the fetus.

Q: Will my deductible begin again for COVA Connect?

A: Your annual medical/behavioral health and dental deductibles will start again beginning July 1. Like COVA Care, you will receive credit in the new plan year for any of your annual medical /behavioral health deductible that is met from April through June. The dental deductible does not carry over.

Q: I have the COVA Care optional buy-up for vision and hearing. The benefit is for every 24 months. Will the benefit start again for COVA Connect?

A: The 24-month benefit will not begin again on July 1.

Q: I am taking a drug that is now in Tier 2 under COVA Care, but will be more expensive under COVA Connect. Why?

A: The COVA Connect pharmacy benefit is administered by Optima, while Medco administers the COVA Care pharmacy program. Some prescription drugs under COVA Connect may have a different tier level than under COVA Care. Prescription drug tiers, even for COVA Care, may change periodically. Some drugs may be on a lower tier in COVA Connect than in COVA Care, and some drugs may be on a higher tier.

Q: I am taking a drug that does not require prior authorization with Medco, but does require prior authorization under Optima for COVA Connect. Will I have to get prior authorization with Optima before July 1?

A: You will be given a transition period to refill your prescription after July 1. As long as you refill your prescription within 60 days at retail or 120 days at mail order, you will not need authorization from Optima for that particular drug beginning July 1.

Network Issues

Q: How can I be sure that my coverage will be paid in-network?

A: COVA Connect members will have in-network coverage as long as they see Optima providers in the Optima service area. Outside the Optima service area, members must see providers that participate with the Private Health Care System (PHCS) which is the national Optima network. Any provider in the Optima service area who does not participate with Optima is an out-of-network provider. When a non-Optima provider is used in the Optima service area, the member will not be covered unless they purchase the out-of-network option.

Q: What should I do if my provider is not in the Optima network?

A: Call Optima Member Services directly at 1-866-846-COVA (2682) or (757) 687-6350 if your provider is not in the Optima network and give them the physician's contact information. Optima will then be able to approach the provider about joining the Optima network.