



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: Extended Coverage/COBRA Qualified Beneficiaries in the Commonwealth of Virginia Health Benefits Program

From: Office of State and Local Health Benefits Programs

Date: April 27, 2010

Open Enrollment

From now until May 17, you have the opportunity to make changes to your health plan and membership level to be effective July 1, 2010. This package includes information about changes that will go into effect on July 1 so that you can decide if you wish to select another available plan. Instructions explaining how to make allowable changes are provided on page four. Each qualified beneficiary has an independent right to make changes.

Read these materials carefully to ensure that you understand your coverage options and premium/benefit changes for July 1, 2010. If you continue to be eligible for coverage and wish to maintain your current plan and membership level, you do not need to take any action.

Benefit Changes Starting July 1, 2010

COVA Care/COVA Connect Benefit Changes Starting July 1, 2010

- There will be no coverage for prescription non-sedating antihistamines. (Many of these medications, including Claritin and Zyrtec, are now available over the counter.)
- There will be no coverage for prescription drugs to treat erectile dysfunction (ED). This includes drugs such as Viagra, Cialis and Levitra.

- There is a new education program for this plan year for participants seeking bariatric surgery to treat obesity. The program requires:

--12 months of participation with a weight management coach to provide support and help you understand the emotional and behavioral issues often linked to weight problems;

--12 months of participation in a weight loss program (such as Weight Watchers) to help you make the best possible food and nutrition choices;

--Contact with the plan by your bariatric surgeon to arrange for the pre-surgery program, if you qualify;

--Continued coaching after surgery—if you remain in the coaching program for 12 months, the plan will refund half of your inpatient hospital copayment and the remaining half if you participate for a full two years (assuming continued eligibility).

Your Member Handbook will be updated to include more information about the education program, and a list of frequently-asked questions is available at www.dhrm.virginia.gov.

A number of questions have come from COVA Connect participants since the plan's implementation on July 1, 2009. In response, plan information and a list of frequently-asked questions are available at www.dhrm.virginia.gov/hbenefits/cova/covaconnect.html.

COVA High Deductible Health Plan (HDHP) Benefit Changes Starting July 1, 2010

- The plan year deductible will increase from \$1,200 to **\$1,750** for a single membership and from \$2,400 to **\$3,500** for a membership of two or more.
- There will be no coverage for prescription non-sedating antihistamines. (Many of these medications, including Claritin and Zyrtec, are now available over the counter.)
- There will be no coverage for prescription drugs to treat erectile dysfunction (ED). This includes drugs such as Viagra, Cialis and Levitra.

Kaiser Permanente HMO Benefit Changes Starting July 1, 2010

There will be a copayment decrease from \$20 to **\$10** for behavioral health group therapy, non-medical professional visit (licensed professional with a master's or PhD degree). There will be no change to the \$20 individual therapy copayment.

Monthly Premium Rates Effective July 1, 2010

Listed on pages three and four are monthly premium costs that will become effective on July 1, 2010, based on specific **COBRA enrollment status**.

Monthly Premium Cost for July 2010—June 2011

18 or 36-Month COBRA Participants

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care/COVA Connect Basic	\$510	\$944	\$1,379
COVA Care/COVA Connect + Out-of-Network	\$522	\$960	\$1,401
COVA Care/COVA Connect + Expanded Dental	\$525	\$974	\$1,424
COVA Care/COVA Connect + Out-of-Network and Expanded Dental	\$538	\$989	\$1,445
COVA Care/COVA Connect + Expanded Dental and Vision/Hearing	\$537	\$993	\$1,450
COVA Care/COVA Connect + Out-of-Network, Vision, Hearing and Expanded Dental	\$548	\$1,009	\$1,471
COVA HDHP (High Deductible Health Plan)	\$409	\$758	\$1,108
Kaiser Permanente HMO*	\$528	\$974	\$1,421

29-Month (Disability Extension) COBRA Participants

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care/COVA Connect Basic	\$750	\$1,388	\$2,028
COVA Care/COVA Connect + Out-of-Network	\$768	\$1,412	\$2,061
COVA Care/COVA Connect + Expanded Dental	\$773	\$1,433	\$2,094
COVA Care/COVA Connect + Out-of-Network and Expanded Dental	\$791	\$1,455	\$2,126
COVA Care/COVA Connect + Expanded Dental and Vision/Hearing	\$789	\$1,461	\$2,133
COVA Care/COVA Connect + Out-of-Network, Vision, Hearing and Expanded Dental	\$806	\$1,484	\$2,163
COVA HDHP (High Deductible Health Plan)	\$602	\$1,115	\$1,629
Kaiser Permanente HMO*	\$777	\$1,433	\$2,090

Military Leave Without Pay COBRA Participants

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care/COVA Connect Basic	\$43	\$102	\$150
COVA Care/COVA Connect + Out-of-Network	\$55	\$118	\$172
COVA Care/COVA Connect + Expanded Dental	\$58	\$132	\$194
COVA Care/COVA Connect + Out-of-Network and Expanded Dental	\$70	\$147	\$215
COVA Care/COVA Connect + Expanded Dental and Vision/Hearing	\$69	\$151	\$220
COVA Care/COVA Connect + Out-of-Network, Vision, Hearing and Expanded Dental	\$80	\$166	\$240
COVA HDHP (High Deductible Health Plan)	\$0	\$0	\$0
Kaiser Permanente HMO*	\$42	\$100	\$146

ARRA Assistance Eligible Individuals (for duration of ARRA benefit period)

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care/COVA Connect Basic	\$179	\$330	\$483
COVA Care/COVA Connect + Out-of-Network	\$183	\$336	\$490
COVA Care/COVA Connect + Expanded Dental	\$184	\$341	\$498
COVA Care/COVA Connect + Out-of-Network and Expanded Dental	\$188	\$346	\$506
COVA Care/COVA Connect + Expanded Dental and Vision/Hearing	\$188	\$348	\$508
COVA Care/COVA Connect + Out-of-Network, Vision, Hearing and Expanded Dental	\$192	\$353	\$515
COVA HDHP (High Deductible Health Plan)	\$143	\$265	\$388
Kaiser Permanente HMO*	\$185	\$341	\$497

NOTE: New dependents added by Assistance Eligible Individuals during Open Enrollment will not be eligible for premium assistance.

*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly—see *Resources* on page six of this correspondence for contact information.

Making Changes

Open Enrollment Changes - If you wish to make a plan or membership change during Open Enrollment, your completed Extended Coverage/COBRA Change Request form must be mailed to the following address and **postmarked** no later than May 17, 2010: **Office of Health Benefits COBRA Administrator, 101 North 14th Street, 13th Floor, Richmond, VA 23219.**

Change Request forms are available at the Department of Human Resource Management web site at www.dhrm.virginia.gov or by calling 1-888-642-4414. You may also make allowable changes on line by using *EmployeeDirect*, which is available at the same web site, no later than May 17, 2010. If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is made, it will not be changed except as allowed by the policies of the Department of Human Resource Management. After the Open Enrollment Period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly. You may not elect a plan outside of the plan’s service area.

If you are submitting an Extended Coverage/COBRA Change Request form to make an Open Enrollment change to be effective July 1, 2010, be sure to check the *Open Enrollment* box as the reason for making the change. Certain changes are only allowed at Open Enrollment. However, some changes are allowed outside of Open Enrollment. If you check another reason for your requested change, it could become effective before July 1.

Reconciliation/Update of COVA Care and COVA Connect Elections by Service Area – If you moved into or out of the COVA Connect service area since the last open enrollment but did not change your plan to reflect the COVA Care/Connect plan designated by your zip code of record, you will be moved to the correct COVA Care/Connect Plan effective July 1 based on your zip code of record on March 31 unless you elect the COVA HDHP or terminate coverage. If you move on or after April 1, you may make a plan change based on the service area of your new address within 31 days of the move. A list of COVA Connect zip codes is provided on page six for your reference.

Making Changes After Open Enrollment - After the Open Enrollment period, membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). Any increase in membership level will require documentation to support the addition of new dependents. Of course, coverage for qualified beneficiaries will end if the premium payment is not made by the end of the grace period.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) Notice – This Notice is being enclosed for all Enrollees, regardless of their state of residence, as notification of rights provided by this legislation. CHIPRA created two new Special Enrollment rights for certain eligible employees and dependents who lose coverage or become eligible for premium assistance under a Medicaid or state children's health insurance program. The Notice includes additional information about the opportunity to enroll in the premium assistance programs. Coverage changes must be requested within 60 days of the eligibility determination. Please note that you must be eligible for coverage in order to exercise these special enrollment opportunities.

Other News and Information

Health Care Reform – The Department of Human Resource Management's Office of Health Benefits is following the provisions of Health Care Reform carefully to ensure that the State Health Benefits Program complies with all provisions. Please note that increase in the limiting age for dependent eligibility to age 26 is not effective until after fall 2010. The Department will notify you if there is any effect on your benefits.

ID Cards – COVA Connect participants will receive new ID cards which will include logos to designate travel and out-of-area access to network benefits (PHCS and Multiplan). No new ID cards will be issued under any other plans unless the information on your current card needs to be updated.

Member Handbooks – Enrollees in the COVA Care Plan and COVA HDHP on July 1 will receive a Member Handbook amendment to update their July 2009 or July 2008 (respectively) Member Handbook. COVA Connect Enrollees will receive a new Member Handbook. Kaiser Permanente HMO Enrollees will receive a new Evidence of Coverage.

If You Become Entitled to Medicare or Start Coverage Under Another Group Health Plan... - The Extended Coverage/COBRA provisions of the Public Health Service Act provide that continuation coverage will be terminated before the end of the maximum coverage period if a qualified beneficiary becomes covered under another group health plan that does not impose a pre-existing condition limitation or if a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage. It is the obligation of the qualified beneficiary to notify the Office of Health Benefits (OHB) COBRA Administrator within 30 days of the start of such coverage by sending notification in writing to the Office of Health Benefits COBRA Administrator. Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination retrospectively to the date that coverage would have been terminated had it been reported on time.

Prompt Payment of Premiums – Extended Coverage premium payments are due on the first day of the coverage month; however, by law, participants are given a grace period of 30 days to make each periodic payment. If the premium payment is not received by the first day of the coverage month, coverage will be suspended and then retroactively reinstated when the premium is paid. This means that any claim you submit for benefits while your coverage is suspended may be denied, but it may be resubmitted once your coverage is reactivated upon receipt of payment. If you fail to make your premium payment by the end of the grace period, you will lose all rights to

continuation coverage effective the first of the month for which payment was not received. Payments are considered made when mailed.

Attachments and enclosures:

- Notice – Women’s Health and Cancer Rights (Page 6--below)
- Resources (page 7)
- CHIPRA Notice (enclosed)

COVA Connect Service Area

City	Zip Codes
Chesapeake	23320—23328
Hampton	23630, 23651, 23661, 23663—23670, 23681
Norfolk	23501—23515, 23517—23521, 23523, 23529, 23541, 23551
Poquoson	23662
Portsmouth	23701—23705, 23707-23709
Suffolk	23432—23439
Virginia Beach	23450—23467, 23471, 23479

Notice

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.

RESOURCES

If you have questions regarding claims, benefits or participating providers, contact:

<i>Benefit</i>	<i>Contact This Administrator</i>
<ul style="list-style-type: none"> • COVA Care Medical • COVA Care Optional Vision and Hearing • COVA HDHP (all benefits) 	Anthem Blue Cross and Blue Shield Member Svcs. 1-800-552-2682 TDD: 1-804-354-4327 (Richmond) or 1-800-554-7752
<ul style="list-style-type: none"> • COVA Connect Medical, Vision, Hearing, Behavioral Health or Employee Assistance Program and Prescription Drugs 	Optima Health 866-846-COVA (2682) or 757-687-6350
<ul style="list-style-type: none"> • COVA Care Behavioral Health or Employee Assistance Program 	Value Options, Inc. 1-866-725-0602
<ul style="list-style-type: none"> • COVA Care or COVA Connect Dental 	Delta Dental 888-335-8296
<ul style="list-style-type: none"> • COVA Care Prescription Drugs 	Medco Health Solutions, Inc. 1-800-355-8279
<ul style="list-style-type: none"> • Kaiser Permanente HMO 	Medical: 800-777-7902 or 301-468-6000 (in Washington, DC) Behavioral Health and EAP: 866-517-7042 Dental: 888-518-5338

If you have questions about eligibility and enrollment, contact:

Office of Health Benefits COBRA Administrator
101 North 14th Street, 13th Floor
Richmond, VA 23219
888-642-4414

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of March 3, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 602-417-5422	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 208-334-5747 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
IOWA – Medicaid	CHIP Website: http://www.nevadacheckup.nv.org/
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	CHIP Phone: 1-877-543-7669
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 800-766-9012	Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561
LOUISIANA – Medicaid	CHIP Website: http://www.njfamilycare.org/index.html
Website: www.dhh.louisiana.gov/offices/?ID=92 Phone: 1-888-342-6207	CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	CHIP Website:
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 800-657-3739	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100

NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	VERMONT – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.oregon.gov/DHS/healthplan/index.shtml Medicaid Phone: 1-800-359-9517 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml CHIP Phone: 1-800-359-9517	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-877-543-7669
RHODE ISLAND – Medicaid	WEST VIRGINIA – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Telephone: 307-777-7531

To see if any more States have added a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



Virginia Department of
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