

HEALTH BENEFITS E-NEWS

*Department of Human Resource
Management
Office of Health Benefits*

June 28, 2019

New Payflex Health Flexible Spending Account (FSA) Debit Cards Mailed – Annual Election Amount To Be Corrected

Employees who enrolled in a Health FSA for the new plan year starting July 1 were mailed a Payflex debit card on June 24. As announced in the Spotlight open enrollment booklet, Payflex is the new administrator for both medical and dependent care FSAs. Some employees have indicated that they were not aware of the change, but please assure them that the Payflex debit card is the correct card for the State Employee Health Benefits Program's Health FSA. (The former Blue Cross Blue Shield Elite Visa card is no longer valid after June 30.)

Attached for your reference is the card carrier that was included with the new debit card and provides useful information about how to use the card. Also, the updated FSA Sourcebook has complete information about the flexible benefits program and is available at: <http://www.dhrm.virginia.gov/docs/default-source/benefitsdocuments/ohb/flexible-spending-account-sourcebook-2019.pdf?sfvrsn=0>

NOTE: Currently, some employees (those in a 12 or 24 pay cycle) who have used the Payflex web site may have noticed an error in the total annual Health FSA election amount. Payflex is aware of this and is currently making the correction. The correct annual election amount will be available on July 1.

Following is some additional information that you may find useful in responding to employees' questions:

- The Payflex debit card must be activated. See the card carrier for complete information.
- Only one debit card was provided to each enrollee. Additional cards may be requested by calling 855-516-8595 or going to www.payflex.com (listed on the back of the Payflex card).
- Use either the employee ID number or the last four digits of the employee's Social Security Number to access Payflex information by phone or through the web site.

Anthem Introduces New Explanation of Benefits (EOB) Format

Beginning July 1, 2019, COVA Care and COVA HDHP members will start receiving a new and improved EOB as part of the claims process. The redesigned *Beyond the EOB* statement, which was based on extensive member research, provides Anthem members with personalized, actionable insights related to their health and wellness and is designed to improve their member experience.

The new EOB will consist of a Health Care Summary for all claims, which includes all elements of a standard EOB (claims details, balances/accumulators). Other improvements include helpful graphics, language that is easier to understand, savings opportunities, preventive care reminders, and condition messages, all in an easy-to-read format.

NEW! - Beyond the EOB

Claims summary

Doctor/facility charges:	\$983.00
Your discounts:	- 671.53
Due to your doctor/facility:	\$311.47
Anthem paid:	- 136.47
What you pay:	\$175.00

Preventive care reminders*

For Jane

- Breast cancer screening
- Diabetes check
- Colon cancer screening

For Tom

- Child well-care visit
- Flu shot

For Ben

- Child well-care visit
- Flu shot

*This checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. See to the doctor recently? It may not reflect your most recent services.

Simpler language and consumer friendly tone

Recommended easy services to close gaps in care

Tips on how to use your plan more efficiently

Claims details

Don't recognize these services? Call the Fraud Hotline at 1-800-368-3580

Jane Q. Member | Claim number: 1234567891255 | Received: 3/6/18 | Doctor: Jennifer Jones, MD (In your plan)

Going to this doctor uses in-network benefits. That's your best value.

You pay \$25.00. Here's how it breaks down.

Service date	Service	Reason code	Doc or charges	Your discounts	Due to your doctor (allowable)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
1/26/18	Special services		175.00	87.50	87.50	82.50	25.00	0.00	0.00	0.00	- 25.00
Totals:			175.00	87.50	87.50	82.50	25.00	0.00	0.00	0.00	= \$25.00

Savings Opportunity Did you know our members save an average of \$123.25 by seeing a doctor in their plan? Visit anthem.com/cova or download the Engage app to find doctors in your plan.

Tom Dependent | Claim number: 1234567891255 | Received: 3/17/18 | Hospital: Methodist Hospital (In your plan)

Going to this hospital uses in-network benefits. That's your best value.

You pay \$150.00. Here's how it breaks down.

Service date	Service	Reason code	Hospital charges	Your discounts	Due to your hospital (allowable)	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
2/14/18	ER Visit	066	808.00	584.03	223.97	73.97	150.00	0.00	0.00	0.00	- 150.00
Totals:			808.00	584.03	223.97	73.97	150.00	0.00	0.00	0.00	= \$150.00

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Simple explanations for how a claim was paid

Members can contact Anthem Member Services at 1-800-552-2682 if they have questions once they begin receiving the new EOBs.

You may send inquiries to the Office of Health Benefits mailbox at ohb@dhrm.virginia.gov