# HEALTH BENEFITS E-NEWS EXTRA

Department of Human Resource Management Office of Health Benefits

September 21, 2020

### State Plan Office Visit Out-of-Pocket Cost Waiver Extended to December

In response to the COVID-19 pandemic, the DHRM Office of Health Benefits is extending the original cost share waivers for health plan members to the following:

### **COVID-19 Testing and Related Office Visits:**

Out-of-pocket costs for COVID-19 testing, as well as the associated office visit, as recommended by CDC guidelines. Contact your provider regarding availability of testing. This cost share waiver will be in place through the duration of the Federal Emergency and no end date has been provided at this time.

#### **Virtual Office Visits:**

In an effort to encourage continued management of your health care while you may not have access to or prefer to avoid an in-person office visit, the out of-pocket cost for virtual visits under the COVA Care, COVA HealthAware, and LODA non-Medicare plans will be waived through **December 31, 2020**. The original waiver was through June 14, 2020, for COVA Care and through June 4, 2020, for COVA HealthAware, then extended to September 30. This will include not only LiveHealth Online and Teladoc providers but other providers delivering virtual care. However, under the COVA HDHP, the \$0 cost will apply only to COVID-19-related virtual visits.

Out-of-pocket costs for virtual/telephonic visits for physical, occupational, and speech therapy will <u>not</u> be waived for COVA Care. Contact your plan's Customer Service to determine if other virtual specialty care will be covered.

Participants in the Kaiser and Optima regional plans should contact their plan's Customer Service number or website for more information.

See the updated <u>Health Benefits sheet</u> on the DHRM COVID-19 web page.

## Handling PMIS/BES Updates

We have received an increasing number of requests for assistance relating to leave and termination updates done in PMIS that were not updated in BES. When processing updates through PMIS, either at the agency level or with iHelp assistance, it is imperative that you review the transaction in BES to ensure that the information has been updated correctly.

OHB should be contacted before the employee's access to coverage, both health care and/or Flexible Spending Account (FSA), is denied due to an incorrect termination date on the record. Keep in mind that it can take 24 to 48 hours to update eligibility with the various health plan carriers.

As a reminder, the Leave Expire Report should be reviewed to ensure that the employee's BES record is updated timely. Please see the <u>E-News dated August 22, 2019</u>, with instructions for handling the PSL002 Leave Expire Report.

## Important FSA Deadlines for the 2019-2020 Plan Year Accounts

Please see the chart below for important dates for the Flexible Spending Account (FSA) Program.

| Date       | Description  | Population Impacted   |
|------------|--|---|
| 6/30/2020  | Determines eligibility for the one-time Grace Period. Also, last day to incur expenses for employees who do not have the grace period.   | All employees with HFSA or DCFSA funds enrolled on this date with a remaining balance     |
| 9/30/2020  | Normal runout period for plan years that end on June 30th  | N/A for plan year ending June 30, 2020  |
| 10/31/2020 | Last day to incur expenses for grace period funds  | All employees with HFSA or DCFSA funds remaining from the plan year ending June 30, 2020. |
| 11/30/2020 | Extended runout period for plan year ending June 30, 2020. Includes HFSA and DCFSA. All claims and documentation must be received by the administrator on or before this date. The administrator will not accept documentation postmarked, but not received, by this date. | All employees enrolled in an FSA as of June 30, 2020                                      |

Employees may log in to <u>payflex.com</u> or call customer service at 1-855-516-8595 for information regarding their account.

As a reminder, when an FSA is terminated midyear, employees have a 3-month runout period following the end of the account to file claims for reimbursement.

Please do not reply to this e-mail. You may send inquiries to the Office of Health Benefits mailbox at <a href="mailto:ohb@dhrm.virginia.gov">ohb@dhrm.virginia.gov</a>