

COVA Materials Order Form

This form is for Commonwealth of Virginia Benefit Administrators with employees who are covered under the Optima Health HMO plan. Please allow ten business days for delivery of materials. To submit requests, please email this form to: covamaterials@optimahealth.com.

Name:		Telephone:		Date:	
Agency Number:		Agency Name:			
Shipping Address*:					
Special Shipping Notes:					

**Orders cannot be delivered to P.O. Box addresses*

Consider going green. Information is available for benefit administrators, members, and all employees at our dedicated website: optimahealth.com/cova.

Item	Quantity	Description of Document
Optima Health Benefits Brochure		Eight-page document describing overview of plan design and additional features
Disease Management Program Flyer		Summarizes the Optima Health disease management program
5 in 5 EAP Orientation Flyer		Summarizes Employee Assistance Program benefits
Partners in Pregnancy Flyer		Details the Optima Health pregnancy program
Bariatric Surgery Flyer		Provides details on the Optima Health bariatric surgery benefit
Out-of-Area Dependent Form		Necessary form needed to cover out-of-area dependents
Dominion National Dental Brochure		Information about the dental benefits included in the Optima Health offering
Vision Summary of Benefits and Discount Flyer		Information about the vision benefits included in the Optima Health offering
All documents are available at optimahealth.com/cova. A password is not needed.		