



SPOTLIGHT

SPRING 2016

ON YOUR BENEFITS

Published by the Department of Human Resource Management • Commonwealth of Virginia

Health Care and Flexible Spending Accounts

OPEN ENROLLMENT MAY 1 - 23, 2016

Effective for Plan Year July 1, 2016 – June 30, 2017

It's Your Choice!

Health Care Coverage

- **Enroll in or change** your health plan.
- **Keep** your current plan.
- **Consider optional buy-ups** for COVA Care, COVA HDHP and COVA HealthAware.
- **Waive** health care coverage.
- **Add or remove** family members.

Flexible Spending Accounts (FSAs)

- **Enroll in** a Health or Dependent Care FSA or both.
- **You must enroll every year** to have an FSA.

Submit Your Election by May 23!

- **Log on to EmployeeDirect** at <https://edirect.virginia.gov> to enroll online. Be sure to confirm your personal information.

OR

- **Complete and submit an enrollment form** to your agency Benefits Administrator.

What's Changing on July 1?

Premiums

- **Premiums will change.** See page 3.

COVA Care, COVA HDHP, COVA HealthAware and Kaiser Permanente HMO

- **Applied Behavioral Analysis (ABA)**
for autism spectrum disorder: Coverage extended beyond age 6 to children ages 2 through 10.

COVA Care and COVA HealthAware

- **Premium Rewards:** Participants can earn a Premium Reward at any time! See page 2.

Ask ALEX[®] for Advice

Walk through your health plan options with ALEX, your online benefits counselor. ALEX will use your input to let you know how the plans work for you, and he may throw in a joke or two. Check out ALEX at www.myalex.com/cova.



Even More Flexibility to Earn Premium Rewards!

There's exciting news for this plan year! You can earn a Premium Reward **even if you enroll after July 1, 2016** in COVA Care or COVA HealthAware.

You and/or your spouse can receive a reward after completing the requirements.

How Much Can I Earn with a Premium Reward?

- **Employee or spouse participates:** You save \$17 per month or up to \$204 annually in COVA Care or COVA HealthAware premiums once the two requirements are met.
- **Employee and spouse participate:** You save a total of \$34 in premiums per month or up to \$408 annually once the requirements are completed.
- **Most important:** Participation is a step toward better health!

What are the two requirements to earn a Premium Reward beginning July 1, 2016?

- An online health assessment completed or updated between **July 1, 2015 and June 30, 2016**.
- A biometric screening completed and submitted between **July 1, 2015 and June 30, 2016**.



ALEX says ...

You can go back as far as July 1, 2015!

COVA Care Members: Does Your Visit Include More than Physical Therapy?

There have been some questions about coverage for physical therapy (PT) under the COVA Care plan. PT alone is covered for a \$15 copayment. If you receive other services, such as manual medical intervention, in addition to PT, you will pay the highest copayment - \$25 for a PCP and \$35 for a specialist.

Be sure to discuss with your provider the specific type of service you are receiving, so you will understand in advance what your copayment will be.



How do I complete the requirements?

- Go to www.myactivehealth.com/cova to:
 - Complete or update your health assessment.
 - Obtain a Physician Results Form to submit your biometric screening measurements.

Remember, if you are eligible you can complete the requirements at any time! The reward will be effective the first of the month after you complete both requirements and will continue through June 30, 2017.

If processing delays receipt of the reward, payment will be made retroactively to the correct date.

Think you've earned a Premium Reward, but you're not receiving it?

Contact your agency Benefits Administrator and submit copies of your:

- Biometric screening email confirmation, and/or
- Health assessment email confirmation or completion screen.

If you opt out of the MyActiveHealth portal, you will be ineligible for Premium Rewards or any other program incentives.



Employee Monthly Premiums for July 1, 2016 – June 30, 2017

Full-time employees pay the "Employee Pays" amount. Part-time salaried employees pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements.

HEALTH CARE PLANS		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA Care	Employee Pays	\$82	\$188	\$254	\$65	\$171	\$154	\$237	\$220
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$677	\$1,254	\$1,817	\$660	\$1,237	\$1,220	\$1,800	\$1,783
COVA Care + Out-of-Network	Employee Pays	\$98	\$210	\$284	\$81	\$193	\$176	\$267	\$250
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$693	\$1,276	\$1,847	\$676	\$1,259	\$1,242	\$1,830	\$1,813
COVA Care + Expanded Dental	Employee Pays	\$111	\$243	\$338	\$94	\$226	\$209	\$321	\$304
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$706	\$1,309	\$1,901	\$689	\$1,292	\$1,275	\$1,884	\$1,867
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$127	\$265	\$368	\$110	\$248	\$231	\$351	\$334
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$722	\$1,331	\$1,931	\$705	\$1,314	\$1,297	\$1,914	\$1,897
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$128	\$272	\$377	\$111	\$255	\$238	\$360	\$343
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$723	\$1,338	\$1,940	\$706	\$1,321	\$1,304	\$1,923	\$1,906
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$144	\$294	\$407	\$127	\$277	\$260	\$390	\$373
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$739	\$1,360	\$1,970	\$722	\$1,343	\$1,326	\$1,953	\$1,936
COVA HealthAware	Employee Pays	\$21	\$76	\$87	\$4	\$59	\$42	\$70	\$53
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$616	\$1,142	\$1,650	\$599	\$1,125	\$1,108	\$1,633	\$1,616
COVA HealthAware + Expanded Dental	Employee Pays	\$49	\$131	\$170	\$32	\$114	\$97	\$153	\$136
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$644	\$1,197	\$1,733	\$627	\$1,180	\$1,163	\$1,716	\$1,699
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$59	\$147	\$191	\$42	\$130	\$113	\$174	\$157
	State Pays	\$595	\$1,066	\$1,563	\$595	\$1,066	\$1,066	\$1,563	\$1,563
	Total Premium	\$654	\$1,213	\$1,754	\$637	\$1,196	\$1,179	\$1,737	\$1,720
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$511	\$949	\$1,387					
	Total Premium	\$511	\$949	\$1,387					
COVA HDHP + Expanded Dental	Employee Pays	\$28	\$55	\$83					
	State Pays	\$511	\$949	\$1,387					
	Total Premium	\$539	\$1,004	\$1,470					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$65	\$154	\$220					
	State Pays	\$530	\$941	\$1,375					
	Total Premium	\$595	\$1,095	\$1,595					
TRICARE Voluntary Supplement	Total Premium	\$61	\$120	\$161					

Premiums and plan benefits may change subject to final state budget approval.

2016 Benefits at a Glance



Health Plans	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
Benefits	You Receive	You Receive	You Receive	You Receive
Health Reimbursement Arrangement (HRA) Employer deposit to your HRA on July 1, 2016	\$600 employee \$600 enrolled spouse	Not available	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
Deductible – per plan year				
• One person	\$1,500	\$300	\$1,750	None
• Two or more persons	\$3,000	\$600	\$3,500	None
Pharmacy expenses apply toward deductible	Yes	Not applicable	Yes	Not applicable
Out-of-pocket expense limit – per plan year				
• One person	\$3,000	\$1,500	\$5,000	\$1,500
• Two or more persons	\$6,000	\$3,000	\$10,000	\$3,000
Pharmacy expenses count toward out-of-pocket limit	Yes	Yes	Yes	Yes
Doctor's visits (in person and telemedicine)				
• Primary care physician	20% after deductible	\$25	20% after deductible	\$25
• Specialist	20% after deductible	\$40	20% after deductible	\$40
Hospital services				
• Inpatient	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Outpatient	20% after deductible	\$125 per visit	20% after deductible	\$75 per visit
Emergency room visits	20% after deductible	\$150 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
Ambulance travel	20% after deductible	20% after deductible	20% after deductible	\$50 per service
Outpatient diagnostic laboratory and x-rays	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging
Infusion services (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist
Outpatient therapy visits				
• Occupational and speech therapy	20% after deductible	\$25 PCP/\$35 specialist*	20% after deductible	\$40
• Physical therapy only	20% after deductible	\$15*	20% after deductible	\$40
• Chiropractic, spinal manipulation and other manual intervention services (30-visit plan year limit per member)	20% after deductible	\$25 PCP/\$35 specialist*	20% after deductible	\$40
Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 10	20% after deductible	\$25 per service	20% after deductible	\$25 per visit
Behavioral health				
• Medical and non-medical professional visits	20% after deductible	\$25	20% after deductible	\$12 group/\$25 individual
• Inpatient residential treatment	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission
• Intensive outpatient treatment (IOP)	20% after deductible	\$125 per episode of care	20% after deductible	\$12 group/\$25 individual
Employee Assistance Program (EAP) Up to 4 visits per incident	\$0	\$0	\$0	\$0
Prescription drugs – mandatory generic				
Retail Pharmacy	Up to 34-day supply 20% after deductible	Up to 34-day supply \$15/\$30/\$45/\$55	Up to 34-day supply 20% after deductible	Up to 30-day supply Medical center: \$15/\$25/\$40 Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
Home Delivery Pharmacy	Up to 90-day supply 20% after deductible	Up to 90-day supply \$30/ \$60/\$90/\$110	Up to 90-day supply 20% after deductible	Up to 30-day supply \$13/\$23/\$38 (2 x copayment for 90 days)

*See page 2 for more information about receiving multiple therapy services in one visit

2016 Benefits at a Glance



Health Plans	COVA HealthAware (Aetna)	COVA Care (Anthem)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
Wellness & preventive services	\$0	\$0	\$0	\$0
<ul style="list-style-type: none"> • Office visits at specified intervals, immunizations, lab and x-rays • Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays • Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening 				
Annual Routine Vision Exam	\$0	Optional benefit	Not available	\$25 PCP/\$40 specialist
Annual Routine Hearing Exam	\$0	Optional benefit	Not available	\$25 PCP/\$40 specialist
Dental Services				
• Diagnostic and preventive	\$0	\$0	\$0	See fee schedule
Expanded Dental	Optional Benefit*:	Optional Benefit*:	Optional Benefit*:	
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	See fee schedule
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	See fee schedule
• Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	See fee schedule \$1,000 (age 19 and under)
Routine Vision	Optional Benefit*:	Optional Benefit*:		
• Routine eye exam (once every plan year)	Included in basic plan	\$40	Not available	Included in basic plan
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	75% of balance
• Lenses				
- Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	75% of balance
• Contact lenses**				
- Conventional**	85% after plan pays \$100	85% after plan pays \$100	Not available	85% for initial fitting and pair
- Disposable**	Balance after plan pays \$100	Balance after plan pays \$100	Not available	85% for initial fitting and pair
- Non-elective**	Balance after plan pays \$250	Balance after plan pays \$250	Not available	85% for initial fitting and pair Pediatric Eyewear -contact Kaiser
Routine Hearing		Optional Benefit*:		
• Routine hearing exam (once every plan year)	Included in basic plan	\$40	Not available	Included in basic plan
• Hearing aids and other hearing-aid related services (once every 48 months)	Not available	Balance after plan pays \$1,200	Not available	Not available
• Benefit maximum	Not available	\$1,200	Not available	Not available
Out-of-Network	Included in Basic Plan:	Optional Benefit*:		
	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Plan payment reduced by 25%. Balance billing may apply.	Not available	Not available

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart on page 3.

**Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or www.dhrm.virginia.gov.

Make Your Health a Priority!

SPOTLIGHT
ON YOUR
BENEFITS



We are looking out for you! You and your covered family members in COVA Care, COVA HealthAware and COVA HDHP have free health and wellness programs and online tools through **MyActiveHealth**. The personalized health and wellness portal includes a health assessment and healthy living resources. It provides easy, confidential access to your health information, which is housed in one place for convenient tracking. See more on **MyActiveHealth** programs at <http://www.dhrm.virginia.gov/healthcoverage/activehealth>.

Remember that good health starts with you!

Privacy

- Safeguards are in place to ensure the security of your personal information and all data from your health assessment and biometric screening. This information is available to you and also your doctor at your request. Your individual information is NOT available to your employer. ActiveHealth will use this information to identify possible health issues to help you and your doctor track and improve your health. Participation is voluntary.
- If you request to "opt out" of MyActiveHealth, you will be unable to receive any program incentives during your opt out period, including Premium Rewards.

MyActiveHealth • www.myactivehealth.com/cova • 866-938-0349

Program	What Is It?	Why Should I Participate?
Healthy Lifestyles 866-938-0349	<ul style="list-style-type: none"> • Personal coaching to help you stay on track: <ul style="list-style-type: none"> - Nutrition - Exercise - Stress management - Quitting smoking 	<ul style="list-style-type: none"> • To be healthier and maintain a healthy weight • Additional support to help you reach your goals • Easy to access tools you can use anytime, anywhere!
Healthy Beginnings 866-938-0349	<ul style="list-style-type: none"> • One-on-one coaching for expectant moms through a telephonic nurse coach. • Expectant moms in COVA Care or COVA HealthAware who enroll within the first 16 weeks can earn a copay waiver or health reimbursement account (HRA) contribution when meeting certain requirements. 	<ul style="list-style-type: none"> • Helps moms be healthier so they have healthier babies • COVA Care members save \$300 on inpatient copay • COVA HealthAware members have \$300 contributed to their HRA
Healthy Insights 866-938-0349	<ul style="list-style-type: none"> • Helps you manage a chronic condition for long-term success • Provides a nurse coach online or by phone • COVA Care and COVA HealthAware members with diabetes, asthma/COPD and hypertension can enroll in incentive programs to save money when they meet certain requirements. 	<ul style="list-style-type: none"> • Better health for members with certain chronic conditions • Certain free prescriptions or supplies for COVA Care and COVA HealthAware members enrolled in: <ul style="list-style-type: none"> - Diabetes management - Asthma/COPD, and - Hypertension programs

When You Add or Remove Dependents from Your Plan ...

Ineligible Family Members: Employees who include ineligible family members on their plan may face disciplinary action and removal from the State Health Benefits Program for up to three years.

Extended Coverage (COBRA) Eligibility: Open Enrollment is not a qualifying event for Extended Coverage. Covered family members removed at Open Enrollment are not eligible to enroll in Extended Coverage.

FAMIS Eligibility: Some children of state employees may be eligible for the FAMIS plan administered by the Department of Medical Assistance Services (DMAS). If you remove your child from state health coverage and the child does not qualify for FAMIS, you must wait until the next annual Open Enrollment or a valid qualifying mid-year event (QME) to re-enroll your child in a state plan.



Drug Cost Comparison

For many health plan members, the cost of prescription drugs is a major factor in choosing health coverage. More information is available to help you on the Open Enrollment page at www.dhrm.virginia.gov.

Flexible Spending Accounts (FSAs)

Enroll Each Year in an FSA and Save!

Do you want to pay less in taxes? One way to help you keep more of your cash is to enroll in a flexible spending account (FSA). You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan. All full and part-time classified employees and faculty members who are eligible for the State Health Benefits Program may participate in the FSA.

Health FSA

The **Health FSA** lets you use your pre-tax dollars to pay for eligible health care expenses.

What Expenses Are Eligible?

- Copays, coinsurance and deductibles.
- Other out-of-pocket eligible medical expenses.
- See the FSA Sourcebook for more information.

Dependent Care FSA

The **Dependent Care FSA** lets you use your pre-tax dollars for eligible work-related dependent care expenses.

What Expenses Are Eligible?

- Care for your child under the age of 13.
- Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half the year.
- See the FSA Sourcebook for more information.

Swipe Your Health FSA Card and Go

You'll receive an Elite Visa® Benefit Card in the mail after you enroll for the first time in a **Health FSA**. Once activated, it gives you instant access to your **Health FSA** funds. **You will receive a new card automatically the month before your current card's expiration date.** Separate cards for dependents will be reissued at the same time.

You simply pay for eligible health care expenses at most merchants where Visa is accepted. Some transactions will require "after the fact" validation.

- Be sure to pay special attention to **Health FSA** card transactions that require additional documentation.



This card is issued by UMB Bank, n.a. pursuant to a license from Visa U.S.A. Inc. This service is administered independently by CONEXIS, a division of WageWorks, Inc.



Keep in Mind These FSA Facts

Maximum FSA contributions

- **Health FSA:** Up to \$2,550 per plan year
- **Dependent Care FSA:** Up to \$5,000 per plan year depending on your tax filing status

Minimum FSA contribution

- \$10 per pay period

Administrative fee:

- \$3.65 deducted monthly on a pre-tax basis

Use it or lose it!

- Be sure to submit claims for reimbursement by the filing deadline or you will forfeit your FSA funds.
- If your account is for only part of the plan year, you may file FSA claims up to three months after your coverage period ends.
- If your account ends on June 30, 2017, you have until Sept. 30, 2017, to file for reimbursement.

If you enroll in COVA HealthAware

- The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.
- Consider this in planning for a **Health FSA**.

Your online account:

Register online after July 1 at benefitadminsolutions.com/anthem to manage your account online and keep track of all your transactions, including those needing additional documentation. Once you have set up your unique login information, you can check your account balance, submit online reimbursement requests, keep up with card purchases and more!

Additional FSA details: Review your FSA Sourcebook or visit www.anthem.com/cova.

Questions? Call 877-451-7244.

More in Your Open Enrollment Package

Be sure to look at the other contents of the envelope containing your Open Enrollment materials, including:

- Flyers from your health plans with more details to help you decide which plan is right for you
- A Summary of Benefits and Coverage for your current plan
- A Children's Health Insurance Plan (CHIP) and other important health care notices

Finding Assistance

Plan or Benefit	Who To Contact
COVA Care and COVA HDHP	Medical, Prescription Drug, Vision & Hearing Anthem Blue Cross and Blue Shield: 800-552-2682 or www.anthem.com/cova
	Dental Benefits Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com
	Behavioral Health Benefits & Employee Assistance Program (EAP) Anthem: 855-223-9277 or www.anthemEAP.com
	Online Doctor LiveHealth Online: www.livehealthonline.com
COVA HealthAware	Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits Aetna: 855-414-1901 or www.covahealthaware.com
	Employee Assistance Program (EAP) Aetna: 888-238-6232 or www.covahealthaware.com
	Online Doctor Teladoc: www.teladoc.com/aetna
Kaiser Permanente HMO	Medical, Prescription Drug and Vision Benefits Kaiser Permanente: 800-777-7902, (301) 468-6000 in Washington, D.C. or http://my.kp.org/commonwealthofvirginia
	Dental Benefits Dominion Dental: 888-518-5338
	Behavioral Health Kaiser: 1-866-530-8778
	Employee Assistance Program (EAP) Beacon Health Options: 866-517-7042 or www.achievesolutions.net/kaiser
	Online Doctor Video Chat: 703-359-7878
TRICARE Supplement	Selman Company/ASI (SelmanCo ASI): 866-637-9911
Flexible Spending Accounts (FSA)	Anthem FSA: 877-451-7244 or www.anthem.com/cova Participants only: www.benefitadminsolutions.com/anthem
MyActiveHealth Program	ActiveHealth Management: 866-938-0349 or www.myactivehealth.com/cova
ALEX Benefits Counselor	www.myalex.com/cova
Department of Human Resource Management	www.dhrm.virginia.gov Office of Health Benefits: openenrollment@dhrm.virginia.gov EmployeeDirect: edirect@dhrm.virginia.gov



Virginia Department of Human Resource Management

SPOTLIGHT
ON YOUR
BENEFITS

