



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

June 16, 2017

The attached Benefit Summary is being provided to you based on your application for health benefits under the Line of Duty Act (LODA), which are transitioning to the new LODA Health Benefits Plans effective July 1, 2017. Based on the information submitted in that application, you, or the individuals whom you represent, have been enrolled in the ***LODA Plan – Medicare Primary***. The Benefit Summary that follows provides information about coordination of benefits with Medicare, as primary payer, as well as additional services covered under this plan.

Following is a description of the eligibility criteria for the ***LODA Plan – Medicare Primary***. If you think the description below does not apply to you because you are currently working for a LODA employer or are not entitled to Medicare, please contact the Department of Human Resource Management by email at LODA@dhrm.virginia.gov.

LODA Plan – Medicare Primary

If you are a retiree, survivor or LTD participant, including family members who are covered based on the former employment of the LODA-disabled or deceased person, and you are eligible for Medicare, you will be covered in this group. All participants in this group must be enrolled in Medicare Parts A and B. You will also be enrolled in a Medicare Part D prescription drug plan, pending approval by Medicare.

If other LODA-eligible family members are not eligible for Medicare, they will receive a separate Benefit Summary for *LODA Plan – Former LODA Employment*.

Anthem Blue Cross and Blue Shield is the claims administrator for your Medicare supplement plan, other benefits that are not covered by Medicare but are specifically covered by this plan, your dental benefit, your routine vision benefit, and your routine hearing benefit. Express Scripts Medicare administers your Medicare Part D outpatient prescription drug benefit.

Since Medicare must approve all enrollments in Medicare Part D coverage, enrollment with Express Scripts was one of the top priorities within the LODA enrollment process. You may have already received information regarding your Part D enrollment. Following are a few things to keep in mind regarding your new drug coverage:

- Medicare requires that you be given the opportunity to opt out of Part D within 21 days of Express Scripts' receipt of your enrollment. However, the **LODA Plan – Medicare Primary** is not available without the Part D component through Express Scripts. While you may decline this Part D coverage, you may not do so and keep your LODA health benefit.
- Once you have been approved by Medicare, you will receive a Welcome Kit and an ID card to use when you go to an Express Scripts participating pharmacy starting July 1. This package will also include your Evidence of Coverage, providing general information about Medicare Part D. It is not specific to your LODA plan.
- To avoid any transition issues, consider getting refills on existing prescriptions. Your Welcome Kit will include the formulary (list of covered drugs) for your Express Scripts Medicare plan and information about obtaining a transition supply if necessary.
- Medicare will coordinate your out-of-pocket cost if you are enrolled in multiple Part D plans during the year.

Starting July 1, if you need additional information regarding your new plan, following is contact information for your use.

Benefit	Claims Administrator	Contact Information
<ul style="list-style-type: none"> • Medicare supplement plan • Other benefits that are not covered by Medicare but are specifically covered by this plan • Routine vision benefit • Routine hearing benefit • Dental benefits 	Anthem Blue Cross and Blue Shield	1-800-552-2682 1-855-648-1411
Medicare Part D – Outpatient Prescription Drug Coverage	Express Scripts Medicare	1-800-572-4098

The following pages provide a summary of the **LODA Plan – Medicare Primary**, including how it works with Original Medicare.

LODA HEALTH BENEFITS PLANS

Benefits Summary for

LODA Plan – Medicare Primary

July 1, 2017

Administered by the Department of Human Resource Management
Commonwealth of Virginia

HOW YOUR LODA PLAN – MEDICARE PRIMARY COVERAGE WORKS WITH MEDICARE

Use this chart to see how Medicare’s benefits and the *LODA Plan – Medicare Primary* work together to provide your total benefit for covered services. Page one provides a general overview of Medicare-covered services, and page two describes your secondary/supplemental coverage OR coverage that is covered under your LODA plan and not covered by Medicare.

Part A Services	Medicare Benefit
Hospital Inpatient (<i>medical</i>)	<ul style="list-style-type: none"> • Pays up to 60 days of medically necessary services, except Part A hospital deductible • Pays up to an additional 30 days, except daily copayment • If more than a 90-day hospital stay, can pay up to 60 Medicare lifetime reserve days, except daily copayment • No payment for more than a 90-day hospital stay per benefit period if no lifetime reserve days remain or if you choose not to use them
Skilled Nursing Facility	<ul style="list-style-type: none"> • Pays 100% for 20 days at a Medicare-certified skilled nursing facility • Pays up to an additional 80 days at a skilled nursing facility, except daily coinsurance • Medicare does not pay for more than 100 days at a skilled nursing facility in a benefit period
Part B Services	Medicare Benefit
Physician and Other Services	<ul style="list-style-type: none"> • Generally pays 80% of Medicare approved charges for services such as a doctor’s care and outpatient physical or occupational therapy (within limits). Certain screenings and wellness/preventive services are covered at no cost – see your “Medicare and You” publication for more information. • An annual deductible may apply
Part D Services	Medicare Benefit
Prescription Drug Coverage	<ul style="list-style-type: none"> • Pays a benefit based on the specific Part D plan in which the beneficiary is enrolled.
Other Services	Medicare Benefit
Routine Vision Benefits	<ul style="list-style-type: none"> • Not covered
Dental Benefits	<ul style="list-style-type: none"> • Not covered
Routine Hearing Benefits	<ul style="list-style-type: none"> • Not covered
Out-of-Country And Major Medical Services	<ul style="list-style-type: none"> • Not covered
At Home Recovery Care and Visits	<ul style="list-style-type: none"> • Not covered

Note: This chart is meant to provide a basic overview of Original Medicare coverage along with the LODA Plan – Medicare Primary. You will also receive a Member Handbook that includes more information about benefits, exclusions, limitations and your responsibilities under this Plan.

Part A Services	LODA Plan – Medicare Primary Coverage
Hospital Inpatient (medical)	<ul style="list-style-type: none"> • Pays Medicare Part A deductible except for first \$100 • Pays Medicare Part A copayment • Pays 100% of allowable charge for eligible expenses for an additional 365 days
Skilled Nursing Facility	<ul style="list-style-type: none"> • Pays Medicare Part A coinsurance (days 21-100) • Pays above coinsurance amount for an additional 80 days per Medicare benefit period
Part B Services	LODA Plan – Medicare Primary Coverage
Physician and Other Services	<ul style="list-style-type: none"> • Does not pay Medicare Part B deductible, but does pay Part B coinsurance
Part D Services	LODA Plan – Medicare Primary Coverage
Prescription Drug Coverage	<ul style="list-style-type: none"> • Enhanced Medicare Part D plan – see pages 4-5
Other Services	LODA Plan – Medicare Primary Coverage
Routine Vision Benefits	<ul style="list-style-type: none"> • See page 3 – 4
Dental Benefits	<ul style="list-style-type: none"> • See page 3
Routine Hearing Benefits	<ul style="list-style-type: none"> • Pays for one routine hearing test every 48 months, except for \$40 copayment • Pays up to \$1,200 toward the cost of hearing aids and supplies every 48 months
Out-of-Country And Major Medical Services	<p>For Out-of-Country services only:</p> <ul style="list-style-type: none"> • Pays 80% of allowable charge after you pay \$250 calendar year deductible
At Home Recovery Care and Visits	<ul style="list-style-type: none"> • Pays up to \$40 per visit, not to exceed \$1,600 each calendar year and 7 visits each week

LODA PLAN – MEDICARE PRIMARY DENTAL/VISION

Dental Benefits	The Plan Pays:
<i>The maximum benefit per calendar year is \$2,000 per enrollee. There is no annual deductible. Some limitations may apply.</i>	
Diagnostic and Preventive Care, including: <ul style="list-style-type: none"> • Two routine oral evaluations, cleanings and bitewing x-rays per calendar year • One full mouth x-ray every three years 	100% of the allowable charge
Basic Dental Care, including: <ul style="list-style-type: none"> • Fillings (<i>amalgam or composite resin</i>) • Simple extractions of natural teeth and surgical extractions of fully-erupted teeth • Root canal therapy (endodontic) • Repair of broken removal dentures • Re-cementing existing crowns, inlays and bridges (<i>once every 12 months – some limitations may apply</i>) 	80% of the allowable charge
Major Dental Care, including: <ul style="list-style-type: none"> • Crowns (single crowns, inlays and onlays) • Prosthodontics (<i>partials or complete dentures and fixed bridges – once every five years</i>) • Dental Implants (<i>once every five years</i>) 	5% of the allowable charge
Vision Benefits	The Member Pays or Plan Allows:
<i>The following benefits apply to Blue View Vision network providers.</i>	
Routine Vision Examination (<i>once each plan year</i>)	\$20 copayment (<i>network provider</i>)
Eyeglass frames (<i>once each plan year</i>)	\$100 allowance and 20% off remaining balance (<i>network provider</i>)
Eyeglass lenses (<i>one of the following each plan year</i>) <ul style="list-style-type: none"> • Standard plastic single vision lenses (<i>one pair</i>) • Standard plastic bifocal lenses (<i>one pair</i>) • Standard plastic trifocal lenses (<i>one pair</i>) • Standard progressive lenses (<i>one pair</i>) OR Contact Lenses (<i>one of the following each plan year</i>) <ul style="list-style-type: none"> • Elective conventional contact lenses • Elective disposable contact lenses • Non-Elective contact lenses 	\$20 copayment (<i>network provider</i>) \$20 copayment (<i>network provider</i>) \$20 copayment (<i>network provider</i>) \$85 copayment (<i>network provider</i>) \$100 allowance and 15% discount of remaining balance (<i>network provider</i>) \$100 allowance (<i>network provider – no additional discount</i>) \$250 allowance (<i>network provider – no additional discount</i>)

Vision Benefits	The Member Pays:
Eyeglass lens upgrades <ul style="list-style-type: none"> • UV Coating • Tint (<i>solid and gradient</i>) • Standard scratch-resistance • Standard polycarbonate • Standard anti-reflective coating • Other add-ons and services 	\$15 (<i>network provider</i>) \$15 (<i>network provider</i>) \$15 (<i>network provider</i>) \$40 (<i>network provider</i>) \$45 (<i>network provider</i>) 20% off retail price (<i>network provider</i>)

Using a non-participating provider will generally result in a reduced benefit and higher out-of-pocket costs.

LODA PLAN – MEDICARE PRIMARY ENHANCED MEDICARE PART D PLAN

Benefits effective through December 31, 2017

Participants covered under the LODA Plan – Medicare Primary will have the outpatient prescription drug coverage described below (pending Medicare approval). The level of coverage is based on:

- *Whether the drug is included on the plan’s formulary, the list of covered drugs that you will receive each year as a plan participant*
 - *Generally, drugs that are not on the plan’s formulary will not be covered; however additional information regarding exceptions is provided in the Evidence of Coverage.*
- *The coverage tier of the drug – tiers are described in the chart below and are designated for all covered drugs in your formulary*
- *The coverage stage – each coverage stage is described below*

Deductible Stage – *a \$400 annual deductible will apply to covered brand-name drugs. There is no deductible for covered generics.*

Initial Coverage Stage – *Once the annual deductible has been met for covered brand-name drugs (and immediately for covered generics), the Initial Coverage Stage will provide the following benefit until total drug cost reaches \$3,700:*

Drug Tier	Supply of Medication / Method of Purchase	Your Copayment / Coinsurance Amount
Tier 1 Genetics	Up to a 34-day supply of a covered generic drug at a participating retail pharmacy	\$7.00
Tier 1 Generics	Up to a 90-day supply of a covered generic drug purchased through the mail service program	\$7.00

Drug Tier	Supply of Medication / Method of Purchase	Your Copayment / Coinsurance Amount
Tier 2 Preferred Brands	Up to a 34-day supply of a covered preferred brand drug at a participating retail pharmacy	\$25.00 (after deductible)
Tier 2 Preferred Brands	Up to a 90-day supply of a covered preferred brand drug purchased through the mail service program	\$50.00 (after deductible)
Tier 3 Non-Preferred Brands	Up to a 34-day supply of a covered non-preferred brand drug at a participating retail pharmacy	75% of the cost of the drug (after deductible)
Tier 3 Non-Preferred Brands	Up to a 90-day supply of a covered non-preferred brand drug purchased through the mail service program	75% of the cost of the drug (after deductible)
Tier 4 Specialty Drugs	Up to a 34-day supply of a covered specialty drug at a participating retail pharmacy	25% of the cost of the drug (after deductible)
Tier 4 Specialty Drugs	Up to a 90-day supply of a covered specialty drug purchased through the mail service program	25% of the cost of the drug (after deductible)

Coverage Gap Stage – Once your total drug cost reaches \$3,700, participants move into the Coverage Gap Stage. In most cases, the amount paid in the Coverage Gap Stage will not be different from the amount paid in the Initial Coverage Stage (after any deductible was met). The way claims are paid changes. The Medicare Coverage Gap Discount program pays 50% of the cost of any covered brand drug manufactured by a program participant. The discount is applied to the cost of the drug, and the designated co-payment or coinsurance is applied. The plan pays the remaining cost.

Participants will not pay more than 40% of the cost of the covered brand drugs in this stage. While generic drugs are not a part of the Medicare Coverage Gap Discount Program, the cost for covered generics will not exceed 51% in this stage. (In most cases, the plan provides a greater benefit.)

Catastrophic Coverage Stage – When a participant’s annual true out-of-pocket drug expense (including deductible, copayments, coinsurance, and the contribution from the Medicare Coverage Gap Discount Program, but not including the cost of non-covered or excluded drugs) reaches \$4,950, the cost for covered drugs would be reduced to the greater of either 5% coinsurance or a copayment of \$3.30 (generics or drugs treated as generics) or \$8.25 (brand-name drugs or all other covered drugs). Participants remain in this stage until the end of the year.

Medicare Explanation of Benefits (EOB) – To help participants track their coverage stages, an EOB is provided by the claims administrator for any months during which their benefit is used.

Your **Evidence of Coverage** provides more detailed information about this prescription drug program.