



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: Extended Coverage/COBRA Qualified Beneficiaries in the Commonwealth of Virginia Health Benefits Program

From: Office of State and Local Health Benefits Programs

Date: April 28, 2021

Subject: ANNUAL OPEN ENROLLMENT May 3 – 17

Your Annual Open Enrollment

Your Open Enrollment will take place from May 3 through May 17. During this time, you can make changes to your Extended Coverage/COBRA health plan and membership level if you continue to be eligible for coverage (changes must comply with eligibility criteria). Open Enrollment changes will be effective July 1, 2021, the start of the new plan year. This booklet includes information about coverage options and changes to existing plans for the new plan year. The 2021 **Benefits-At-A-Glance** provides an overview of benefit coverage for each plan.

PLEASE NOTE: PREMIUMS AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

Your Premium for the New Plan Year

Monthly premiums for the new plan year are provided on page two based on your Extended Coverage/COBRA eligibility period. In some plans, you may reduce your premium by fulfilling the requirement to earn a Premium Reward.

Earning a Premium Reward:

If you are enrolled in either a COVA Care or COVA HealthAware Plan during the new plan year, you can reduce your monthly premium by completing an online health assessment. Your monthly premium cost will be reduced by \$17 per month when the requirement is met by the enrollee, and \$34 per month if the requirement is also met by an enrolled spouse.

To earn a reward BEGINNING July 1, 2021:

COVA Care Members:

- Login at www.anthem.com using your credentials
- Select *My Health Dashboard* from the top navigation menu
- Select *Programs*
- Under *Programs* select Learn more on the WebMD Health Risk Assessment card
- Click *Start your assessment, or "take it again" if you have previously completed an assessment.*
- *Be sure to click on the "Finish" button for your confirmation.*

Access using the Sydney Health mobile app

- Login to the app, from the Sydney Welcome screen, click the “More” button in the bottom right corner
- Select *My Health Dashboard from the menu list*
- Scroll down and click *Featured Programs*, select *WebMD Health Assessment*
- Click *Start your assessment*, or *“take it again”* if you have previously completed an assessment
- Be sure to click on the “Finish” button for your confirmation.

You may contact Anthem Blue Cross and Blue Shield at **1-800-552-2682** to complete a telephonic health assessment.

Note: As a first time user, you will need to download the Sydney Health mobile app from either Google Play or Apple app store. Once you have completed registration, follow the above instructions for accessing the Health Assessment.

COVA HealthAware Members:

- Login at www.aetna.com using your credentials
- Scroll down to “Member Resources” on the right side of the page, select “Well-being Resources” in this section to open your Member Engagement Platform.
- Once the Member Engagement Platform opens, hover over “Health” from the menu at the top and then click Health Assessment.

Access using the Aetna Health mobile app

- Login to Aetna Health mobile app
- Select Improve tab
 - If accessing for the first time, select Get Started
 - If accessing after the first time, select Health Survey

Complete or update your health assessment between May 3 and May 17, 2021. Health assessments submitted before May 3, 2021, will not count for the new plan year. Please keep a copy of your confirmation.

To earn a reward to start AFTER July 1, 2021:

- Eligible participants can complete and submit the health assessment by the 15th of any month to start receiving the premium reward in six to eight weeks.

Follow the instructions listed above for your respective plan to submit your health assessment.

Your Monthly Premiums Starting July 1, 2021

The following chart includes your plan choices* and associated premiums for the new plan year. The shaded premiums are eligible for reduction by earning a Premium Reward as explained above.

18 or 36-Monthly Extended Coverage/COBRA Participants

	Single	Two- Person	Family
COVA Care (with preventive dental)	\$819	\$1,515	\$2,197
COVA Care + Out-of-Network	\$838	\$1,549	\$2,249
COVA Care + Expanded Dental	\$854	\$1,579	\$2,291
COVA Care + Out-of-Network + Expanded Dental	\$873	\$1,614	\$2,343
COVA Care + Expanded Dental + Vision and Hearing	\$874	\$1,616	\$2,345
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$893	\$1,650	\$2,396
COVA HealthAware (with preventive dental)	\$726	\$1,346	\$1,947
COVA HealthAware + Expanded Dental	\$759	\$1,407	\$2,035
COVA HealthAware + Expanded Dental & Vision	\$770	\$1,428	\$2,066
COVA HDHP (with preventive dental)	\$614	\$1,142	\$1,670
COVA HDHP + Expanded Dental	\$648	\$1,205	\$1,761
Kaiser Permanente HMO*	\$732	\$1,346	\$1,961
Optima Health Vantage HMO*	\$795	\$1,471	\$2,129

29-Month (11-Month Disability Extension) Extended Coverage/COBRA Participants

	Single	Two- Person	Family
COVA Care (with preventive dental)	\$1,205	\$2,228	\$3,231
COVA Care + Out-of-Network	\$1,233	\$2,279	\$3,308
COVA Care + Expanded Dental	\$1,256	\$2,322	\$3,369
COVA Care + Out-of-Network + Expanded Dental	\$1,284	\$2,373	\$3,446
COVA Care + Expanded Dental + Vision and Hearing	\$1,286	\$2,376	\$3,449
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$1,313	\$2,427	\$3,524
COVA HealthAware (with preventive dental)	\$1,068	\$1,980	\$2,864
COVA HealthAware + Expanded Dental	\$1,116	\$2,069	\$2,993
COVA HealthAware + Expanded Dental & Vision	\$1,133	\$2,100	\$3,038
COVA HDHP (with preventive dental)	\$903	\$1,680	\$2,456
COVA HDHP + Expanded Dental	\$953	\$1,772	\$2,589
Kaiser Permanente HMO*	\$1,077	\$1,980	\$2,885
Optima Health Vantage HMO*	\$1,169	\$2,163	\$3,131

*Kaiser Permanente HMO and Optima Health Vantage HMO are only available to participants living in the plans' defined services areas. If you enroll in one of these plans but do not live in the service area, you will be required to change plans. Contact Kaiser or Optima directly for specific information—see *Resources* on page 7.

Your premium billing administrator will be:

<i>If your plan is:</i>	<i>You will be billed by:</i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	PayFlex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
Optima Health Vantage HMO	Optima

Benefit Changes for July 1

All State Health Benefits Plans:

- Member Cost Share Limit on Insulin Prescription Drug: Member cost sharing limit applied to in-network coverage for insulin prescription drugs used to treat diabetes. See chart below for member cost details.

Health Plan	At the Pharmacy, You Pay	
COVA Care	34-day supply: up to \$50	90-day supply: up to \$150
COVA HDHP	34-day supply: 20% up to \$50 after deductible is met	90-day supply: 20% up to \$150 after deductible is met
COVA HealthAware	34-day supply: 20% up to \$50 after deductible is met	90-day supply: 20% up to \$150 after deductible is met
Kaiser Permanente HMO	30-day supply: up to \$50	90-day supply: up to \$150
Optima Health Vantage HMO	31-day supply: up to \$50	90-day supply: up to \$150

COVA Care, COVA HDHP, COVA HealthAware

- Continuous Glucose Monitors (CGM): Members will be able to purchase Continuous Glucose Monitors (CGMs) using the IngenioRx pharmacy benefit. Currently Continuous Glucose Monitors (CGM's) are only covered under the medical benefit as Durable Medical Equipment (DME). Effective with the new plan year you will be able to purchase CGMs at your retail pharmacy. Note: To ensure claims are processed under the correct benefit, if you decide to purchase the CGM under the pharmacy benefit, rather than the medical benefit, you will need to obtain a new prescription from provider.

COVA Care and COVA HDHP

- LiveHealth Online Healthy Sleep: Plan members can receive new ways to treat sleep disorders. The LiveHealth Online Healthy Sleep program provides members with a home sleep evaluation in a virtual environment, where board-certified sleep specialists diagnose sleep disorders and design treatment plans to improve sleep and overall health. This program is offered at no cost for COVA Care members, and COVA HDHP members pay 20% coinsurance after the deductible is met.

Health and Wellness Programs

COVA Care, COVA HDHP and COVA HealthAware Health and Wellness Programs

- Disease Management programs provide support to help manage chronic conditions such as asthma, heart disease, diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease and hypertension. These programs are administered by the medical plan claims administrator. Contact your health plan (see *Resources* on page 7).

COVA Care and COVA HealthAware Incentive Programs

- Participants in these plans can receive certain medications or supplies at no cost to treat the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes and high blood pressure. Medication compliance and quarterly health coaching are required. Contact your health plan (see *Resources* on page 7).
- Enrolled members have access to a nurse coach and other maternity support specially designed to help make good choices throughout the pregnancy and to help you have a safe delivery and a healthy child. Enrollment within the first 16 weeks of pregnancy and participation with a nurse coach can result in waiver of the hospital copayment or a \$300 contribution to your Health Reimbursement Arrangement (HRA), depending on your plan.
- Plan participants have access to a weight management coach who will provide one-on-one goal oriented support for weight management and nutrition counseling as well as personalized coaching and disease management. You are required to participate in your plan's 12-month weight management coaching and education program. Contact your health plan (see *Resources* on page 7).

You may also find information on similar programs for Kaiser Permanente and Optima Health Vantage HMO on their respective websites.

Making Open Enrollment Changes

To make a plan or membership change during Open Enrollment, you must complete an *Extended Coverage/COBRA Change Request* form. The completed form must be mailed to the following address and postmarked no later than May 17, 2021:

**Office of Health Benefits COBRA Administrator
101 North 14th Street, 13th Floor
Richmond, VA 23219**

Forms are available at the Department of Human Resources Management web site at www.dhrm.virginia.gov or by calling 1-888-642-4414.

You must complete an Extended Coverage/COBRA Change Request Form to facilitate any open enrollment change. Online enrollment is not available.

Once an election is made, it will not be changed except as allowed under the policies of the Department of Human Resource Management and applicable law. After the Open Enrollment Period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.

If you are submitting an *Extended Coverage/COBRA Change Request* form to make an Open Enrollment change to be effective July 1, 2021, be sure to check the Open Enrollment box as the reason for making the change.

Making Changes After Open Enrollment – After the Open Enrollment period, membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). The change must be made within 60 days of the event. Any increase in membership level will require documentation to support the addition of new family members.

Other News and Information...

IMPORTANT! If You Become Entitled to Medicare or Start Coverage Under Another Group Health Plan

The Extended Coverage/COBRA provisions of the Public Health Service Act provide that continuation coverage will be terminated before the end of the maximum coverage period if a Qualified Beneficiary becomes covered under another group health plan or if a Qualified Beneficiary becomes entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage. It is the obligation of the Qualified Beneficiary to notify the Office of Health Benefits (OHB) COBRA Administrator in writing within 30 days of the start of such coverage. Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination back to the date the coverage would have been terminated had it been reported on time.

Prompt Payment of Premiums – Extended Coverage premium payments are due on the first day of the coverage month; however, by law, participants are given a grace period of 30 days to make each periodic payment. If the premium payment is not received by the first day of the coverage month, coverage will be suspended and then retroactively reinstated when the premium is paid. This means that any claim you submit for benefits while your coverage is suspended may be denied, but it may be resubmitted once your coverage is reactivated upon receipt of payment. If you fail to make your premium payment by the end of the grace period, you will lose all rights to continuation coverage effective the first of the month for which payment was not received. Payments are considered made when mailed.

Address Changes - Was this package forwarded to you from an old address? If so, be sure to contact the Office of Health Benefits Extended Coverage/COBRA Administrator (see below) immediately to make an address correction.

If You Need Help... Extended Coverage/COBRA qualified beneficiaries should contact the Office of Health Benefits Extended Coverage/COBRA Administrator with questions regarding Open Enrollment or about eligibility and administrative issues at:

Office of Health Benefits Extended Coverage/COBRA Administrator
101 North 14th Street, 13th Floor
Richmond, VA 23219
888-642-4414

Questions regarding claims should be directed to your plan's customer service contact (see page 7).

RESOURCES

Plan	Benefit	Contact Information
COVA Care and COVA HDHP	<ul style="list-style-type: none"> • Medical, Vision & Hearing (Anthem BCBS) • Behavioral Health Benefits & EAP (Anthem) • Dental (Delta Dental) • Prescription Drug (Anthem Pharmacy) 	<ul style="list-style-type: none"> • 800-552-2682 www.anthem.com/cova • 855-223-9277 www.anthemEAP.com • 888-335-8296 www.deltadentalva.com • 833-267-3108 www.anthem.com
COVA HealthAware	<ul style="list-style-type: none"> • Medical, Vision, Hearing and Behavioral Health (Aetna) • EAP (Aetna) • Prescription Drug (Anthem Pharmacy) • Dental (Delta Dental) • Teladoc Virtual Visit 	<ul style="list-style-type: none"> • 855-414-1901 www.covahealthaware.com • 888-238-6232 www.mylifevalues.com (Password: COVA) • 833-267-3108 www.anthem.com • 888-335-8296 www.deltadentalva.com • www.teladoc.com/aetna
Kaiser Permanente HMO	<ul style="list-style-type: none"> • Medical, Prescription Drug and Vision (Kaiser) • Dental (Dominion National) • EAP (Beacon Health Options) • Behavioral Health (Kaiser) 	<ul style="list-style-type: none"> • 800-777-7902; 301-468-6000 in Washington, D.C. https://my.kp.org/commonwealthofvirginia/ • 855-733-7524 http://www.DominionNational.com/kaiser • 866-517-7042 www.achievesolutions.net/kaiser • 866-530-8778
Optima Health Vantage HMO	<ul style="list-style-type: none"> • Medical, Prescription Drug, Dental, Vision, Behavioral Health • Employee Assistance Program (EAP) 	<ul style="list-style-type: none"> • 866-846-2682 www.optimahealth.com/cova or members@optimahealth.com • https://login.optimahealth.com (Username:Cova)

Enclosures:

- **Summary of Benefits and Coverage for your current plan**
- **2021 Benefits-At-A-Glance**
- **Important Notices Summary**
- **CHIP Notice**
- **Balance Billing Notice**

