

COVA HDHP

Getting the Most from Your COVA HDHP Plan

July 1, 2019 through June 30, 2020



Commonwealth of Virginia

Anthem
BlueCross BlueShield



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What's in Your COVA HDHP Plan?

Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Diagnostic and preventive dental benefits administered by Delta Dental
- 100% coverage for in-network preventive care, no deductible
- Specialist visits with no referrals
- Routine eye exam once per plan year
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia
- Optional Expanded Dental Benefit (available for an additional premium)

Your Out-of-Pocket Expense Limit

\$5,000 for one person, **\$10,000** for two or more persons, each plan year

Your **medical, behavioral health and prescription drug deductible and coinsurance** count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses **do not** count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Coinsurance and deductible for dental services



COVA HDHP Benefits At-A-Glance

Covered Services	You Pay
Deductible – per plan year	
○ One person	\$1,750
○ Two or more persons	\$3,500
Out-of-pocket expense limit – per plan year	
○ One person	\$5,000
○ Two or more persons	\$10,000
Ambulance travel	20% after deductible
Applied behavior analysis (ABA) for autism spectrum disorder – ages 2 through 18	20% after deductible
Behavioral Health	
○ Inpatient	20% after deductible
○ Residential Treatment	20% after deductible
○ Partial Hospitalization (Day) Program	20% after deductible
○ Intensive Outpatient Treatment Program (IOP)	20% after deductible
○ Outpatient Treatment Program	
– Facility services (per episode of care)	20% after deductible
– Medical and non-medical professional	20% after deductible
Chiropractic, manual medical interventions (30-visit plan year limit)	20% after deductible
Dental Services (routine)	
○ Diagnostic and preventive (routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children)	\$0
○ See page 4 for Expanded Dental option	
Diagnostic tests, x-rays, labs and injections (outpatient)	20% after deductible
Dialysis treatments	20% after deductible
Doctor's visits	20% after deductible
Online Doctor's visits (Livehealthonline.com)	20% after deductible
Emergency room visits	20% after deductible

NOTE: This is a summary of benefits. For a complete description of the benefits, exclusions, limitations and reductions under the plan, refer to your COVA HDHP member handbook, available at anthem.com/cova.

Covered Services	You Pay
Employee Assistance Program (EAP) <ul style="list-style-type: none"> Up to 4 visits per issue, per plan year 	\$0
Home health services <i>(90-visit plan year limit)</i>	20% after deductible
Home private duty nurse's services	20% after deductible
Hospice care	20% after deductible
Hospital services	
<ul style="list-style-type: none"> Inpatient 	20% after deductible
<ul style="list-style-type: none"> Outpatient 	20% after deductible
Infusion therapy <i>(includes IV and injected chemotherapy)</i>	20% after deductible
Maternity	
<ul style="list-style-type: none"> Professional provider services <i>(prenatal & postnatal care)</i> 	20% after deductible
<ul style="list-style-type: none"> Hospital services for delivery <i>(delivery room, anesthesia, routine nursing care for newborn)</i> 	20% after deductible
<ul style="list-style-type: none"> Outpatient diagnostic tests 	20% after deductible
Medical equipment, appliances, and supplies	20% after deductible
Prescription drugs – mandatory generic	
<ul style="list-style-type: none"> Retail Pharmacy 	20% after deductible
<ul style="list-style-type: none"> Home Delivery Pharmacy <i>(Mail Service)</i> 	20% after deductible
<ul style="list-style-type: none"> Diabetic supplies 	20% after deductible
Skilled nursing facility <i>(180-day limit per stay)</i>	20% after deductible
Therapy services	
<ul style="list-style-type: none"> Occupational, Physical, and Speech therapy , Cardiac Rehabilitation, Chemotherapy, Infusion, Radiation, and Respiratory therapy 	20% after deductible
Vision <i>(routine eye exam once per plan year)</i>	\$15 copayment
Wellness & Preventive Services	
<ul style="list-style-type: none"> Office visits at specified intervals, immunizations, lab and x-rays 	\$0
<ul style="list-style-type: none"> Annual check-up visit (primary care or specialist), immunizations, lab and x-rays 	\$0
<ul style="list-style-type: none"> Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening 	\$0



Expanded Dental Option

(offered for an additional premium)

Benefits offered in addition to the diagnostic and preventive dental benefits included in the basic COVA HDHP plan

Administered by Delta Dental

Plan Year Maximum Benefit - per member (except Orthodontic)	\$2,000
Plan Year Deductible	\$50 One person / \$100 Two people / \$150 Family (three or more people)
	In-Network You Pay
Primary <ul style="list-style-type: none"> ○ Fillings and other restorative services ○ Root canal and other endodontic services ○ Simple extractions and other minor surgical procedures ○ Periodontic services ○ Denture repair and recementation of crowns, bridges and dentures 	20% after deductible
Major Dental Care <ul style="list-style-type: none"> ○ Crowns (single crowns, inlays and onlays) ○ Prosthodontics (partials or complete dentures and fixed bridges) ○ Dental implants 	50% after deductible
Orthodontic (\$2,000 lifetime maximum benefit per member) <ul style="list-style-type: none"> ○ Removable fixed appliance therapy and comprehensive therapy for adults and children 	50%, no deductible

Out-of-network benefits are also available.

Your High Deductible Health Plan is HSA Compatible

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage health care expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses. It can help you save on the cost of your health insurance and health care expenses, and also help pay for covered services before you satisfy the health plan deductible. If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following Web sites are a good place to start learning more about HSAs.

- o www.treasury.gov – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications. Search using keyword HSA.
- o www.irs.gov – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- o www.hhs.gov – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.



Medical and Behavioral Health

Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call your Anthem health guide (Member Services), or use Find A Doctor at [anthem.com/cova](https://www.anthem.com/cova).

Annual Deductible

\$1,750 for one person, **\$3,500** for two or more persons, each plan year.

Coinsurance

- 20% coinsurance after deductible
- Zero coinsurance and no deductible for Routine Wellness and Preventive services

Your Anthem Provider Network

Who's in the network?

- **100% acute care hospitals in Virginia**
- **97% providers in Virginia**



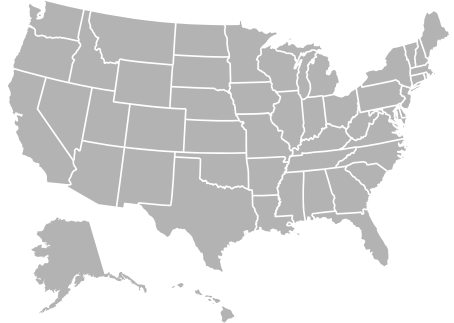
Network **medical and behavioral health providers** accept the allowable charge as payment in full after you pay any applicable deductible or coinsurance. That means lower out-of-pocket costs for you.

Note: Out-of-network benefits for medical and behavioral health services are not covered, except in an emergency. Be sure to use an in-network provider.

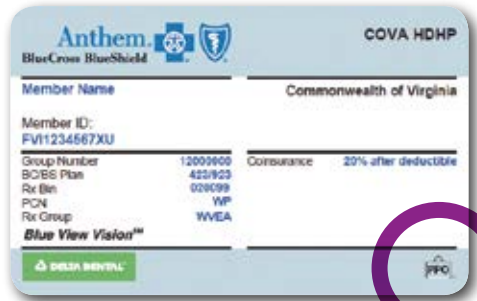
Finding an in-network provider is easy! Go to [anthem.com/cova](https://www.anthem.com/cova) and select Find A Doctor, or call us at **1-800-552-2682** and we'll help you.

Care When Traveling – out of state or worldwide BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes **93% of doctors and 96% of hospitals in the U.S.** When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.



Always show your Anthem ID card when you receive services. The “PPO-in-a-suitcase” symbol shows you can get care from BlueCard PPO Program providers.



Looking for a BlueCard PPO Program provider?



Go to bcbs.com, and select **Find a Doctor** to search for a BlueCard PPO Basic doctor or hospital. Or call Anthem Health Guide (Member Services) at **1-800-552-2682** for help.

Blue Cross Blue Shield Global Core Program (formerly BlueCard Worldwide) for care outside the U.S.



If you're outside the U.S. and need care:

- o Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- o Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- o Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Member Services number shown on your ID card for precertification.
- o You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

Good to Know



Medical transport from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

LiveHealthOnline.com



LiveHealth Online lets you have a face-to-face doctor visit from your mobile device or computer with a webcam. Go to livehealthonline.com or download the app so you'll be ready whenever you need these LiveHealth Online services. Your cost share will mirror your cost share for similar in-person services:

- **LiveHealth Online Medical** – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.
- **LiveHealth Online Psychology** – Use your device to make an appointment to see a therapist or psychologist online.
- **LiveHealth Online Psychiatry** – Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.
- **LiveHealth Online EAP** – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more.



Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns



Learn all about your EAP services and resources.
Call 1-855-223-9277 or visit online at anthemEAP.com.

Enter **Commonwealth of Virginia** as company code



Prescription Drugs

Starting July 1, 2019 your prescription drug benefits will be through Anthem Pharmacy delivered by IngenioRx. It is still a **mandatory generic** program which means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand coinsurance plus the difference between the allowable charge for the generic and the brand name drug after the deductible.

Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. Once your deductible has been met, pay the coinsurance at the time of purchase. Your retail pharmacy network has more than 64,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-833-267-3108**.



When you use a network pharmacy, you pay only the applicable coinsurance after deductible.

If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

New Annual Medication Synchronization (Med Sync)

This voluntary program lets you work with your pharmacist once per plan year to synchronize your prescription refills so that they are all available the same time each month.

- Receive a partial supply of your drugs for the purpose of synchronization
- Your share of the cost is prorated so that you don't have to pay the full cost for a partial supply

See your local pharmacist to get started.

Home Delivery Pharmacy

Switching to home delivery is simple. You can place your first order by phone or online at [anthem.com](https://www.anthem.com). You pay **the appropriate coinsurance for a three month supply** of drugs when you use the Home Delivery service, and the medication is delivered right to your home.



By phone: Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

Online: Login to [anthem.com](https://www.anthem.com) and select Pharmacy Resources under the Pharmacy tab to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

Specialty Pharmacy

Specialty Home Delivery

Your pharmacy program includes access to a home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Call **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide them with your doctor's name and phone number, and they'll do all the rest.

Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply by paying the appropriate coinsurance.

Prior Authorization *(required for some prescriptions)*

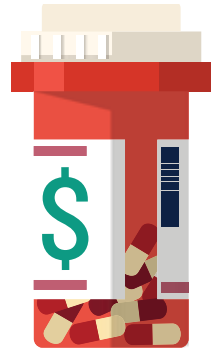
Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered.

If Prior Authorization is needed, your doctor must submit the request. Typically, a decision whether the drug will be covered is made within 24-48 hours from the time of the request.

Steps for Your Transition to Anthem Pharmacy Delivered by IngenioRx

There are some simple steps you need to take to ensure a smooth transition. You may see references to both Anthem Pharmacy and IngenioRx. Both refer to your new prescription drug program.

- o **Retail.** No action is needed for medications you get from your local retail pharmacy. Your prescriptions and any prior authorizations you have in place today will remain in place under Anthem Pharmacy and IngenioRx. In very few cases, some members may need to switch to another retail pharmacy.
- o **Home Delivery.** IngenioRx will be your new home delivery pharmacy. Your current home delivery prescriptions will automatically transfer, except for controlled substances and compounded medications. Your doctor will need to send a new prescription to the IngenioRx Home Delivery Pharmacy for these. Starting July 1, any **new** home delivery prescriptions should be sent to IngenioRx. If you are currently signed up for the auto refill program, you will need to contact us for your first fill, and re-enroll into the auto refill program. You will also need to re-enroll any payment method you wish IngenioRx to store. Set up your new home delivery account at [anthem.com](https://www.anthem.com) for your preferences and payment information.
- o **Specialty.** We will automatically transfer your specialty drug prescriptions. In addition, you'll receive a call from your pharmacy care team to go over your care plan and answer any questions you may have.



Need help? Call Anthem Pharmacy at 1-833-267-3108 starting July 1, 2019. Available 24/7/365.



Dental

Administered by Delta Dental

Routine diagnostic and preventive dental services are included in your plan with **no coinsurance or deductible** from dentists who participate in the Delta Dental PPO or Premier networks.

Coverage includes:

- Routine oral exams and cleanings, twice per plan year
- Bitewing x-rays
- Sealants and flouride for children under 19
- Full mouth or panorex x-rays once every 3 years

You may receive care outside of the network. However, you'll be responsible for paying any difference between the non-participating dentist's charges and Delta Dental's payment for covered benefits.

The **Expanded Dental Option** covers primary, major and orthodontic dental care for an additional premium.



View complete details at deltadentalva.com

Click on **Commonwealth of Virginia** from the home page.

- View your dental benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health





Anthem Health & Wellness Programs

Your COVA HDHP plan includes a host of free and confidential health and wellness programs, including:

- o **ConditionCare:** Get support to manage these conditions:
 - Asthma
 - Heart failure
 - Diabetes
 - Chronic obstructive pulmonary disease (COPD)
 - Coronary artery disease (CAD)



You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. You may opt in or out of the program when they call.

- o **Future Moms:** Get free pre- and post-natal support from a nurse coach. You'll receive maternity support specially designed to help women have healthy pregnancies and healthy babies. Call Future Moms at **1-800-828-5891** to enroll.
 - **Future Moms with Breastfeeding Support** is available on [LiveHealth Online](#). Moms can have online visits with a lactation consultant, counselor, or registered dietitian through private and secure video using a smartphone, tablet or computer.
- o **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail, email, or the Engage mobile app to alert you of potential health risks, care gaps or cost-saving opportunities.
- o **Staying Healthy Reminders:** Receive reminders of important checkups, tests, screenings, immunizations, and other preventive care needs for you and your family.



Get more information on your Anthem Health & Wellness programs at [anthem.com](https://www.anthem.com) > [Login](#) > [Care](#) > [Health & Wellness Center](#).

Quick Access to Your Plan

[Anthem.com/cova](https://www.anthem.com/cova)

Your dedicated website for health benefits documents, no log in needed

- Download your health benefits summary and member handbook
- Register for LiveHealth Online video doctor visits
- Find a doctor and urgent care

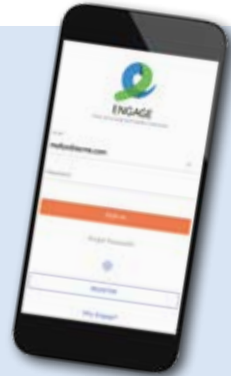
[Anthem.com](https://www.anthem.com)

Log in to your confidential and secure account

- View your claims and download your ID card
- Find a doctor and urgent care
- Refill prescriptions online
- Access your online Health Assessment

New Engage mobile app

Meet Engage - the app that is your personalized health assistant. Engage connects you to the right benefits and programs when and where you need them, and so much more.



Log in using your unique Engage username and password to:



See your medical and pharmacy benefits in one place, including your ID card and account balances.



Find high-quality doctors or specialists in your plan and near you.



Access LiveHealth Online and have a face-to-face video visit with a doctor or therapist on your smartphone, computer or mobile device.



Sync your personal fitness device to track steps, nutrition and sleep.



Access your online Health Assessment

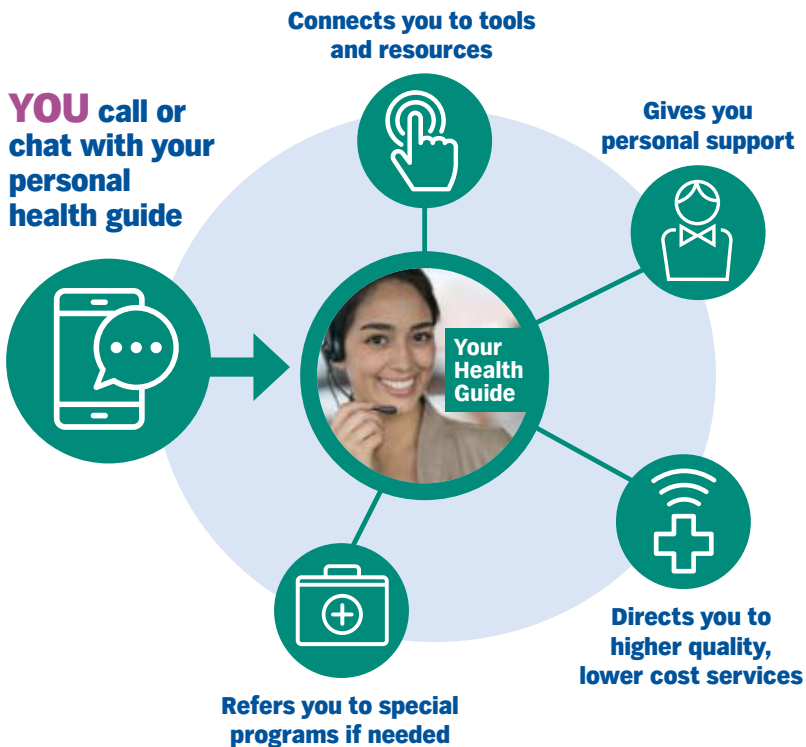


...and so much more. Download the app and get started!

Your Anthem Health Guide

Your personal guide for a whole new level of customer service

Get ready for a new and improved customer service experience by phone or live chat. Health guides are people specially trained to answer your health plan questions and lead you to the right programs and support for your unique needs. Your guide will also remind you of any screenings or routine exams that are due, help you save money on your prescription drugs, compare costs for care, and find doctors in your area.



Call your **Anthem Health Guide** at **1-800-552-2682**.

Who to Contact for Assistance

Anthem Health Guide (Member Services)	1-800-552-2682 anthem.com
Anthem Behavioral Health and Employee Assistance Program (EAP)	1-855-223-9277 anthemEAP.com <i>(Company Code: Commonwealth of Virginia)</i>
Anthem Health & Wellness Programs	anthem.com > Login > Care > Health & Wellness Center
Anthem ID Card Order Line	1-866-587-6713
Anthem Pharmacy	1-833-267-3108 anthem.com
BlueCard PPO <i>(coverage outside Virginia)</i>	1-800-810-2583 bcbs.com
Blue Cross Blue Shield Global Core <i>(coverage outside of the U.S.)</i>	1-800-810-2583 bcbsglobalcore.com
Delta Dental	1-888-335-8296 deltadentalva.com
LiveHealth Online	livehealthonline.com
Department of Human Resource Management (DHRM)/Commonwealth of Virginia	dhrm.virginia.gov
ALEX Benefits Counselor	myalex.com/cova/2019

Eligibility questions? If you have questions about eligibility for the state health benefits program, please contact your agency Benefits Administrator for further information.

COVA HDHP
Commonwealth of Virginia



Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliated HMO HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.