

It *pays* to have **COVA HealthAware!**

Offered by the Commonwealth of Virginia

Plan year July 1, 2019 – June 30, 2020



Aetna Concierge 1-855-414-1901
www.COVAHealthAware.com

89.02.307.1-VA (4/19)

SEE HOW

It *pays* to have COVA HealthAware



Save up to **90%** on monthly premiums compared to the traditional PPO plan and earn a Premium Reward by completing a health assessment



A **\$600 or \$1200** (*with eligible spouse*) initial contribution to your HRA from the Commonwealth at the beginning of each plan year



Earn up to an additional **\$150 or \$300** (*with eligible spouse*) in "Do Right" incentives to your HRA throughout each plan year



Nearly 20% of members rolled over **ALL** of their HRA funds last plan year



Over 50% of members had **ALL** of their eligible health care expenses paid by their HRA last plan year and had funds left to roll over



9 out of 10 COVA HealthAware members are satisfied with their plan



A large national network with over **20,000** providers and **750** facilities in Virginia



Certain free medications and supplies for members participating in the Aetna diabetes, hypertension, and asthma/COPD programs



Access to **state of the art tools** to help members make the most of their health plan and dollars

SEE HOW

COVA HealthAware can work for you!

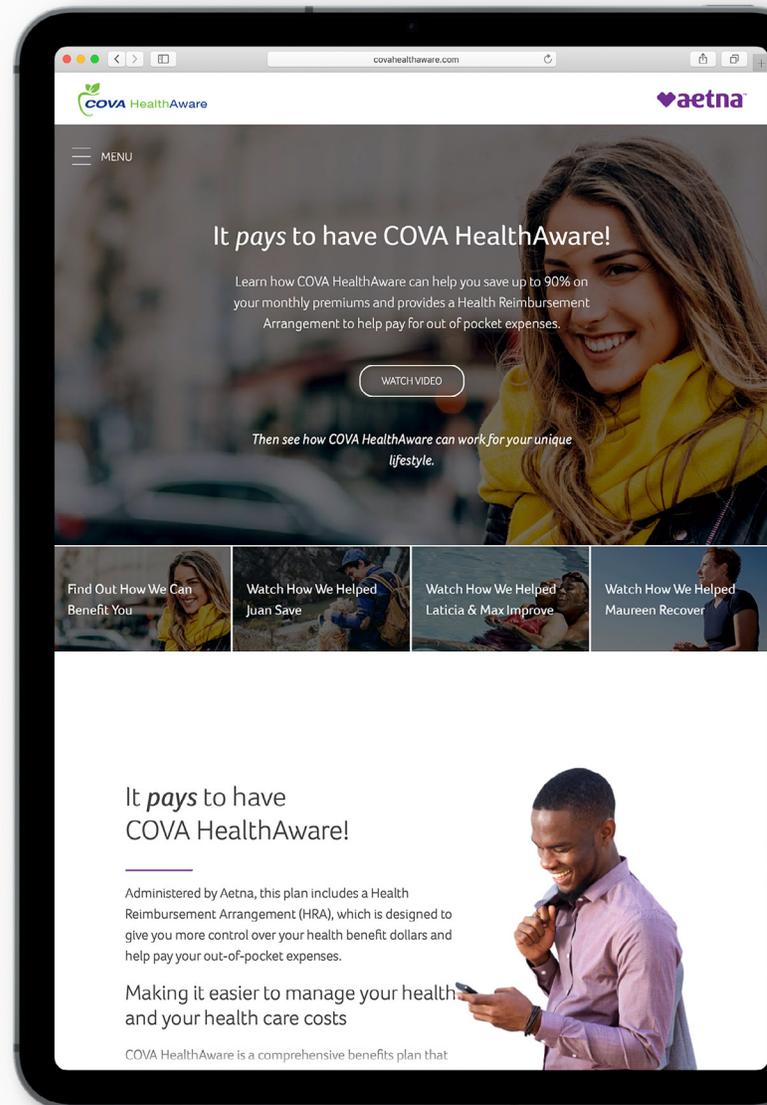
GO TO WWW.COVAHEALTHAWARE.COM

You'll learn all about COVA HealthAware, how the HRA works, and see how the plan is a great option for different types of members.

The COVA HealthAware benefit plan includes a Health Reimbursement Arrangement (HRA) with incentive opportunities to reward you for healthy activities you may already be doing. The HRA is designed to give you more control over your health benefit dollars and help pay your eligible out-of-pocket expenses.

The COVA HealthAware plan includes:

- Medical, behavioral health, vision, hearing and EAP benefits administered by Aetna
- Prescription drug benefits through Anthem Pharmacy delivered by IngenioRx
- Dental Benefits administered by Delta Dental
- Coverage for in-network preventive care at 100 percent
- Annual contribution to your HRA with opportunities to earn additional funds by completing incentives called "Do Rights"
- Coverage for in-network benefits through a large national network
- Coverage for out-of-network benefits (*higher coinsurance, additional deductible and out-of-pocket maximum apply*)
- A single medical, behavioral health and pharmacy deductible which all counts toward your out-of-pocket maximum
- Convenient member tools to help you monitor your health and your plan



UNDERSTANDING YOUR

Health Reimbursement Arrangement (HRA)

HRA is a health fund to help you pay for eligible out-of-pocket medical, behavioral health and pharmacy expenses.

Your COVA HealthAware plan includes an account called a health reimbursement arrangement (HRA). Each plan year, your HRA is funded to help you pay your out-of-pocket medical costs, like your annual deductible, for covered services.

Funds used from your HRA also count towards your annual deductible! If the money in your HRA is depleted before you reach your deductible, you'll be responsible for meeting the remainder of your deductible before plan coverage kicks in.

HERE'S HOW YOUR HRA IS FUNDED

Annual contribution

- At the beginning of the plan year you receive your annual HRA contribution — Effective July 1, 2019:
 - Employee/retiree only \$600
 - Employee/retiree + spouse \$1,200

If you enroll after the plan year begins, the contribution to your HRA will be prorated. Contact your Benefits Administrator or visit www.COVAHealthAware.com for more information.

Incentives

- You can earn additional HRA contributions during the plan year by completing certain actions to improve your health. Each of these “Do Rights” will get you an additional \$50 (*up to \$150*) and up to \$150 for an enrolled spouse. They include:
 - Annual preventive wellness exam
 - Annual routine vision exam
 - Annual flu shot
 - Physical activity tracker
 - Preventive dental visit
 - Digital coaching
- There are additional incentive opportunities for members who are engaged in the Aetna Maternity Program and Pre-Bariatric Surgery Education Program.
- It's just that easy — HRA incentives are funded the month following reporting of your completed “Do Rights”. You can track your completed “Do Rights” through your Aetna member website.

HERE'S HOW THOSE FUNDS ARE USED

- When you incur eligible medical, behavioral health and pharmacy out-of-pocket expenses, they'll be paid automatically from your HRA. These expenses will continue to be paid from your HRA as long as there is money in the account.
- Although there is no additional HRA contribution for covered children, your HRA can be used to pay expenses for any family member on the plan.
- If you spend all the funds in your HRA, you're responsible for paying your part of any covered expenses until you've met the remainder of your annual deductible. (*See information on deductible limits in the next section.*)
- If you have money remaining in your HRA at the end of the plan year, it'll roll over into the following plan year as long as you stay in the plan. And there is no limit on the amount of funds that can roll over from year to year, so it can really add up!

It's easy to keep track of your HRA dollars with online tools you can access 24/7 through your Aetna member website.

Thinking about opening a Flexible Spending Account along with your COVA HealthAware HRA? Keep in mind as you calculate your FSA contributions, the HRA will pay first for eligible medical and pharmacy expenses. Your FSA can be used right away for other health care expenses, like dental and vision, as well as medical and pharmacy expenses if you exhaust your HRA.

ABOUT YOUR

Benefits with COVA HealthAware

PREVENTIVE CARE BENEFITS

COVA HealthAware is designed to help you and your family maintain good health! The plan pays 100 percent for eligible in-network preventive care — you pay nothing. These services include things like:

- Routine physicals
- Well-child exams and immunizations
- Gynecological exams and mammograms
- Cancer screenings

When you use in-network providers, your preventive care is **covered at 100 percent with no cost to you.**

For a full list of eligible preventive care benefits, register for your secure member website after enrollment, or contact the Aetna Concierge. If you use out-of-network providers for preventive care, it'll be treated like any other out-of-network medical service — meaning the charges will be subject to your out-of-network deductible, and will be covered at 60 percent (*plus you may be balance billed*).

ANNUAL DEDUCTIBLE

The deductible is the amount you pay out of your own pocket for your expenses before the health plan begins to pay benefits. Eligible medical, behavioral health and pharmacy expenses all count toward your annual deductible.

Annual deductibles

- One person: \$1,500 in-network/\$3,000 out-of-network
- Two or more persons: \$3,000 in-network/\$6,000 out-of-network

As you can see, your deductible for in-network care is much lower. In addition, when you use in-network providers, your expenses are typically less because you get the benefit of Aetna's negotiated rates, and coinsurance will be lower.

Do the math — when you and your enrolled spouse complete three or more "Do Rights" per plan year in addition to your annual HRA contribution, **that covers half of your annual deductible!**

PLAN COVERAGE

Once you meet your annual deductible, your COVA HealthAware plan pays:

- 80 percent of your remaining eligible expenses (*you pay 20% coinsurance*) for in-network care
- 60 percent of your remaining eligible expenses (*you pay 40% coinsurance*) for out-of-network care
- You will be subject to paying any amount over the allowable charge when using out-of-network providers

Remember, over time, if you roll over HRA dollars from year to year, you may have enough HRA funds to pay your coinsurance.

A SINGLE OUT-OF-POCKET MAXIMUM

There is a limit on how much you have to pay each plan year out of your own pocket for eligible medical, behavioral health and pharmacy expenses. Once you reach this limit, COVA HealthAware will pay for all remaining covered expenses at 100 percent of the allowable charge for the rest of the plan year.

The out-of-pocket limit includes the annual deductible, even if it is paid by your HRA. The most you'll have to pay out-of-pocket in any plan year is:

- One person: \$3,000 in-network/\$6,000 out-of-network
- Two or more persons: \$6,000 in-network/\$12,000 out-of-network

If your family members enroll in the plan, each person is responsible for no more than the one person limit towards the annual deductible and out-of-pocket maximum. This protects you from significant out-of-pocket expenses for any one family member.

YOUR ADDITIONAL Benefits with COVA HealthAware



PHARMACY BENEFITS

Your COVA HealthAware plan also includes prescription drug benefits administered by Anthem Pharmacy delivered by IngenioRx. This coverage is integrated with your health plan, and the money in your HRA can be used towards your pharmacy out-of-pocket expenses. And, just like medical expenses, once the funds in your HRA are spent, you're responsible for paying your pharmacy expenses until you reach your annual deductible. Once you meet your deductible, COVA HealthAware covers both approved retail and mail-order prescriptions, like this:

Retail pharmacy and mail order

In-network

Up to 90-day supply 80 percent of allowable costs
(you pay 20% coinsurance)

Out-of-network

Up to 90-day supply 60 percent of allowable costs
(you pay 40% coinsurance)



DENTAL BENEFITS

Your COVA HealthAware plan includes diagnostic and preventive dental coverage administered by Delta Dental, covered at 100 percent, when using an in-network dentist. Remember, if you use an out-of-network dentist:

- You may pay more for your dental care, as the dentist may bill you for the difference between billed and allowable charges
- You may have to file a claim form

If you want more dental coverage, you can buy an **Expanded Dental option** administered by Delta Dental.

This buy-up option provides coverage for primary and major services, including fillings, crowns and even orthodontia. The amount of coverage provided varies by service.



VISION BENEFITS

Your plan includes coverage for an annual routine eye exam, covered at 100 percent when using an in-network provider. You are also eligible to buy optional vision coverage administered by Aetna if you purchase the Expanded Vision option. The vision buy-up option includes an annual allowance toward the purchase of eyeglasses or contact lenses. And you get access to discounts on other vision services, including non-covered eyeglasses, accessories, LASIK eye surgery and more.



BEHAVIORAL HEALTH BENEFITS

COVA HealthAware also includes behavioral health benefits. The plan gives you access to support and treatment for behavioral conditions, covered at the same level as your medical benefits.



BENEFITS WHILE YOU TRAVEL

COVA HealthAware has you covered for domestic and international travel! Aetna provides a large national network of participating providers throughout the U.S. If you travel abroad, your plan provides coverage at the in-network benefit level, although you should be prepared to pay for services out-of-pocket and submit a manual claim reimbursement request.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

The COVA HealthAware EAP offers short term counseling on all aspects of life for up to 4 visits per incident per plan year at no cost to you.

Confidential assistance is available 24 hours a day, 7 days a week for concerns including:

- Depression
- Work/family stress
- Substance abuse
- Child/elder care issues

The EAP also can assist you with financial guidance, debt and budgeting assistance, and retirement planning. Crisis response services are also available.

AETNA IS HERE

To help you along your health journey!

Our health and well-being program looks at the whole you — with health action plans and tips tailor-made just for you.

We'll help you achieve your health ambitions with:



HEALTH ASSESSMENT

Once you enroll and register for your member website, you'll want to complete your health assessment and get a detailed report of your results. You can download it, share it with your doctor and update it at any time. It'll also help you decide which health goals to focus on first. And by completing your health assessment, you'll be eligible to receive a premium reward from the Commonwealth!

Prior to July 1st, 2019 complete your health assessment at www.myactivehealth.com/cova.

After July 1st, 2019 complete your health assessment at aetna.com or through the Aetna Health app.



COACHING

From lifestyle conditions to chronic conditions — we provide personalized support to help you meet your health goals. And with three kinds of health coaching, you can get it the way you want it. Choose from one-on-one phone coaching, group coaching webinars or self-directed digital coaching. For our members managing hypertension, diabetes, and asthma/COPD, by participating in coaching and meeting program requirements, you can receive your generic and preferred brand medications and diabetic supplies at no cost.



CARE ADVOCATE TEAM

Facing a more challenging health concern or recent hospitalization? You'll work with one person who gets to know your care needs best, an advocate backed by a clinical support team to help you navigate the twists and turns within the health system.



AETNA MATERNITY MANAGEMENT

It's a special time in your life, and you deserve plenty of support. The Aetna Maternity Program is here to give you that support, and to help you have a successful pregnancy. By enrolling in the program within the first 16 weeks of pregnancy, you'll be eligible to receive a \$300 incentive contribution to your HRA upon program completion.



BARIATRIC SURGERY EDUCATION

Thinking about bariatric surgery? We can provide support to help ensure your success. Before you have surgery, there is a required 12-month education program that offers the guidance and support you need to make real and lasting changes in your life. Prior authorization for the surgery is required by your health plan. If you complete the program and your surgery is approved, you'll be eligible to receive an incentive contribution to your HRA once you complete surgery — \$300 for inpatient surgery and \$125 for outpatient surgery.

DISCOVER YOUR COVA HealthAware programs and resources

AETNA MEMBER WEBSITE

COVA HealthAware makes managing your health and your health expenses easy with your secure member website. Once enrolled in COVA HealthAware, this site gives you 24/7 access to all of your plan information. You can:

- Find an in-network doctor or facility
- View your ID card
- Check on the status of a claim
- Look up your benefits
- Complete your health assessment
- Track your health care costs, including what's left on your deductible or other out-of-pocket limits
- Look up your HRA balance and track incentives
- Get cost estimates for tests and procedures
- Get help understanding your particular medical condition and treatment options available to you

You can access your member website from [aetna.com](https://www.aetna.com) and www.COVAHealthAware.com, then click "Register". Be sure to use your member ID number from your ID card to log in.

AETNA HEALTH APP

Welcome to a simple and easy way to manage your health care plan! Use the Aetna Health app on your smart phone for 24/7 access to your secure member information. You can pull up your ID card, search the provider directory, estimate health care costs, and engage in your wellness programs.

AETNA CONCIERGE LINE

1-855-414-1901

AETNA EAP RESOURCES FOR LIVING

www.mylifevalues.com | 1-888-238-6232

Username and Password: COVA

COMMONWEALTH OF VIRGINIA DHRM

www.dhrm.virginia.gov | 1-888-642-4414

INFORMED HEALTH LINE

Provides you and your family 24/7 telephone and email access to registered nurses to help avoid unnecessary visits to the ER or doctor's office. You can also get information on health topics, help understanding health issues, and referrals to other helpful programs.

Contact the Aetna Concierge line or send an email through Aetna secure member website to reach a registered nurse.

TELADOC® — TALK TO A DOCTOR ANYTIME, ANYWHERE AND SAVE MONEY!

Teladoc provides you and your enrolled family members with 24/7 access to U.S. board-certified doctors and pediatricians by phone, video and mobile app. Teladoc doctors can diagnose, recommend treatment and even write prescriptions, if medically necessary. You pay only \$40 per consult until your deductible is met, and can use your HRA funds. Once you have met your deductible, you pay 20 percent coinsurance, or just \$8 per consult.

Visit teladoc.com/aetna or call **1-855-Teladoc** to learn more, set up an account or request a consultation.

AETNA DISCOUNT PROGRAM

Save money on your health and wellness! As an Aetna member, you'll have access to discounts on things like gym memberships, weight-loss programs, eyeglasses, massage therapy and more! There are no claims forms or limits to how much you can save. And your family members may be able to save, too!

ALEX — YOUR INTERACTIVE BENEFITS COUNSELOR

www.myalex.com/cova/2019

ANTHEM PHARMACY DELIVERED BY INGENIORX

www.anthem.com/cova | 1-833-267-3108

DELTA DENTAL

www.deltadentalva.com | 1-888-335-8296

GET MOST OF YOUR COVA HealthAware Benefits At-a-Glance

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	PLAN-YEAR FUNDING
Employee/retiree only	\$600
Employee/retiree + spouse	\$1,200
Optional “Do Right” activities	\$50 per “Do Right” activity up to \$150 per employee/retiree and up to \$300 per employee/retiree + spouse

The HRA is used to pay out-of-pocket costs for covered medical, behavioral health, and pharmacy expenses, **which count towards the annual deductible and out-of-pocket limit!**

IN-NETWORK BENEFITS	COVA HEALTHAWARE YOU PAY
Deductible — per plan year <i>(includes pharmacy expenses)</i>	
One person	\$1,500
Two or more persons	\$3,000
Out-of-pocket expense limit — per plan year <i>(includes deductible)</i>	
One person	\$3,000
Two or more persons	\$6,000
Wellness & preventive services	\$0
Doctor’s visits	
Teladoc	\$40 per consultation (\$8 after deductible)
Primary care physician	20% after deductible
Specialist	20% after deductible
Hospital services	
Inpatient	20% after deductible
Outpatient	20% after deductible
Ambulance travel	20% after deductible
Emergency room visits	20% after deductible
Outpatient diagnostic, x-rays, lab tests and shots	20% after deductible
Infusion services <i>(includes IV or injected chemotherapy)</i>	20% after deductible
Outpatient therapy visits	
Occupational, physical and speech therapy	20% after deductible
Chiropractic <i>(30 visit plan year limit per member)</i>	20% after deductible

IN-NETWORK BENEFITS *(continued)***COVA HEALTHAWARE YOU PAY****Applied behavior analysis (ABA) for autism spectrum disorder — ages 2 through 18**

20% after deductible

Behavioral health visits

20% after deductible

Employee Assistance Program (EAP)*(up to 4 visits per incident per plan year)*

\$0

Prescription drugs *(administered by Anthem Pharmacy delivered by IngenioRx)*Retail pharmacy
(up to 90-day supply)

20% after deductible

Home delivery pharmacy via mail service
(up to 90-day supply)

20% after deductible

Dental services *(administered by Delta Dental)*

Diagnostic and preventive

\$0

Annual routine vision exam

\$0

Annual routine hearing exam

\$0

OUT-OF-NETWORK BENEFITS

Deductible (per plan year): \$3,000 one person/\$6,000 two or more persons

Out-of-pocket maximum (per plan year): \$6,000 one person/\$12,000 two or more persons

40% coinsurance after deductible. Provider may balance bill for amount above allowable charge

OPTIONAL BENEFITS *(offered for an additional premium)***COVA HEALTHAWARE YOU PAY****Expanded Dental** *(administered by Delta Dental)*

Plan year maximum benefit — per member

\$2,000

Plan year deductible

\$50/\$100/\$150

Primary *(fillings, extractions, root canals)*

20% after deductible

Complex restorative *(inlays, onlays, crowns, dentures, bridgework)*

50% after deductible

Orthodontic

50% no deductible

Lifetime maximum benefit for orthodontia

\$2,000

Expanded VisionRoutine eye exam *(included in health plan once every plan year)*

\$0

Eyeglass frames *(once every plan year)*

80% after plan pays \$100

Lenses *(once every plan year)*Eyeglass lenses *(standard plastic; single, bifocal or trifocal)*

\$20

Conventional contact lenses *(in lieu of eyeglass lenses)*

85% after plan pays \$100

Disposable contact lenses *(in lieu of eyeglass lenses)*

Balance after plan pays \$100

Non-elective contact lenses *(covered when eyeglasses are not an option)*

Balance after plan pays \$250

This is intended as a summary only and not a full description of benefits. For more detail on coverage and benefits, contact the Aetna Concierge line at **1-855-414-1901** or visit **www.COVAHealthAware.com**.



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company (Aetna).

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