

## **Who to Contact for Help**

### **Where can I get help if I have questions about my health plan's benefits or participating providers?**

Many benefit questions will be answered in your Member Handbook, along with applicable inserts and/or amendments. All Enrollees should have a Member Handbook/inserts for their own plan, but non-participants may review handbooks at <http://www.dhrm.virginia.gov/employeebenefits>. However, if you need additional information, or if you need to identify or confirm a participating provider in a claim administrator's network, contact the Member Services telephone number on your ID card or visit the administrator's Web site. A list of health benefits claim administrators is attached for your use (see page 6). Your claims administrator will also be able to replace a Member Handbook.

If you are in a Medicare-coordinating plan (Advantage 65 or Option II), Medicare is your primary medical coverage. Contact Medicare (see below) for additional information about benefits, primary claim payments or providers who accept assignment.

### **Where can I get information about Medicare?**

If you have questions about Medicare, visit your local Social Security office, call 1-800-MEDICARE, or visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov). In Virginia, you may also call the Virginia Insurance Counseling and Assistance Program (VICAP) at 1-800-552-3402. Employees who are preparing to retire and who will be eligible for Medicare at the time of retirement should contact the Social Security Administration (1-800-772-1213) at least three months prior to retirement to ensure that Medicare is aware of their change in employment status and that Medicare will be in place on their retirement date. This also applies to Medicare-eligible family members who will be covered based on retiree (not active employee) coverage.

Medicare is the primary payer of Medicare Part A and Part B covered services for Medicare-eligible participants in the retiree group (with limited exceptions). If you have questions about your Medicare primary claim payment, you must contact your Medicare claims administrator (see your Medicare Summary Notice).

Questions regarding secondary claim payments under your state plan, or benefits not covered by Medicare but covered under your state plan (e.g., covered dental or routine vision benefits), may be addressed by the appropriate claims administrator (see page 6). If Medicare is refusing primary payment after retirement, contact the Medicare Coordination of Benefits (COB) contractor at 1-855-798-2627 to update your employment status.

You may obtain information about Medicare Part D (prescription drug) plans that are **not** associated with the state program by calling 1-800-MEDICARE or going to [www.medicare.gov](http://www.medicare.gov). Participants who enroll in Advantage 65, Advantage 65 + Dental/Vision, (but NOT those enrolled in Advantage 65—Medical Only or Advantage 65—Medical Only + Dental/Vision) will automatically be submitted for enrollment in Medicare Part D as a part of these plans. However, **coverage is contingent upon approval by Medicare.**

Additional Retiree Fact Sheets are available which include information regarding ***Medicare and the State Retiree Health Benefits Program*** and ***Prescription Drugs – Medicare-Eligible Participants***.

### **Who should I call if I have questions about a claim submitted under the state program?**

Contact the appropriate health plan claims administrator listed on page 6.

### **How do I request/replace a health plan ID card?**

Contact the appropriate claims administrator listed on page 6. However, if you need to make an address change so that your card is mailed to the correct location, contact your Benefits Administrator (see below).

### **Who can help me with eligibility questions?**

Your Member Handbook addresses information about eligibility, enrollment and allowable changes. Retiree Fact Sheets # 2 (***Eligibility, Enrollment and Plan Choices***) and #4 (***Making Changes***) are also excellent resources. However, if you have additional questions, contact your Benefits Administrator. Your Benefits Administrator is also the correct recipient of enrollment forms to request allowable plan changes and to change your address of record. Please see the following chart to identify your Benefits Administrator.

If You Are:	Your Benefits Administrator is:
<ul style="list-style-type: none"> <li>• A Retiring Employee</li> <li>• An Employee starting Long Term Disability (LTD)</li> <li>• A new Survivor of an active employee</li> </ul>	Your current/active employing agency's Benefits Administrator
<ul style="list-style-type: none"> <li>• A Current VRS Retiree</li> <li>• A Current VRS Survivor</li> <li>• A Current VSDP Long Term Disability (LTD) Participant</li> </ul>	Virginia Retirement System (VRS) (888)-827-3847 P.O. Box 2500 Richmond, VA 23218-2500 <a href="http://www.varetire.org">www.varetire.org</a>
<ul style="list-style-type: none"> <li>• A Non-Annuitant Survivor*</li> </ul> <p>*Survivors of employees or retirees who are not receiving a VRS benefit</p>	Department of Human Resource Management (DHRM) (888) 642-4414 101 N. 14 <sup>th</sup> Street, 13 <sup>th</sup> Floor Richmond, VA 23219 <a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a>
<ul style="list-style-type: none"> <li>• All Other Retirees (e.g., Optional Retirement Plan Retirees, Local Retirees)</li> </ul>	Your Pre-Retirement/LTD Agency Benefits Administrator

**Who should I contact with questions about payment of premiums or the Health Insurance Credit?**

Monthly premiums are collected as follows:

- If you receive a VRS monthly retirement benefit that can support your premium obligation, your premiums will be deducted from your benefit. If you are entitled to a Health Insurance Credit, you will also receive the appropriate credit added to your monthly VRS benefit.
- If you do not receive a VRS monthly benefit or if that benefit is not sufficient to cover your premium, you will be billed directly by the designated billing administrator for your plan. Direct-bill participants in COVA Care or Medicare-coordinating plans will be billed by Anthem Blue Cross and Blue Shield and may have their premium automatically deducted from their bank account or pay electronically. Contact Anthem for more information. Direct-bill COVA HealthAware participants will receive payment coupons from Payflex.

Direct-bill Kaiser participants will be billed by Kaiser. Direct-bill Optima participants will be billed by Optima.

- If you are entitled to a Health Insurance Credit, you will receive it in your monthly VRS retirement benefit even if you pay your premium directly to your claims administrator. If you do not receive a VRS retirement benefit, your credit will be mailed directly to your address of record.
- All long-term disability (LTD) participants will be billed directly by their plan's billing administrator (see above) for their monthly premium. VSDP LTD participants who are enrolled in the State Retiree Health Benefits Program will be automatically set up for the Health Insurance Credit reimbursement, which will be included in the LTD benefit paid by the administrator (Reed). However, LTD participants who are enrolled as family members under the state program must submit a Health Insurance Credit form in order to receive the appropriate credit.
- If you are eligible for the Medicare Part D Low Income Subsidy, your subsidized premium will be billed directly by Anthem Blue Cross and Blue Shield. In this case, you have the option of automatic deduction from your bank account or electronic payment. Contact Anthem for more information.

If your premium is deducted from your VRS retirement benefit, contact VRS with questions about your premium deduction. If you are billed directly by Anthem, Payflex, Kaiser or Optima contact the customer service number listed on your monthly invoice if you have any premium billing questions.

If your premiums are being deducted from your VRS retirement benefit, and later you become eligible for the Medicare Part D Low Income Subsidy (LIS), you will be automatically be moved to Direct-bill by Anthem Blue Cross and Blue Shield. This is an important change; therefore please be sure to note the new premium amount and billing method going forward to ensure accurate and timely payment remittance.

The Virginia Retirement System administers the Health Insurance Credit Program and should be contacted with any questions regarding that benefit. VRS also offers a helpful "Frequently Asked Questions" regarding the program, which is available on the VRS Web site at [www.varetire.org](http://www.varetire.org).

### ***I am not enrolled in the State Retiree Health Benefits Program, but I am entitled to the Health Insurance Credit. How will I receive my credit?***

- If you are eligible for the Health Insurance Credit and enrolled in a health plan outside of the State Retiree Health Benefits Program, you may apply for reimbursement of the Health Insurance Credit by submitting a **Request for Health Insurance Credit Form (VRS-45)** to VRS.

- If you are receiving a monthly VRS benefit, your Health Insurance Credit reimbursement will be added to your monthly benefit deposit. If not, it will be mailed directly to your address of record.

If you need additional information regarding the Health Insurance Credit Program, go to the Virginia Retirement System (VRS) Web site at [www.varetire.org](http://www.varetire.org).

***I am enrolled in the Tricare Supplement Plan. Who can I contact for assistance?***

The Tricare Supplement is administered by Selman and Company which can be reached at 1-800-638-2610. Contact them regarding your Tricare supplemental benefits or to make an allowable change under that plan. Retiree Fact Sheet #2, ***Eligibility, Enrollment and Plan Choices***, includes information about electing and leaving the Tricare Supplement Plan.

**SEE PAGE SIX FOR A SUMMARY OF CONTACT  
INFORMATION FOR ALL PLANS**

**State Retiree Health Benefits Program  
Health Benefits Plan Administrators/Contacts**

**Non-Medicare Plans**

<b>Plan</b>	<b>Benefit</b>	<b>Contact Information</b>
<b>COVA Care and COVA HDHP</b>	<ul style="list-style-type: none"> <li>• Medical, Vision &amp; Hearing (Anthem BCBS)</li> <li>• Behavioral Health Benefits &amp; EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Prescription Drug (Anthem Pharmacy)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></li> <li>• 855-223-9277 <a href="http://www.anthemEAP.com">www.anthemEAP.com</a> <b>Company Code: Commonwealth of Virginia</b></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• 833-267-3108 <a href="http://www.anthem.com">www.anthem.com</a></li> </ul>
<b>COVA HealthAware</b>	<ul style="list-style-type: none"> <li>• Medical, Vision, Hearing and Behavioral Health (Aetna)</li> <li>• Employee Assistance Program (EAP) (Aetna)</li> <li>• Prescription Drug (Anthem Pharmacy)</li> <li>• Dental (Delta Dental)</li> <li>• Teladoc Virtual Visits</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901 <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></li> <li>• 888-238-6232 <a href="http://www.mylifevalues.com">www.mylifevalues.com</a> (Username &amp; Password: COVA)</li> <li>• 833-267-3108 <a href="http://www.anthem.com">www.anthem.com</a></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a></li> </ul>
<b>Kaiser Permanente HMO</b>	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Vision (Kaiser)</li> <li>• Dental (Dominion National)</li> <li>• EAP (Beacon Health Options)</li> <li>• Behavioral Health (Kaiser)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902; 301-468-6000 in Washington, D.C. <a href="https://my.kp.org/commonwealthofvirginia/">https://my.kp.org/commonwealthofvirginia/</a></li> <li>• 855-733-7524 <a href="http://www.DominionNational.com/kaiser">http://www.DominionNational.com/kaiser</a></li> <li>• 866-517-7042 <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a></li> <li>• 866-530-8778</li> </ul>
<b>Optima Health Vantage HMO</b>	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug, Dental, Vision, Behavioral Health</li> <li>• Employee Assistance Program (EAP)</li> </ul>	<ul style="list-style-type: none"> <li>• 866-846-2682 <a href="http://www.optimahealth.com/cova">www.optimahealth.com/cova</a> or <a href="mailto:members@optimahealth.com">members@optimahealth.com</a></li> <li>• <a href="https://login.optimahealth.com">https://login.optimahealth.com</a> (Username: Cova)</li> </ul>
<b>TRICARE Supplement</b>	Selman and Company (SelmanCo)	<ul style="list-style-type: none"> <li>• 800-638-2610 (press option 1)</li> </ul>

## Medicare-Coordinating Plans

<i>Benefit</i>	<i>Administrator</i>	<i>Contact Information</i>
<b>Advantage 65, Option II and Advantage 65-Medical Only – Secondary Medical Benefit (including mental health)*</b>	<b>Anthem Blue Cross and Blue Shield</b>	<b>(804)355-8506 - Richmond (800)552-2682 - Outside of Richmond) <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></b>
<b>Advantage 65, and Option II – Prescription Drug Benefit</b>	<b>Express Scripts Medicare</b>	<b>(800)572-4098 <a href="http://www.Express-Scripts.com">www.Express-Scripts.com</a></b>
<b>Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – Dental Benefit</b>	<b>Anthem Blue Cross and Blue Shield</b>	<b>(855)648-1411 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></b>
<b>Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – Vision Benefit</b>	<b>Anthem Blue Cross and Blue Shield – Blue View Vision</b>	<b>(804)355-8506 - Richmond (800)552-2682 - Outside of Richmond) <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></b>

**\*Note: Primary hospital and medical coverage for the state’s Medicare-eligible retiree group participants is adjudicated by Medicare**