



JULY 2018

GETTING TO KNOW YOUR BENEFITS

AN OVERVIEW OF YOUR
STATE HEALTH COVERAGE AND
FLEXIBLE SPENDING ACCOUNTS

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WHO CAN BE COVERED

SALARIED EMPLOYEES AND FACULTY ARE ELIGIBLE

You are eligible for coverage if you are a: **1) Part-time or full-time, salaried, classified employee**, or similarly situated employee at an independent state agency, or **2) Regular, full-time or part-time salaried** faculty member. A full-time salaried employee is scheduled to work at least 30 hours per week, or carries a faculty teaching load considered to be full time at the institution. A classified part-time employee is eligible if scheduled to work at least 20 hours per week. **State plan members may be covered under only one state contract.** A U.S. citizen, U.S. resident alien, U.S. national or resident of Canada or Mexico may be covered as a dependent. The Office of Health Benefits will review enrollment requests for non-U.S. citizens.

Types of health plan membership include: **Employee Single**—to cover yourself only; **Employee Plus One**—to cover yourself and one eligible dependent; and **Family**—to cover yourself and two or more eligible dependents.

| Dependents Who May Be Covered | Eligibility Definition | Documentation Required |
|---|---|---|
| Spouse | The marriage must be recognized as legal in the Commonwealth of Virginia. <i>Note: Ex-spouses will not be eligible, even with a court order.</i> | <ul style="list-style-type: none"> • Photocopy of certified or registered marriage certificate and • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers can be redacted. |
| Natural or Adopted Son/ Daughter | A son or daughter may be covered to the end of the year in which he or she turns age 26. | <ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee's name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.) |
| Stepson or Stepdaughter | A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26. | <ul style="list-style-type: none"> • Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; <i>and</i> • Photocopy of marriage certificate showing the employee and dependent parent's name; <i>and</i> • Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse". |
| Other Female or Male Child | An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: <ul style="list-style-type: none"> • The principal place of residence is with the employee; • They are a member of the employee's household; • They receive over one-half of their support from the employee, and • The custody was awarded prior to the child's 18th birthday. | <ul style="list-style-type: none"> • Photocopy of birth certificate and • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature. |

| Dependents Who May Be Covered | Eligibility Definition | Documentation Required |
|---|--|---|
| <p>Other Female or Male Child - Exception (Grandchild)</p> | <p>If the employee or employee's spouse shares custody of their grandchild with their dependent who is under the age of 18 and is the parent of the grandchild, the grandchild may also be covered if:</p> <ul style="list-style-type: none"> • The grandchild, the minor dependent (parent), and the employee's legal spouse (if applicable) all live in the same household as the employee; • Both dependents are unmarried and receive over half of their support from the employee; and the custody is not shared between anyone other than the employee, the employee's legal spouse and their minor dependent. <p>The minor dependent (parent) must meet all the eligibility requirements of a dependent child. Once the minor dependent (parent) turns 18, the employee and/or legal spouse (if applicable) must receive sole custody of the grandchild for the child to remain eligible.</p> | <ul style="list-style-type: none"> • Photocopy of the other child's birth certificate showing the name of the minor child as the parent of the grandchild • Photocopy of the birth certificate (or adoptive agreement) for the minor child showing the name of the employee, and • Photocopy of the Final Court Order with presiding judge's signature. |
| <p>Incapacitated Adult Dependent</p> | <p>The employee's adult children who are incapacitated due to a physical or mental health condition may be covered beyond the end of the year in which they turn age 26 if:</p> <ul style="list-style-type: none"> • Unmarried • Reside full-time with the employee (or the other natural/adoptive parent) • The employee provides more than half of the dependent's support • Deemed incapacitated prior to the end of the year in which they reach age 26, <i>and</i> • Maintained continuous coverage under an employer-sponsored plan of the employee (or the other natural/adoptive parent, or as a Medicare/Medicaid recipient). | <ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee's name. • In the case of a new employee, copies of all HIPAA Certificates and/or other employer documentation showing continuous prior employer-sponsored coverage. • Other medical certification and eligibility documentation as needed. • Adult incapacitated dependents are not eligible to enroll during the annual Open Enrollment period. |



ABOUT YOUR HEALTH COVERAGE



HEALTH BENEFITS PLAN YEAR

JULY 1 to JUNE 30 ANNUALLY.

Coverage always begins on the first of a month.

DIFFERENT PLANS ARE OFFERED. BENEFITS PACKAGES ARE COMPREHENSIVE.

The Commonwealth offers four basic plan options to state employees and non-Medicare retirees. Statewide plans include COVA Care, COVA HealthAware and COVA HDHP (High Deductible Health Plan). The Kaiser Permanente HMO plan is offered in certain Northern and Central Virginia zip codes. All plans offer these benefits:

- Medical
- Outpatient prescription drug
- Preventive dental
- Behavioral health, and
- Employee assistance program (EAP) services

Some covered services are subject to a plan year deductible, coinsurance or copayments. In-network wellness and preventive care services are available at no cost to members. In addition, some statewide plans allow you to purchase at an extra cost enhanced coverage such as expanded dental, out-of-network and vision & hearing.

Information on statewide and regional plans may be found starting on the next several pages. Employees who are military retirees and eligible for state health benefits, or the spouse of a military retiree, have the option to enroll in a **TRICARE group supplement**. More information is available from Selman & Company (SelmanCo) at **1-800-638-2610** and on the DHRM website.

NEED HELP CHOOSING A PLAN? GO ASK ALEX!

Check out ALEX, an online, interactive assistant designed to help you decide which plan may be the most cost-effective for you. ALEX is simple to use and easy to understand.

Visit www.myalex.com/cova and follow the prompts. ALEX will:

- Ask questions about your individual needs
- Explain the plans offered
- Estimate the lowest cost plan option for you
- Provide a plan comparison
- Look at your expenses and determine if a Health and/or Dependent Care Flexible Spending Account is right for you.

BEFORE YOU CHOOSE A PLAN, REMEMBER...

Each plan is different. It is important to consider how each plan may affect you and your family. So be sure that:

- Your health care providers are in the plan's network.
- You check the benefit coverage for your prescriptions.
- You consider your total out-of-pocket expenses such as deductibles and copayments.
- You get more information by:
 - visiting the plan administrator's web site,
 - calling the plan's customer service number, or
 - contacting your Benefits Administrator.

ABOUT YOUR MONTHLY PREMIUM



- Full-time employees working 30 hours or more per week receive a state premium contribution.
- Part-time employees who work less than 30 hours per week must pay the entire cost of coverage.
- Payroll deducted premiums are on a pre-tax basis.
- To find your premium amount, visit the DHRM website at www.dhrm.virginia.gov, or see your agency Benefits Administrator.

REMEMBER, THE FINAL DECISION IS YOURS!

If you have questions, contact your agency Benefits Administrator. Once you have submitted a valid election and **the election takes effect, it is binding** and may not be changed. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility.

YOUR HEALTH PLAN OPTIONS

COVA CARE

THE STATEWIDE PREFERRED PROVIDER ORGANIZATION (PPO) PLAN



COVA Care's medical, outpatient prescription drugs, behavioral health and employee assistance program (EAP) services are administered by Anthem Blue Cross and Blue Shield. Delta Dental of Virginia administers dental benefits. For medical and behavioral health, there is no out-of-network coverage, except for an emergency, unless you choose the Out-of-Network option. You may select this option, as well as Expanded Dental, and Vision & Hearing, at an extra cost.

MEDICAL BENEFITS

- The Anthem Virginia network includes hospitals, primary care physicians and specialists statewide.
- You have medical coverage as long as you use an in-network provider.
- You pay a copayment upfront for physician and facility visits, and coinsurance for some services once a \$300/\$600 deductible is met. Then the plan pays in-network up to the allowable charge.
- You also may access care within the United States through the Blue Card PPO® network, and worldwide through the Blue Cross Blue Shield Global Core network.

BEHAVIORAL HEALTH

- The plan provides benefits to help promote and maintain mental and emotional health and wellness.
- You pay a copayment upfront for psychiatric or counseling services, and then the plan pays in-network up to the allowable charge.
- We encourage you to call Anthem so that your care can be authorized in advance.
- A behavioral health participating provider works with a care manager to ensure that the services you receive are covered under your plan.

EAP

- Up to four counseling visits are offered at no cost to you, your covered dependents and members of your household.
- You may seek assistance in such areas as mental health, substance abuse, work and family issues, and financial or legal matters.

PRESCRIPTION DRUGS

- Your prescription drug benefit is a mandatory generic program. If a brand name drug is requested when there is a generic equivalent, you pay the brand copayment plus the difference between the cost of the brand and the generic drug.
- Prescriptions are divided into four categories, or tiers, based primarily on their cost. You pay a copayment upfront based on the tier.
- For a 90-day supply of maintenance drugs, you may save money by using home delivery services.
- You may use either a network or non-network pharmacy. A non-network pharmacy may cost you more and require you to file a paper claim.

VISION BENEFITS

- An annual routine vision exam and other vision services are included through *Blue View Vision*.

DENTAL BENEFITS

- The basic plan includes diagnostic and preventive care, such as oral exams and x-rays, with no annual dollar limit.
- You may purchase expanded coverage for primary services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.

FINDING A PROVIDER

- For the most current list of COVA Care network hospitals, physicians, and pharmacies, visit www.anthem.com/cova. You also may check with your local pharmacy to determine if it is in the network.
- To search for a participating dentist, visit www.deltadentalva.com, click on "Searching for a Dentist?" and select the Delta Premier program.

YOUR HEALTH PLAN OPTIONS

CONTINUED

COVA HEALTHAWARE

MANAGE YOUR HEALTH CARE
FROM THE DRIVER'S SEAT



COVA HealthAware is a statewide consumer-driven health plan (CDHP) that includes medical, outpatient prescription drugs, dental, behavioral health and employee assistance program (EAP) services administered by Aetna. The plan includes in-network annual preventive services such as dental, vision & hearing exams paid at 100 percent, and out-of-network coverage. Aetna's network also provides coverage throughout the U.S. and worldwide. You may purchase expanded coverage for dental benefits, or vision benefits for lenses and frames, at an additional cost.

- Once your \$1,500/\$3,000 deductible is met, the plan pays 80 percent and you pay 20 percent for in-network services.
- For out-of-network coverage, the plan pays 60 percent and you pay 40 percent for services once the out-of-network deductible is met.
- Medical, behavioral health and prescription drug expenses apply to your deductible and out-of-pocket limit.
- You may purchase additional coverage for primary dental services such as fillings and root canals, and complex restorative dental care such as crowns, bridgework, dentures and implants, and orthodontic services.
- The plan includes a **health reimbursement arrangement**, or HRA, to help you pay for plan expenses. Depending on when you enroll during the plan year, the Commonwealth will place up to \$600 in an HRA for an employee or up to \$1,200 for an employee and spouse covered under the plan. These funds can be used to pay your deductible and other plan costs for all covered family members.
- 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.

EARN MORE FUNDS IN YOUR HRA

If you complete healthy activities, or "**do rights**," designated by the plan, you can earn up to \$150 in your HRA! Your covered spouse can do the same.

The "do rights" include:

- an annual physical exam
- a dental exam
- a flu shot
- a vision exam
- completing a coaching module on the MyActiveHealth wellness portal, and
- using one of the MyActiveHealth trackers at least three times a month for each month in a quarter. More on MyActiveHealth can be found on page 10.

Pick three of the "do rights" and earn \$50 for each one!

Visit www.covahealthaware.com for more information about the plan and how to access Aetna participating providers. Also view examples of how the HRA works.

YOUR HEALTH PLAN OPTIONS

CONTINUED



COVA HDHP

A STATEWIDE PLAN WITH EXPANDED DENTAL BENEFITS AVAILABLE.

The **COVA HDHP** (High Deductible Health Plan), administered by Anthem, is a health care plan that allows you to set up a Health Savings Account (HSA). Use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to "use it or lose it."

- The plan has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health and prescription drug benefits.
- Once the \$1,750/\$3,500 deductible is met, you pay 20% coinsurance for most covered services.
- When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan.
- Plan members must use Anthem participating providers. There is no out-of-network coverage for medical or behavioral health benefits except in an emergency.
- The COVA HDHP includes preventive dental benefits administered by Delta Dental, and you may also pay an additional premium for expanded dental benefits.
- You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist.
- An annual routine vision exam and other vision services are included through *Blue View Vision*.

Visit www.anthem.com/cova for more information about the plan and to access the online Provider Directory, and www.deltadentalva.com for details on dental benefits.

TRICARE SUPPLEMENT

A STATEWIDE PLAN FOR MILITARY RETIREES.

The state health benefits program offers a voluntary supplement to **TRICARE** as a health plan option. Enrollment is open to state employees and early retirees who are military retirees, or the spouse of a military retiree. They must be eligible for:

- TRICARE, the military health benefits program, and
- The state health benefits program.

The TRICARE supplement is administered for the Commonwealth by Selman & Company. For more information, contact Selman & Company at **1-800-638-2610**.

KAISER PERMANENTE HMO

A REGIONAL HEALTH PLAN TO SUIT YOUR NEEDS.



KAISER PERMANENTE®

The Kaiser Permanente HMO has no deductible for medical in-network services, but you must use Kaiser HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser website at <http://my.kp.org/commonwealthofvirginia/> to determine if your job location or home address is in the Kaiser service area, which is required to participate in the plan.

Service Area: Includes certain cities, counties and zip codes where you live or work in Virginia, Maryland and the District of Columbia.

- *Virginia Counties:* Arlington, Caroline (partial), Culpeper (partial), Fairfax, Fauquier (partial), Hanover (partial), King George, Louisa (partial), Loudoun, Orange (partial), Prince William, Stafford, Spotsylvania, Westmoreland (partial)
- *Virginia Cities:* Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park
- *Maryland Counties:* Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince George's
- *Maryland Cities:* Baltimore

SPECIAL PROGRAMS ADD VALUE

INCLUDED IN YOUR HEALTH PLAN AT NO EXTRA COST.

For COVA Care, COVA HealthAware and COVA HDHP members, the Commonwealth has partnered with ActiveHealth Management to make new health and wellness programs available to enrolled participants and their covered family members. It's important to know that:

- These programs are **secure** and **confidential**, in full compliance with federal and state laws, and
- ActiveHealth Management provides these types of programs to help people across the country improve their health.

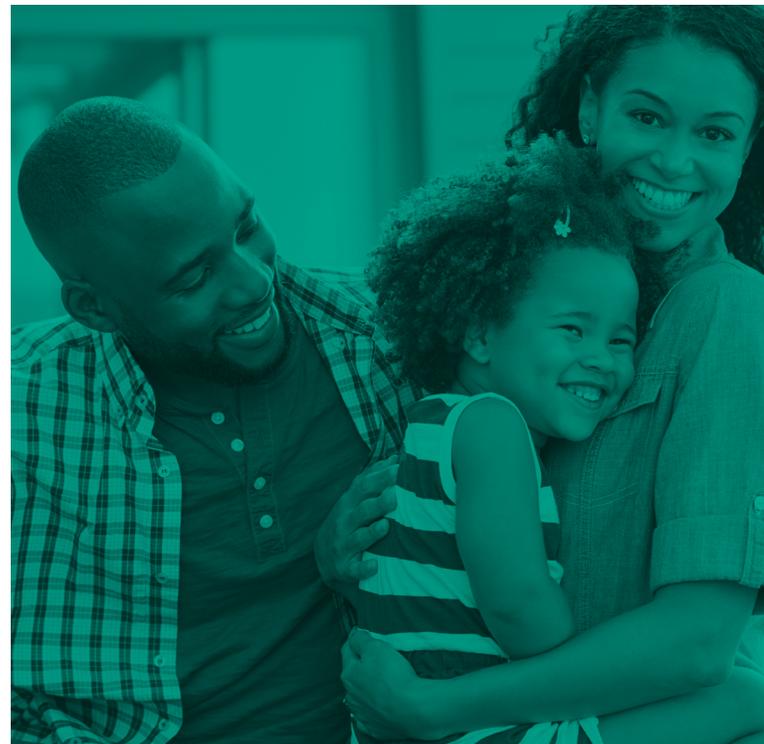
Once enrolled, be sure to visit www.myactivehealth.com/cova to set up your personal health profile and find multiple resources to help you live a healthier lifestyle. For more on individual programs, go to www.dhrm.virginia.gov.

| Program | COVA Care | COVA HealthAware | COVA HDHP | Kaiser Permanente HMO |
|--|--|---|---|-----------------------------------|
| Maternity Support | Healthy Beginnings with incentive 866-938-0349 | | Healthy Beginnings 866-938-0349 | 301-468-6000 |
| Health condition management | Healthy Insights with incentive 866-938-0349 | | Healthy Insights 866-938-0349 | 800-777-7902 |
| Online Doctor – anytime | LiveHealth Online www.livehealthonline.com | Teladoc www.teladoc.com/aetna | LiveHealth Online www.livehealthonline.com | Video Chat 703-359-7878 |
| Healthier Living | Healthy Lifestyles 866-938-0349 Personal health coach for smoking cessation, exercise programs, weight management, nutrition, dealing with stress | | | 800-777-7902 |
| Personalized health and wellness portal - with health assessment and healthy living resources | MyActive Health www.myactivehealth.com/cova 866-938-0349 | | | N/A |

HELPING YOU MANAGE CHRONIC HEALTH CONDITIONS. WITH SOMETHING EXTRA.

COVA Care and COVA HealthAware members who complete certain requirements for the maternity, diabetes, asthma/COPD and hypertension management programs are rewarded with a special incentive. Participation in these programs, which are administered by ActiveHealth, is voluntary and confidential.

- **Healthy Beginnings**—Expectant mothers who enroll within the first **16 weeks of pregnancy**, actively participate and complete a 28-week health assessment can earn a **\$300 copay waiver or HRA contribution**, depending on the plan. Participants also receive an extra dental cleaning through *Healthy Smile, Healthy You*.
- **Healthy Insights - Diabetes, Asthma/COPD and Hypertension Management**—Members who enroll and take their medication as directed for a 90-day compliance period and continue their drug regimen, work with a nurse coach, follow up with their health care provider annually, and have appropriate exams or tests may get **certain drugs or supplies at no cost**.



YOUR FLEXIBLE SPENDING ACCOUNTS

HEALTH AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS (FSA).

A SIMPLE WAY TO SAVE ON YOUR TAXES.

A **Flexible Spending Account (FSA)** allows you to set aside money from your paycheck, before taxes, to use on qualified health care and dependent care expenses. You may elect to participate in the FSA at initial enrollment, during Open Enrollment, or within 60 days of a consistent qualifying mid-year event (QME). You choose the amount to set aside based on your anticipated eligible expenses. The money is deducted from your paycheck in equal amounts and placed in your FSA. Plan wisely on how much to set aside in your FSA account because you must use all the money during the plan year, or lose it. The plan year begins July 1 and ends June 30. Your coverage period for incurring expenses is based on your participation in the program. You can elect to enroll in one or both of these FSAs:

| | Health FSA | Dependent Care FSA |
|---|--|--|
| Maximum amount you can put into the account each plan year | \$2,600 | \$5,000 |
| Minimum amount you can contribute per pay period | \$10 | \$10 |
| Eligible expenses | <ul style="list-style-type: none"> • Prescriptions • Deductibles, coinsurance and copays • Dental care • Vision care | <ul style="list-style-type: none"> • Before- and after-school care • Child day care, adult care or elder care • Summer day camp |

IMPORTANT DATES

Plan year starts: July 1, 2018

Plan year ends: June 30, 2019

Last payroll deduction for plan year: July 1, 2019

Last day to incur eligible expenses:
June 30 or last day of your coverage period

Last day to submit reimbursement requests and verification of outstanding card transactions:
September 30 or three months from the end of your coverage period

Last day to use FSA card for July 1, 2018 - June 30, 2019 expenses: June 30, 2019



GET TO KNOW YOUR FSA

Before you sign up, review the **FSA Sourcebook** to understand how you and your family can save. Once you decide how much to contribute to your Health FSA and/or Dependent Care FSA, the amount is deducted in equal amounts from your paychecks during the plan year.

The savings examples in the Sourcebook use a 30 percent tax rate. But your savings may vary based on your personal annual tax rate. Please consult your tax advisor for more details.

Your Health FSA funds are available to you at the beginning of your coverage period. Dependent Care FSA funds are only available as they are posted to your account. For both accounts, your funds are deducted before federal and state taxes are calculated on your paycheck.

With either account, you benefit because less of your paycheck is taxable, which means more spendable income.



**IS AN FSA RIGHT FOR YOU?
JUST ASK ALEX!**

VISIT WWW.MYALEX.COM/COVA

ADMINISTRATION FEE

If you choose to participate in one or both FSAs, only one monthly administration fee of \$3.65 will be deducted from your paychecks, on a pre-tax basis. (Note: If you are not paid on a 12-month basis, please see your Benefits Administrator for the applicable administration fees).

ENROLLING AND MAKING CHANGES

OVERVIEW

The following is a general description of the Commonwealth of Virginia's State Health Benefits Program eligibility and enrollment information for employees. It is not intended to replace member handbooks and other plan documents. For more detailed information or clarification, visit the DHRM website at www.dhrm.virginia.gov or contact your Benefits Administrator. Participation in the State Health Benefits Program is subject to current program provisions, state and federal laws and regulations, and plan availability. The Commonwealth reserves the right to change your enrollment to ensure compliance.

YOUR ELECTION CHOICES

Health Care Coverage in most cases includes medical, dental, pharmacy, and behavioral health services. Certain family members who meet eligibility and rules requirements may also be covered. Supporting documentation must be provided before family members can be added.

- Employees who enroll or fail to remove a family member who is not eligible for coverage may face disciplinary action and removal from the State Health Benefits Program for up to three years.
- Continued coverage is available for you and covered family members who lose eligibility under the State Health Benefits Program unless you enroll in the TRICARE supplement. More information about Extended Coverage (COBRA) is available on the DHRM website or from your Benefits Administrator. Portability information for the TRICARE supplement is available from the plan administrator.
- Health Care Premiums are subject to change every July 1.
- Payroll-deducted premiums are withheld on a pre-tax basis.
- Employees are obligated to pay for any month of health care coverage already begun.
- Failure to pay the premium owed results in cancellation of coverage..

Flexible Spending Accounts (FSA) allow you to set aside part of your salary each pay period before taxes for eligible medical or dependent care expenses. There is a monthly pre-tax administrative fee for one or both accounts. For more information, visit the DHRM website or contact your agency Benefits Administrator.

- A flexible spending account must only be used to pay for IRS-qualified expenses and only for IRS-eligible dependents.
- Enrollees must exhaust all other sources of reimbursement (including those provided under an employer's plans) before seeking reimbursement from a flexible spending account. They may not seek reimbursement through any other source.
- Enrollees must collect and maintain sufficient documentation to validate reimbursement from a flexible spending account.

YOUR ENROLLMENT WINDOWS

WHEN NEWLY ELIGIBLE

For **health care coverage and flexible spending accounts**, request enrollment within 30 calendar days of the date of hire or of becoming eligible for health benefits. You may enroll in your health plan and cover eligible dependents. You may also enroll in a **Health FSA and/or a Dependent Care FSA**.

- The 30-day countdown period begins on the first day of employment or eligibility.
- If the enrollment action is received within the 30 calendar day time frame, coverage will be effective the first of the month following the date of employment or eligibility.
- If that date is the first day of the month, your coverage begins that day.
- If you waive coverage during initial enrollment because of other health insurance or group health plan coverage, you may be able to cover yourself and your eligible dependents using a HIPAA Special Enrollment. See more information later in this section.

Once you have submitted a valid election during this enrollment window and that election takes effect, it is binding and may not be changed until the next Open Enrollment or qualifying event that would allow a change. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline.** The documents can be submitted later. See your agency Benefits Administrator.

DURING OPEN ENROLLMENT

The Open Enrollment period occurs each spring and is your annual opportunity to enroll or make election changes to health care coverage and to enroll in FSAs effective July 1. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline. The documents can be submitted later.**

Once you have submitted a valid election during this enrollment window and the Open Enrollment Period has ended, it is binding and may not be changed. To participate in the FSA each year, you **must** submit an enrollment request during the Open Enrollment period. See your agency Benefits Administrator for additional information on Open Enrollment elections.

QUALIFYING MID-YEAR EVENTS

Certain qualifying mid-year events (QME) permit specific election changes outside the Open Enrollment period, including changes to your plan and membership. Examples of qualifying mid-year events include changes in your employment, changes in your marital status, changes in the number of your eligible family members, and changes affecting the employment of a covered family member. Your change request must be received within 60 calendar days of the event and be on account of and consistent with the event.

- The 60-day countdown period begins on the day of the event.
- Normally, the change will be effective the first of the month after the election change request is received. There are two exceptions –
 - HIPAA Special Enrollment due to birth, adoption and placement for adoption will allow for a retroactive effective date to enroll or make changes to the health plan coverage, and
 - Terminations required by the plan due to loss of eligibility include events such as divorce, or when a child loses eligibility. In cases where there is a loss of dependent eligibility, the effective date of the change is based on the date of the event.

Once you have submitted a valid election during this enrollment window and that election takes effect, it is binding and may not be changed. You will be asked to provide supporting documentation for the qualifying mid-year event. A complete list of QMEs may be found on the DHRM website. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline.** The documents can be submitted later. See your agency Benefits Administrator.

IMPORTANT TO REMEMBER

- A valid election, once submitted, is binding and may not be changed after it takes effect.
- In general, Internal Revenue Service (IRS) rules require that your election change be consistent with the event.
- Supporting documentation for dependent eligibility and qualifying mid-year events must be received before the request is **approved**.

HIPAA SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days of the day your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created Special Enrollment rights for certain eligible employees and dependents who lose coverage or become eligible for premium assistance under a Medicaid or State Children's Health Insurance Program. Employees must request coverage changes within 60 days of the eligibility determination.

To request a HIPAA Special Enrollment or obtain more information, contact your agency's Benefits Administrator.

OTHER SPECIAL NOTICES AND HEALTH BENEFIT PROGRAM INFORMATION

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Kaiser or the Medical Flexible Spending Account, you should receive from your agency Benefits Administrator:

- the Office of Health Benefits Notice of Privacy Practices,
- an Extended Coverage (COBRA) General Notice,
- a Wellness Program Notice, and
- a Medicare Part D Notice of Creditable Coverage.

If you do not receive your notice, please contact your benefits office or visit the DHRM website to obtain a copy.

Upon enrollment in the statewide health plans, you should receive a copy of the most recent **member handbook** which provides the details of your coverage. Upon enrollment in Kaiser or the TRICARE Supplement, you should receive an Evidence of Coverage (EOC) from the plan administrator.

When enrolling in the Flexible Spending Accounts, you should receive a confirmation notice from the FSA claims administrator. You should keep the confirmation notice, along with the **FSA Sourcebook**, which provides detailed information on the administration of the accounts. For more information, visit the DHRM website.

AFFORDABLE CARE ACT (ACA) SUMMARY OF BENEFITS AND COVERAGE

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, the Commonwealth of Virginia health benefits program makes available a Summary of Benefits and Coverage (SBC) for each state plan. The SBC summarizes important information about any health coverage option in a standard format, to help you compare across options. Visit www.dhrm.virginia.gov to view all plan SBCs, as well as a glossary provided as part of the Affordable Care Act.

WELLNESS PROGRAM NOTICE

ActiveHealth Management administers a voluntary wellness program available to all employees, retiree group participants and spouses enrolled in the COVA Care, COVA HealthAware, and COVA High Deductible Health Plans under the Commonwealth of Virginia Employee/Retiree Health Benefits Program. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. For the full text of the Wellness Program notice, see the Important Health Benefits Notices available on the DHRM website at www.dhrm.virginia.gov.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. You must contact the authorized agency for your state of residence for more information on eligibility for Premium Assistance. The CHIP Notice, which includes the contact information, is available on the DHRM website at www.dhrm.virginia.gov.

COMMONWEALTH OF VIRGINIA'S HEALTH BENEFITS PROGRAMS NONDISCRIMINATION NOTICE

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice, which is available on the DHRM website at www.dhrm.virginia.gov, lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

LANGUAGE ASSISTANCE SERVICES:

If you need help with your health benefits coverage information, in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or a fax to 804-786-0356.





Virginia Department of
**HUMAN RESOURCE
MANAGEMENT**

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

ATTENTION: If you need help in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or fax to 804-786-0356.

Spanish:

ATENCIÓN: Si necesita ayuda en el idioma que habla, servicios de asistencia lingüística están a su disposición de forma gratuita. Envíe su solicitud de asistencia lenguaje para appeals@dhrm.virginia.gov o por fax al 804-786-0356.

Korean:

주의 : 당신이 말하는 언어로 도움이 필요한 경우, 언어 지원 서비스를 무료로 당신에게 사용할 수 있습니다. 804-786-0356에 언어 appeals@dhrm.virginia.gov하는 지원이나 팩스에 대한 요청을 보냅니다.

Vietnamese:

Chú ý: Nếu bạn cần giúp đỡ trong ngôn ngữ bạn nói, các dịch vụ hỗ trợ ngôn ngữ có sẵn cho bạn miễn phí. Gửi yêu cầu để được hỗ trợ ngôn ngữ để appeals@dhrm.virginia.gov hoặc fax 804-786-0356.

Chinese:

注意 : 如果你需要在你講的語言幫助, 語言協助服務提供給您免費。發送您的語言協助 appeals@dhrm.virginia.gov或傳真至804-786-0356請求。

Arabic:

تنبيه: إذا كنت بحاجة إلى مساعدة في اللغة التي يتكلم، تتوفر لك خدمات المساعدة اللغوية مجاناً. إرسال طلب للحصول على appeals@dhrm.virginia.gov أو الفاكس إلى 804-786-0356.

Persian:

توجه: اگر شما نیاز به کمک در زبان شما صحبت می کنند، خدمات کمک زبان در دسترس شما هستند رایگان می باشد. ارسال یا فکس به appeals@dhrm.virginia.gov 804-786-0356 درخواست خود را برای کمک به زبان

Amharic:

አዳምጥ: አንተ የሚናገሩት ቋንቋ እርዳታ የሚፈልጉ ከሆነ, የቋንቋ እርዳታ አገልግሎቶች ከከፍተኛ ገንዘብ ለእርስዎ የሚገኙ ናቸው. 804-786-0356 ቋንቋ appeals@dhrm.virginia.gov እርዳታ ወይም በፋክስ ጥያቄዎን ይላኩ.



FOR MORE DETAILS

| PLAN OR BENEFIT | WHO TO CONTACT |
|-----------------------------------|---|
| COVA Care COVA HDHP | Medical, Prescription Drug, Vision & Hearing Anthem Blue Cross and Blue Shield: 800-552-2682 or www.anthem.com/cova |
| | Dental Benefits Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com |
| | Behavioral Health Anthem: 855-223-9277 or www.anthemEAP.com |
| COVA HealthAware | Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits Aetna: 855-414-1901 or www.covahealthaware.com |
| Kaiser Permanente HMO | Medical, Prescription Drug and Vision Benefits Kaiser Permanente: 800-777-7902, (301) 468-6000 in Washington, D.C. or http://my.kp.org/commonwealthofvirginia/ |
| | Behavioral Health Kaiser: 866-530-8778 |
| TRICARE Supplement | Selman & Company (SelmanCo): 1-800-638-2610 (press Option 1) |
| Flexible Spending Accounts (FSAs) | Anthem FSA: 877-451-7244 or www.anthem.com/cova |
| ALEX Decision Assistant | www.myalex.com/cova |
| DHRM | www.dhrm.virginia.gov |



Commonwealth of Virginia Health Benefits Program