



EMILY S. ELLIOTT
DIRECTOR

COMMONWEALTH OF VIRGINIA
Department Of Human Resource Management

James Monroe Building
N. 14th Street, 12th Floor
Richmond, Virginia 23219
Tel: (804) 225-2131
(TTY) 711

Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Enclosed is the Amendment/Notification of Changes and Clarifications to your **COVA HDHP Member Handbook** that became effective July 1, 2019. The COVA HDHP Member Handbook, and this Amendment, may be found at www.dhrm.virginia.gov.

Thank you.

A10519 (Eff. 7/1/2019)

COVA HDHP

Commonwealth of Virginia Health Benefits Program Amendment/Notification of Changes and Clarifications to Your July 2017 COVA HDHP Member Handbook

Effective July 1, 2019

Keep this notification with your COVA HDHP Member Handbook and previous Amendments. This notification and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA HDHP Member Handbook and all Amendments from the DHRM Web site at www.dhrm.virginia.gov.

Revised language is in bold.

Add the following benefit provisions

I. IMPORTANT NOTICE – (Page 2)

Your Health Plan benefits are administered by Anthem Blue Cross and Blue Shield (BCBS) for Medical, Behavioral Health and Employee Assistance Program (EAP), Outpatient Prescription Drugs, **health and wellness programs**. ~~Under a separate agreement with Anthem BCBS,~~ Delta Dental of Virginia administers routine Dental benefits, including optional expanded Dental benefits.

II. IMPORTANT CONTACTS – (Page 2)

Resource	Overview of Services	How to Contact
Anthem Health Guide (Member Services)	Contact your Anthem Health Guide when: <ul style="list-style-type: none">You have questions about the Plan's benefits for<ul style="list-style-type: none">MedicalHealth and Wellness ProgramsYou want to obtain preauthorization for a service (precertification)You have a question about a claimYou need a new or an additional ID Card	Phone: 800-552-2682 For hearing impaired, please contact your state's relay service by dialing 711 Hours: Monday-Friday 8:00 a.m. – 6:00 p.m. ET Online: www.anthem.com/cova

Resource	Overview of Services	How to Contact
<p>IngenioRx – Outpatient Prescription Drugs</p> <p>See Outpatient Prescription Drugs for a detailed description of services.</p>	<p>Contact IngenioRx for:</p> <ul style="list-style-type: none"> Pharmacy, Home Delivery and Specialty Prescription questions <p>Go online for:</p> <ul style="list-style-type: none"> Plan overview List of covered drugs by tier Prescription drug claim form Home delivery order form 	<p>Customer Service: 833-267-3108</p> <p>Home Delivery: 833-236-6196</p> <p>Specialty Rx: 833-255-0645</p> <p>Hours of Operation: 24 hours a day, 7 days a week</p> <p>Online: www.anthem.com/cova</p>
<p>Anthem Health & Wellness Programs</p> <p>See Programs Included In Your Health Plan for a detailed description of services.</p>	<p>For access to the following programs:</p> <ul style="list-style-type: none"> Future Moms <ul style="list-style-type: none"> Maternity Support ConditionCare <ul style="list-style-type: none"> Condition Management Well-Being Coach <ul style="list-style-type: none"> Wellness and lifestyle coaching 	<ul style="list-style-type: none"> Future Moms: 800-828-5891 ConditionCare: 800-552-2682 Well-Being Coach: 844-507-8472

III. DEFINITIONS – (Page 10)

Anthem Health Guide (AHG)

This is an Anthem customer service representative who can connect you with the right benefits and programs for your health care needs, including:

- Spot medical gaps in care, such as routine exams and screenings;
- Appointment –scheduling support;
- Help you compare costs and find in-network Providers; and
- Identify and take advantage of the many wellness offerings available to you.

Plan Administrator

A Plan Administrator, also known as a Third Party Administrator (TPA), is an organization that provides claims administration. Your Health Plan benefits are administered by Anthem Blue Cross and Blue Shield (BCBS) for Medical, Behavioral Health and Employee Assistance Program (EAP), Outpatient Prescription Drugs. ~~Under a separate agreement with Anthem,~~ Delta Dental of Virginia administers your routine Dental benefits, including optional expanded Dental benefits. The Plan Administrator may send communications such as brochures or other materials that describe benefits under Your Health Plan. In the event of a conflict between this type of information and Your Health Plan, your benefits will be determined on the basis of the language in this handbook.

IV. GENERAL RULES GOVERNING BENEFITS – (Page 23)

10) **Complaint and Appeal Process**

Expedited Internal Appeals

You or your authorized representative may request, either orally or in writing, an expedited internal appeal of a Concurrent Care or Pre-Service Claim involving urgent Medical care. Situations in which expedited appeals are available include those involving **treatment for cancer**.

Expedited External Appeals

- a final adverse decision of an internal appeal from the Plan Administrator, if the adverse decision involves **treatment for cancer**.

19) **Voluntary Health Services Review**

For surgical services, it is recommended, **especially for high cost services**, that you have your Provider call Anthem to see if the service is covered in advance of receiving services and it's your responsibility to ensure the review has been done. You can also request a voluntary Health Services Review directly with Anthem. **If you sign a financial waiver from the Provider or hospital then you may be responsible for services not covered by the health Plan Administrator.**

21) **Clinical Trial Costs**

Your Health Plan may require you to use an in-network Provider to maximize your benefits. When a requested service is part of an approved clinical trial, it is a covered service even though it might otherwise be Investigational as defined by Your Health Plan. **All requests for clinical trial services, including requests that are not part of approved clinical trials, will be reviewed according to our Clinical Coverage Guidelines related policies and procedures.**

V. PROFESSIONAL SERVICES – (Page 40)

Conditions for Reimbursement

- 8) It is recommended, **especially for high cost services**, that you have your Provider call the Plan Administrator to determine if the service is covered in advance of receiving services, and it is your obligation to check with your Provider to make sure the review has been done. You can also request a voluntary Health Services Review directly with the Plan Administrator. **If you sign a financial waiver from the Provider or hospital then you may be responsible for services not covered by Your Health Plan.**

VI. WELLNESS AND PREVENTIVE CARE SERVICES – (Page 49)

Services Which Are Eligible for Reimbursement

Adult Wellness and Preventive Care

- **Certain low to moderate dose statins will be covered at 100% for the primary prevention of cardiovascular disease per guidance from the USPSTF (U.S. Preventive Services Task Force).**

The following generic prescription strength over-the-counter (OTC) products are covered, and require a prescription from a Provider:

- **Low-dose aspirin (81mg) for pregnant women who are at increased risk of preeclampsia.**
- Folic acid (.4mg-.8mg) for women through age **55**

Special Limits

5) A cost-share may apply for prescription contraceptives other than generic or single source brand name. To be covered at 100%, multi-source brand contraceptives must be Medically Necessary as prescribed by a Provider and requires prior-authorization. **You may purchase up to a 12-month supply of hormonal contraceptives at one time. The 12-month supply does not apply to medical contraceptive methods that are not self-administered such as implants, IUDs and DepoProvera injections.**

VIII. OTHER COVERED SERVICES - (Page 58)

4) For coverage of sleep therapy equipment and related supplies:

- Replacement machine/equipment for broken non-repairable devices does not require a sleep study. **Replacement machine/equipment requires a 10-month rental with a compliance review every 90 days. Once the equipment has been rented for 10-months, it is considered purchased.** Precertification is required.

IX. OUTPATIENT PRESCRIPTION DRUGS – (Page 62)

Administered by Anthem Pharmacy, delivered by IngenioRx

Services Which Are Eligible for Reimbursement

1) The drugs must:

- by federal or state law, require a prescription order to be dispensed;
- be approved for general use by the U. S. Food and Drug Administration (FDA);
- be prescribed by a Provider licensed to do so;
- be furnished and billed by a pharmacy for Outpatient use; and
- be Medically Necessary.

2) Outpatient Prescription Drugs received through a retail pharmacy or **IngenioRx** Home Delivery or **IngenioRx** Specialty Pharmacy Service.

3) Outpatient Prescription Drugs and devices approved by the FDA, including contraceptives and certain prescription smoking cessation drugs. Contact **IngenioRx Pharmacy customer service at 833-267-3108** for detailed coverage information.

4) The following items for the treatment of diabetes:

- blood glucose meters;
- blood glucose test strips;
- hypodermic needles and syringes;
- insulin; and
- lancets.

IngenioRx Home Delivery Pharmacy Service

You may also purchase covered Maintenance Medications through the mail from **IngenioRx** Home Delivery Pharmacy network, and your prescription will be delivered directly to your home. To receive your prescription by mail, follow these steps:

You can place your first order by phone or online at www.anthem.com.

By phone: Call **833-236-6196**. 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 www.anthem.com and select Pharmacy under the **My Plans** tab. Follow the steps under Pharmacy Self Service to request a new prescription or refill a current prescription.

You will receive your prescription drugs via first class mail or UPS approximately 14 days from the date you sent your order.

IngenioRx Specialty Pharmacy

IngenioRx Specialty Pharmacy provides you with personal counseling from nurses, registered pharmacists and patient care representatives who are trained in specialty medications. Specialty medications include drugs such as Procrit® to treat anemia, Copaxone® for multiple sclerosis and Enbrel® or Remicade® for rheumatoid arthritis and many other medications. The program includes 24-hour access to an **IngenioRx** Specialty Pharmacy pharmacist and free supplies needed to administer your medicine, such as needles and syringes.

Specialty Drugs are those covered drugs that typically have a higher cost and one or more of the following characteristics:

- complex therapy for complex disease;
- specialized patient training and coordination of care (services, supplies, or devices);
- required prior to therapy initiation and/or during therapy;
- unique patient compliance and safety monitoring requirements;
- unique requirements for handling, shipping and storage; and
- potential for significant waste due to the high cost of the drug.

Exceptions to the price threshold may exist based on certain characteristics of the drug or therapy which will still require the drug to be classified as a Specialty Drug. Some examples of the disease categories currently in **IngenioRx** Specialty Pharmacy programs include cancer, cystic fibrosis, Gaucher disease, growth hormone deficiency,

hemophilia, immune deficiency, Hepatitis C, multiple sclerosis, rheumatoid arthritis and RSV prophylaxis.

In addition, a follow-up biologic or generic product will be considered a Specialty Drug if the innovator drug is a Specialty Drug.

Call toll-free **833-255-0645** to order your specialty medication. Or if you prefer, your Provider may call the **IngenioRx** Specialty Pharmacy directly at **833-262-1726**. More information is available at www.anthem.com/cova.

Pharmacy Management Services

5) **Prior Authorization**

Certain medications require prior authorization. In these cases, Clinical criteria based on current Medical information and appropriate use must be met. Information must be provided before coverage is approved. Your Provider or your local pharmacist may call **866-310-3666** toll-free to initiate a prior authorization. When you use **IngenioRx** Home Delivery Pharmacy Service, they will call your Provider to start the prior authorization process. The review utilizes plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. You will be notified in writing when a prescription is denied for coverage. Your Provider will be notified of both approval and denial decisions. For a list of drugs that require prior authorization visit www.anthem.com/cova or call **IngenioRx Pharmacy Customer Service at 833-267-3108**.

Members with questions pertaining to pharmacy management services should contact **IngenioRx Pharmacy Customer Service at 833-267-3108** for more information.

8) **GenericSelect Prescription Drug Program - Discontinued 7.1.2019**

9) **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.

Your pharmacist can help you get started.

General Information

Contact **IngenioRx Pharmacy Customer Service** by calling toll-free **833-267-3108**. Member Services representatives can:

- help you find a participating retail pharmacy;
- send your order forms or claim forms; and
- answer questions about your prescriptions or plan coverage.

TTY is available for hearing-impaired members. **Contact your state's relay service by dialing 711.**

To order prescription labels printed in Braille

Braille labels are available for home delivery prescriptions. Call **833-236-6196**.

X. PROGRAMS INCLUDED IN YOUR HEALTH PLAN – (Page 78)

Anthem Health and Wellness Programs

Administered by Anthem

Important Things to Know Concerning Your Health and Wellness Programs

- All programs are secure and confidential, in full compliance with federal and state laws.
- All Anthem programs are tied to Your Health Plan and Medical records.
- All programs are free; there is no extra cost to you to participate in any of the programs.

As part of your COVA HDHP plan, you have access to health and wellness tools to help you protect and improve your health. You can register to use these resources online at www.anthem.com/cova or to enroll in any of their programs you can contact your Anthem Health Guide by calling **800-552-2682**.

Health and Wellness programs include:

1) Future Moms: Maternity support

If you're expecting a baby, the Future Moms maternity support program can help you stay well throughout your pregnancy and after your baby is born. You'll have regular phone calls with your personal Anthem nurse who can help you:

- follow a healthy diet and lifestyle;
- understand your prenatal tests and the results;
- find a specialist if you need one;
- recognize the signs of early labor; and
- take care of yourself and your newborn after delivery.

Pregnant members enrolled in the Future Moms program are eligible for one additional Dental cleaning and exam during the term of their pregnancy, in addition to the normal plan frequency limits. See [Healthy Smiles Healthy You™](#) in this section for more information.

Call **800-828-5891** to sign up for the Future Moms program.

2) ConditionCare: Personalized support for health condition management

If you or a family member are living with asthma, diabetes, coronary artery disease (CAD), heart failure, chronic obstructive pulmonary disease (COPD), or hypertension, you know the impact that it has on your life.

The ConditionCare program is designed to make it easier for you to manage a chronic (long-term) health condition and live your life well. You can work with a personal nurse coach by phone or online to:

- understand your condition and what you can do to manage it;
- identify and manage your risks for other conditions; and
- make changes to reach your personal health goals.

Participation is voluntary. Call Anthem at 800-552-2682 to sign up for the program. Anthem may also reach out and encourage you to participate.

For support with other health conditions, such as those listed below, call Anthem at **800-552-2682**

Arthritis	GERD/gastric reflux disease	Migraines
Blood clots	Heart attack and angina	Osteoporosis
Breast cancer	High blood pressure	Overweight/obesity
Chronic back pain	High cholesterol	Parkinson's disease
Chronic hepatitis B or C	HIV	Prostate cancer
Chronic kidney disease	Kidney failure	Seizures
Chronic neck pain	Leukemia	Sickle cell anemia
Colon cancer	Lung cancer	Stomach ulcers
Crohn's disease	Lupus	Stroke
Cystic fibrosis	Lymphoma	Ulcerative colitis
Disease of leg arteries/PAD		

Diabetic and high risk cardiac members enrolled in the ConditionCare program are eligible for one additional Dental cleaning during the Plan Year. See [Healthy Smiles Healthy You™](#) in this section for more information.

3) **Well-Being Coach: Wellness and lifestyle coaching**

- Whether you want to work on one area of your health or many, the wellness and lifestyle coaching program can help you get on – and stay on – your personal path to wellness.
Your personal health coach can help you:
 - lose weight
 - quit smoking
 - eat better
 - get in shape
 - manage stress

Your health coach will work with you to choose the habits you want to work on, set realistic goals and plans to ensure success, work through challenges that might hold you back and celebrate your successes. You'll talk privately, over the phone, when it's convenient for you. Call Anthem at **800-552-2682** or **844-507-8472** to speak with a Well-Being Coach.

Participation in these health and wellness programs is voluntary. If you do not wish to participate in specific health and wellness programs, you may opt out by calling **800-552-2682**.

You may opt back into the program at any time by contacting Anthem at **800-552-2682**. Once the opt-in has been completed, you may begin participating in all Anthem programs. However, you must complete all requirements based on the policies and programs in place at the time of your reinstatement.

If you are the covered employee or retiree group participant through whom family members are eligible for coverage, your opt-out does not apply to any covered adults but it would include any minor children. Covered adult family members must opt out and opt in on an individual basis.

If you have any questions regarding the opt-out or opt-in process, please contact Anthem at **800-552-2682**

XI. EXCLUSIONS – (Page 83)

Following are additions for clarification of exclusions

B

Behavioral Health

- services for sexual dysfunction (Page 83)

S

Surgery for Sexual Dysfunction

- Your coverage does not include benefits for services or supplies to treat **sexual dysfunction**. This includes Medical, Behavioral Health and Outpatient Prescription Drug services. This exclusion does not apply to medically necessary services or supplies related to gender reassignment (sex transformation). (Page 89)

XII. ELIGIBILITY, ENROLLMENT AND CHANGES – (Page 96)

Incapacitated Dependents

The child must live **full-time** with the employee as a member of the employee's household, not be married, and be dependent upon the employee for financial support. In the cases where the natural or adoptive parents are living apart, living with the other parent will satisfy the condition of living with the employee. Furthermore, the support test is met if either the employee or other parent or combination of the employee and other parent provide over one-half of the child's financial support.

Adding Adult Incapacitated Dependents as a Qualifying Mid-Year Event

Adult Incapacitated Dependents that are enrolled as an incapacitated dependent on a parent's group employer coverage, or in Medicare or Medicaid, may be enrolled in the State Health Benefits Program with a consistent qualifying mid-year event (as defined by the Office of Health Benefits) if the dependent remained continuously incapacitated, eligibility rules are met, required documentation is provided and the administrator for the plan in which the employee is enrolled approves the adult dependent's condition as incapacitating. Eligibility rules require that the incapacitated dependent live **full-time** at

home, is not married, and receives over one-half of his or her financial support from the employee.

Who Is Not Eligible For Coverage

You cannot cover a person as a dependent unless that person is a U.S. citizen, U.S. resident alien, U.S. national, or a resident of Canada or Mexico. However, there is an exception for certain adopted children. If you are a U.S. citizen or U.S. national who has legally adopted a child who is not a U.S. citizen, U.S. resident alien, or U.S. national, you may cover the child, if the child lived with you as a member of your household **all year**. This exception also applies if the child was lawfully placed with you for legal adoption.