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**Important Changes to Your Health Benefits Plan Coverage**

Dear Member:

Enclosed is the Amendment/Notification of Changes to your **COVA HealthAware Member Handbook** that became effective July 1, 2019. Also included are some clarifications to existing benefits. The COVA HealthAware Member Handbook, and all Amendments, may be found at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

Thank you.

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# COVA HealthAware

## Commonwealth of Virginia Health Benefits Program Amendment/Notification of Changes to Your July 2019 COVA HealthAware Member Handbook Effective July 1, 2020

Keep this notification with your COVA HealthAware Member Handbook and previous Amendments. These notifications and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA HealthAware Member Handbook and all Amendments from the DHRM Website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

Changes are in *bold italic type*. Removals are in ~~*struck-out bold italic type*~~. All other information is for clarification.

### Your Plan at a Glance Section – Covered Services (page 9)

Teladoc <b>virtual care</b> (see Resources, Tools and Programs)	<b>\$0</b>	No out-of-network coverage
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### Your Basic Benefits: Summary of Benefits (page 10)

Applied Behavior Analysis/Habilitation Therapy <del>(Autism Spectrum Disorder treatment for children age two through eighteen)</del>	You pay 20% after the deductible; Plan pays 80%	You pay 40% after the deductible; Plan pays 60%
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### Your Plan at a Glance Section – Covered Basic Dental Services (page 13)

Includes: <ul style="list-style-type: none"> <li>• routine oral exams: 2 per plan year</li> <li>• problem-focused oral exams: 2 per plan year</li> <li>• cleanings: 2 per plan year</li> <li>• fluoride applications for children under age 19: 2 treatments per plan</li> </ul>	The Plan pays 100% No deductible	The Plan pays 100% No deductible
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<p>year</p> <ul style="list-style-type: none"> <li>• sealants for children under age 19: 1 application to permanent molars <b><i>per lifetime</i></b></li> </ul>		
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**Aetna Resources, Tools and Programs Section – Online Provider Directory (page 18)**

To access Aetna’s online provider directory, go to your Aetna member website or [www.covahealthaware.com](http://www.covahealthaware.com) and follow the prompts. For your Health Plan, click on the ***Open Choice® PPO (Aetna HealthFund®) network under Aetna HealthFund Plans.***

**Applied Behavior Analysis/Habilitation Therapy Service (page 50)**

The Plan covers Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD) ~~*from age two through age eighteen.*~~

**Other Covered Services Section – Special Medical Formulas and Enteral Nutrition Products (page 55)**

***The Plan covers medically necessary formulas and enteral nutrition products as medicine for individuals requiring treatment for an inherited metabolic disorder. These include any medical equipment, supplies, and services that are required to administer the covered formulas or enteral nutrition products. These formulas and enteral nutrition products must be prescribed by a physician or other health care professional qualified to make such prescriptions for the management of an inherited metabolic disorder and are used under medical supervision.***

**Your Basic Dental Coverage Section – Diagnostic and Preventive Services (page 78)**

- One application of sealants to permanent molars ***per lifetime*** for covered children under age 19.

**Your Basic Dental Coverage Section – What the Basic Dental Coverage Includes – Diagnostic and Preventive Services – Healthy Smiles Healthy You™ Program (page 78)**

Participants who are pregnant and engages in Aetna’s Maternity Program or have diabetes and are engaged in the Aetna Lifestyle and Condition Coaching program are also covered for the following additional dental services:

- One additional prophylaxis (cleaning) per year
- ~~***Scaling and root planning (4 or more teeth), once every 2 per quadrant***~~

- ~~Scaling and root planning (limited to 1-3 teeth), once every 2 years per quadrant~~
- ~~Full mouth debridement~~
- Periodontal maintenance (one additional treatment per plan year)
- ~~Localized delivery of antimicrobial agents (not covered for pregnancy)~~

### **The Optional Expanded Dental Plan Section – What the Optional Expanded Dental Plan Covers – Primary Care (page 82)**

The optional expanded dental plan covers basic restorative care such as fillings and simple extractions. Once your annual deductible is met, the Plan pays 80% for the following covered expenses, subject to the plan year maximum benefit:

- Periodontic and endodontic treatment.
- Fillings, including amalgam and composite fillings for all teeth.
- Full mouth debridement, once per lifetime.
- General anesthesia when provided in conjunction with a covered surgical procedure.
- Endodontics, including molar root canal therapy.
- Oral surgery, including routine post-operative care.  
Note: The removal of an impacted tooth (partial or completely bony) is considered a medical expense. Other oral surgery, such as simple extractions and osseous surgery, is considered a dental plan expense.
- ~~Professional visits after regular office hours.~~
- Soft tissue grafts.
- Treatment of periodontal and other diseases of the gums and tissues of the mouth. Includes:
  - root planning and scaling, up to four separate quadrants per two-year period;
  - gingivectomy; and
  - periodontal maintenance following active therapy, up to two treatments per plan year.

### **Add the following to the Other Covered Services section (page 50)**

#### **Autism Spectrum Disorder**

Autism spectrum disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association.

Eligible health services include the services and supplies provided by a physician or behavioral health provider for the diagnosis and treatment of autism spectrum disorder. (We will only cover this treatment if a physician or behavioral health provider orders it as part of a treatment plan.)

We will cover certain early intensive behavioral interventions such as applied behavior analysis. Applied behavior analysis is an educational service that is the process of applying interventions:

- That systematically change behavior, and
- That is responsible for observable improvements in behavior.

### **Outpatient Physical, Occupational, and Speech Therapy**

Eligible health services include:

- Physical therapy (except for services provided in an educational or training setting), if it is expected to develop any impaired function.
- Occupational therapy (except for vocational rehabilitation or employment counseling or services provided in an educational or training setting), if it is expected to develop any impaired function
- Speech therapy (except for services provided in an educational or training setting or to teach sign language) is covered provided the therapy is expected to develop speech function as a result of delayed development.
  - [(Speech function is the ability to express thoughts, speak words and form sentences.)]

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