COVA HealthAware

Commonwealth of Virginia Health Benefits Program Notification of Changes to Your July 2016 COVA HealthAware Member Handbook Effective July 1, 2017

Keep this notification with your COVA HealthAware Member Handbook. This notification along with your member handbook constitutes a full and complete description of your coverage. You may also view or download the COVA HealthAware Member Handbook including this update from the DHRM website at www.dhrm.virginia.gov.

The following are changes to the Member Handbook:

Medical Exclusions (page 61-65)

Remove the following exclusions to comply with ACA Section 1557, Nondiscrimination in Health Plan Programs and Activities. (Medical necessity will still apply).

- Psychological counseling related to changing sex or sexual characteristics. (Page 61)
- Treatment, drugs, services or supplies related to changing sex or sexual characteristics, including:
 - -Surgical procedures to alter the function or appearance of the body;
 - -Hormones or hormone therapy;
 - -Prosthetic devices; and
 - -Medical or psychological counseling. (Page 65)
- Surgery, drugs, implants, devices, or preparations to or alter the shape or appearance of a sexual organ (Page 65)

The following are clarifications to existing benefit provisions: (These do not represent any changes in benefits.)

When you should Pre-Certify Care (Page 34)

Clarify the following language:

To ensure services will be covered, **especially for high cost services**, you are responsible for getting precertification for the services in the following chart if your care will be given by an **out**-of-network provider. If you don't get precertification and Aetna later determines that the services are not covered, you will be responsible for 100% of the cost. **If you sign a financial waiver from the Provider or hospital then you may be responsible for services not covered by Your Health Plan.**

<u>Prescription Drug Section – Covered Drugs/Preventive Drugs (page 70)</u>

Clarify the following language:

The Plan covers 100% of the cost of the following, with no deductible, when purchased at an innetwork pharmacy: (certain coverage limitations may apply)

- Aspirin to prevent heart disease and for preeclampsia.
- Oral fluoride and fluoride dental products for children age 6 months through age 11.
- Vitamin D for members age 65 and older.
- Tobacco cessation medication.
- Folic acid supplements for members who are or may become pregnant.
- Tamoxifen and Raloxifene for members age 35 and older at increased risk for breast cancer.
- Bowel preparation medications for members age 50-74.
- Women's generic contraceptives and devices and those without a generic equivalent.

You must have a prescription from your physician.

Clinical Trial Costs (pages 51-52)

Add the following under Benefits are limited to the following trials:

• Studies or investigations done for drug trials which are exempt from the investigational new drug application.

Out-of-Pocket Maximum (page 26)

Add the following under Certain expenses do not apply toward the out-of-pocket maximum:

Amounts above the health plan limits

Your COVA HealthAware HRA (page 28)

Add the following under The HRA fund can't be used for:

Any expenses incurred prior to the date the funds are deposited;

Bariatric Surgery (page 44)

Add the following language:

In addition to the ActiveHealth Management bariatric pre-surgery program, you must meet Aetna's medical necessity criteria. This includes either a physician supervised nutrition and exercise program or a physician supervised multidisciplinary surgical preparatory regimen, among other criteria. You can meet these criteria concurrently with the ActiveHealth Management bariatric pre-surgery program. You should work with your physician to ensure you are meeting all necessary requirements prior to surgery.

Employee Assistance Program- Online Resources (page 75)

Add the following language:

myStrength[©] is a free online tool to help you make positive changes to strengthen your mind and body

Personal Health Alerts – Care Considerations (page 91)

Change the language to reflect the following name change:

The name of Care Considerations has changed to **Health Actions**.

Dependent Eligibility Incapacitated Dependents (page 93)

Clarify the following language:

The child must live with you **full-time** as a member of your household, not be married, and be dependent upon you for financial support.

Adding Adult Incapacitated Dependents as a Qualifying Mid-Year Event (page 94)

Clarify the following language:

Eligibility rules require that the incapacitated dependent live at home **full-time**, not be married, and receive over one-half of his or her financial support from the employee.