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Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Enclosed is the Amendment/Notification of Changes to your **LODA Plan - Former LODA Employment Member Handbook** that became effective July 1, 2018. Also included are some clarifications to existing benefits. The LODA Plan – Former LODA Employment Member Handbook, and this Amendment, may be found at www.dhrm.virginia.gov.

Thank you.

A10359 (Eff. 7/1/2018)

LODA Plan

**Commonwealth of Virginia Health Benefits Program
Amendment/Notification of Changes to Your July 2017 LODA Plan – Former LODA
Employee Member Handbook
Effective July 1, 2018**

Keep this notification with your LODA Plan – Former LODA Employment Member Handbook. This notification and your member handbook constitute a full and complete description of your coverage. You also may view or download the LODA Plan - Former Plan Member Handbook and this Amendment from the DHRM Web site at www.dhrm.virginia.gov.

Revised language is in bold.

Add the following benefit provisions

I. GENERAL PLAN INFORMATION – (Page 1)

TYPE OF PLAN AND ADMINISTRATION

The Plan is a health and welfare benefit plan that offers self-funded benefits to eligible individuals.

FORMAL PLAN NAME: LODA Plan – Former LODA Employment

PLAN NUMBER: 501

PLAN YEAR: July 1 through June 30

PLAN SPONSOR

Commonwealth of Virginia
101 N. 14th Street, 12th Floor
Richmond, VA 23219

PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER

54-6024817

PLAN ADMINISTRATOR

Department of Human Resource Management
Commonwealth of Virginia
101 N. 14th Street, 12th Floor
Richmond, VA 23219

If you have questions about benefit administration, you may contact the Plan Administrator. The Plan Administrator has the sole discretionary authority to construe the terms of the Plan and all facts surrounding claims under the Plan

(such as whether an individual is eligible for coverage under the Plan), and shall determine all questions arising in the administration, interpretation, and application of the provisions of the Plan. All determinations of the Plan Administrator shall be conclusive and binding on all parties.

CLAIMS FIDUCIARY

While the Plan Administrator is the Named Fiduciary, third parties that administer claims are fiduciaries with respect to decisions regarding whether the claim for benefits will be paid under the Plan.

AGENT FOR SERVICE OF LEGAL PROCESS

Office of the Attorney General
 Commonwealth of Virginia
 202 North Ninth Street
 Richmond, VA 23219

Service of Process may also be served on the Plan Administrator.

II. SUMMARY OF BENEFITS – (Page 6)

Summary of Benefits continued	You Pay In-network Copayment	You Pay In-network Coinsurance	Page Number
Behavioral Health and EAP			49
Intensive In-Home Services	\$25 per Provider group per day	0%	
Doctor's Visits (On an Outpatient basis)			46
Primary Care Physicians	\$25	0%	
Specialty Care Providers	\$40	0%	
LiveHealth Online	\$0	0%	46/88
Routine Vision – Blue View Vision Network			
Routine eye exam (one per plan year)	\$15	0%	80

III. DEFINITIONS – (Page 12)

Intensive In-Home Services

Intensive In-Home services are concentrated, time-limited interventions provided typically but not solely in the residence of a child who is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement due to documented clinical needs of the child. Services provide crisis treatment; individual and family counseling; and communication skills (e.g. counseling to assist the child and his parents to understand and practice appropriate problem-solving, anger management, and interpersonal interaction, etc.); case management

activities and coordination with other required services; and 24-hour emergency response. Services must be provided by a provider practice licensed by the Department of Behavioral Health and Developmental Services. Clinical supervision of intensive in-home services must be provided by an independently licensed provider face-to-face and occur weekly.

Level of Care

This refers to the different types of Behavioral Health treatment Settings available to patients, including acute Inpatient, Residential Treatment, Partial Hospitalization, Intensive Outpatient Treatment, **Intensive In-Home Services** and Outpatient professional (office-based).

Providers

Providers must be licensed in the state where they perform the service you receive. The following types of Providers may give care under Your Health Plan:

- addictionologists
- audiologists
- behavior analysts
- Behavioral Health clinical nurse specialists
- certified nurse midwives
- chiropractors
- chiropodists
- clinical social workers
- clinical psychologists
- dentists
- doctors of medicine (MD), including osteopaths and other specialists
- independent clinical reference laboratories
- **Intensive In-Home Services counselor (supervised by a licensed Provider)**
- marriage and family therapists
- neuropsychologists
- occupational therapists
- opticians
- optometrists
- podiatrists
- professional counselors
- psychiatrists
- registered physical therapists
- Retail Health Clinics
- speech pathologists

IV. BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM SERVICES - (Page 49)

Services Which Are Eligible for Reimbursement

9) Intensive In-Home Services

Intensive In-Home Services for dependents under the age of 18 which includes but is not limited to the following:

- crisis treatment;
- individual and family counseling;
- counseling to assist the child and parents to understand and practice appropriate problem-solving, anger management, and personal interaction;
- case management activities and coordination with other required services; and
- 24-hour emergency response.

Conditions for Reimbursement

- 6) Intensive In-Home Services must be defined in a treatment plan from a licensed provider who determines the care to be Medically Necessary. In addition, the service must be provided by a group licensed by the Department of Behavioral Health and Developmental Services. Clinical supervision by an independently licensed provider must be face-to-face and occur weekly. A supervision log or note should be placed in the child's file documenting that supervision was provided.

Member Pays

Intensive In-Home Services	\$25 per Provider group per day for In-Network Provider Services
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V. WELLNESS AND PREVENTIVE CARE SERVICES – (Page 54)

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.**

VI. OUTPATIENT PRESCRIPTION DRUGS - (Page 67)

Pharmacy Management Services

6) Pharmacy Home Program

The Pharmacy Home program identifies members who may be at a safety risk due to over-utilizing medications, providers or pharmacies. Members enrolled into the Pharmacy Home program will be restricted to one pharmacy. This gives the Pharmacy access to the member's entire utilization. Additionally, Behavioral Health Services will reach out to the enrolled member to offer counseling or case management services as needed.

NOTE: Members with a diagnosis of cancer, HIV, Multiple Sclerosis, Sickle-cell Anemia or are in hospice care are exempt from this program.

Members with an increased safety risk are identified for the Pharmacy Home program when a retrospective drug utilization review (DUR) indicates a member has one of the following claim scenarios within a 90 day period:

- filled five or more controlled-substance prescriptions, or 20 or more prescriptions not limited to controlled substances;
- visited three or more health care providers for controlled substance prescriptions, or 10 or more providers not limited to controlled substances; or
- filled controlled substances at three or more pharmacies, or 10 or more pharmacies not limited to controlled substances

Initial enrollment in the Pharmacy Home Program will be for 12 months. Members will be notified in writing of their program status at the end of the 12-month period.

7) Short-Acting Opioid Analgesic Drugs Limit

To help control the opioid epidemic, supplies of new prescriptions will be limited. The amount of short acting opioids dispensed for new users will be limited to a 7-day supply per fill and a 14-day supply per 30-day period. Any supply in excess of these limits would require prior authorization.

This program affects new users only. There will be no impact to existing members utilizing a short acting opioid.

VII. PROGRAMS INCLUDED IN YOUR HEALTH PLAN - (Page 88)

LiveHealth Online

Administered by Anthem

LiveHealth Online lets you have a face-to-face doctor Visit from your mobile device or computer with a webcam – any time, 24 hours a day. There is no copayment for a visit. Some of the most common conditions that can be treated through LiveHealth Online are cold and flu symptoms including cough, fever and headache, sinus and ear infections, and allergies. LiveHealth Online has a broad network of board-certified doctors who average 15 years of experience practicing medicine and are specially trained to provide online Visits. You can choose the doctor that's right for you and begin your consultation in minutes. In Virginia and several other states who allow it by law, the doctor can also call in a prescription at the pharmacy of your choice to treat your condition.

To get started, go to livehealthonline.com or download the app so you'll be ready whenever you need these LiveHealth Online services. Choose the type of visit that is right for you.

LiveHealth Online Medical – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more. This includes LiveHealth Online Kids for pediatric visits, and LiveHealth Online Allergy if you want to see a doctor who has additional training and education to treat allergies.

LiveHealth Online Psychology – Use your device to make an appointment to see a therapist or psychologist online.

LiveHealth Online Psychiatry – Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.

LiveHealth Online EAP – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more. Call 1-855-223-9277 to get your coupon code and instructions on how to make your first appointment.

The following benefits will be effective October 1, 2018

VIII. BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM SERVICES – (Page 49)

Services Which Are Eligible for Reimbursement

8) Certain treatments associated with autism spectrum disorder (ASD) for dependents from age 2 through age **18**. Coverage for ASD includes but is not limited to the following:

- diagnosis and treatment of ASD;
- pharmacy care;
- psychiatric care;
- psychological care;
- therapeutic care; and
- Applied Behavior Analysis (ABA).

Special Limits

2) Applied Behavior Analysis services for autism spectrum disorder are covered for children ages 2 through **18**.

Following are Clarifications to existing benefit provisions. These do not represent any changes in benefits.

IX. OTHER COVERED SERVICES - (Page 63)

Conditions for Reimbursement

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

- These services require a Health Services Review for Medical necessity.
- A sleep study must have been performed within the past 12 months of the initial rental of sleep therapy equipment and supplies.
- Sleep therapy equipment requires a 10-month rental with compliance review every 90 days. Once the equipment has been rented for 10-months, it is considered purchased.

- Compliance for sleep therapy equipment is defined as greater than or equal to four hours of use per night on 70 percent of nights during a consecutive 30-day period.
- Members who own their sleep therapy equipment must obtain authorization for related supplies and provide proof of compliance annually.
- Replacement machine/equipment for broken non-repairable devices does not require a sleep study. **Replacement machine/equipment requires a 10-month rental with compliance review every 90 days. Once the equipment has been rented for 10-months, it is considered purchased.** Precertification is required.

X. ROUTINE DENTAL Services – (Page 74)

Services Which Are Eligible for Reimbursement

1) Primary Dental Care

- Scaling and root planing of teeth (**once every 2 years per quadrant**);

XI. ROUTINE VISION SERVICES – (Page 80)

Member Pays

In-Network

Routine vision examination

\$15 Copayment

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