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To: Line of Duty Act Health Benefits Plan Participants* enrolled in

- LODA Plan – Current LODA Employment
- LODA Plan – Former LODA Employment

*Qualifying Date of Disability or Death Prior to July 1, 2017

From: LODA Plans Benefits Administrator

Date: May 2025

Subject: Your Annual LODA Health Benefits Plans update for new plan year beginning July 1, 2025

- **No action is required for you to continue your LODA coverage in the new plan year as long as you remain eligible.**
- **Keep this information with your Summary Plan Description/Member Handbook as a description of your LODA Health Benefits coverage.**

2025 BENEFITS AT A GLANCE

(NOTE: This information does not apply to the LODA Plan – Medicare Primary)

Health Plan	LODA
In-Network Benefits	You Pay
Deductible – per plan year	
• One person	\$300
• Two or more persons	\$600
Out-of-pocket expense limit – per plan year	
• One person	\$1,500
• Two or more persons	\$3,000
Doctor's visits (in person and telemedicine)	
• Primary care physician	\$25
• Telehealth physician visit	\$0 Sydney Health app and www.livehealthonline.com
• Specialist	\$40
• Urgent Care	\$25 PCP/\$40 specialist
Hospital services	
• Inpatient	\$300 per stay
• Outpatient	\$125 per visit
Emergency room visits	\$300 per visit (waived if admitted)
Ambulance travel	20% after deductible
Outpatient diagnostic laboratory and x-rays	20% after deductible
Infusion services (includes IV or injected chemotherapy)	20% after deductible
Outpatient therapy visits	
• Occupational and speech therapy	\$25 PCP/\$35 specialist
• Physical therapy only	\$15
• Physical therapy and other related services, including manual intervention & spinal manipulation	\$25 PCP/\$35 specialist
• Chiropractic services (30-visit plan year limit per member)	\$25 PCP/\$35 specialist
Autism spectrum disorder treatment and related services	\$25 per service/\$40 specialist
Behavioral health	
• Medical and non-medical professional visits	\$25
• Inpatient residential treatment	\$300 per stay
• Intensive outpatient treatment (IOP)	\$125 per episode of care
Employee Assistance Program (EAP) Up to 4 visits per incident	\$0
Prescription drugs – mandatory generic	
Retail Pharmacy	Up to 34-day supply – \$15/\$30/\$45/\$55
Home Delivery Pharmacy	Up to 90-day supply – \$30/\$60/\$90/\$110
Wellness & Preventive Services	
• Office visits at specified intervals, immunizations, lab and x-rays	\$0
• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays	\$0
• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0

Health Plan	LODA	
In-Network Benefits	You Pay	
Expanded Routine Vision	Adult Member	Pediatric Member*
Annual Routine Vision Exam	\$15 copay	\$15 copay \$0 once OOP is met
• Eyeglass frames	80% after plan pays \$100	\$0 copay; formulary**
• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20 copay	\$20 copay \$0 copay once OOP is met
• Contact lenses*** - Conventional*** - Disposable*** - Non-elective***	85% after plan pays \$100 Balance after plan pays \$100 Covered in full	\$0 copay; formulary** \$0 copay; formulary** Covered in full
Dental Services		
• Maximum benefit – per member	\$2,000	
• Deductible	\$50/\$100/\$150	
• Primary (basic) care	20% after deductible	
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	
• Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	
Routine Hearing		
• Hearing aids and other hearing-aid related services children age 18 and younger (per hearing impaired ear)	Balance after plan pays \$1,500 (once every 24 months)	
• Routine hearing exam (once every plan year)	\$40	
• Hearing aids and other hearing-aid related services	Balance after plan pays \$1,200 (once every 48 months)	
• Benefit maximum	\$1,200	
Out-of-Network	Plan payment reduced by 25%. Balance billing may apply.	

Don't forget Preventive Screenings

Early detection of health issues can help keep treatment costs down and can increase the likelihood of positive health outcomes. Regular preventive care is included in your health benefits. Making time for it is one of the best ways you can make sure you and your family are at your healthy best. The LODA Health Benefits Plans offers annual adult and well-child exams, gynecological exams, vaccinations and cancer screenings at no cost to you. To find out what screenings and vaccines are recommended, consult your plan Member Handbook or Evidence of Coverage, call the health plan or visit the plan website. Your doctor may suggest additional screenings or vaccinations based on various factors such as your age and health history.

Not Going to the Dentist?

Did you know that the health of your mouth is connected to overall health? Gum disease, or periodontal disease, is one example of an oral health problem that can affect the whole body. Periodontal disease has been linked to other overall health issues like diabetes, heart disease, osteoporosis, respiratory complications and cancer. Dental benefits are one of your biggest tools when it comes to maintaining preventive care. Regular visits to the dentist for cleanings and checkups are covered under the LODA Health Benefits Plans at the highest percentage – 100%!

Download Your Plan App!

Investigate how much simpler healthcare can be when you use a health plan app on your smart phone! Sydney Health can help you use your health benefits, stay on top of your health, and save money. Get instant access to your medical, dental and vision benefits and claims; preventive care reminders; free health action plans and health trackers; your member ID card and more! In addition, you can compare costs for prescriptions, providers, hospitals, and labs. The app will even suggest pharmacy coupons that may be available. Download the Sydney Health app and log in using your anthem.com username and password.

Health and Wellness Programs

GET TO KNOW YOUR EMPLOYEE ASSISTANCE PROGRAM/EAP

It's important to take the time to care for your mental and emotional well-being. EAP is designed to help you with life's challenges, big and small. EAP is entirely confidential, and available to enrolled health plan members, and their household members. Take advantage of up to 4 no-cost counseling visits per issue per plan year whether face-to-face, telephonic, or virtual visits. Speak with a trained counselor or therapist about anxiety, grief, depression, family conflict, or work-life balance. In addition to providing support during life's tough moments, EAP provides quick and easy access to no-cost, short-term, solution-focused resources to help meet the challenges of everyday life.

Contact EAP to access services like:

- Financial counseling and free online resources
- Legal services and free forms including wills, advance directives, bills of sale, etc.
- Child and elder care referral resources • Pet care resources

Contact your health plan for additional information regarding coverage and additional EAP offerings.

General Information and Reminders

LODA Health Benefits Plans eligibility provisions can vary based on the date of LODA-qualifying disability or death. Since your qualifying date of LODA disability or death is prior to July 1, 2017, following is an eligibility rule that applies to you. Consult your Summary Plan Description/Member Handbook for complete information.

- Surviving spouses who remarried prior to July 1, 2017, will not be affected by their remarriage; however, remarriage on or after July 1, 2017, will result in loss of eligibility for LODA plan coverage.

All LODA Health Benefits Plans participants, regardless of eligibility date, will lose coverage if:

- The disabled person ceases to be disabled.
- The disabled person returns to full duty in a LODA-covered position as defined in the Code of Virginia § 9.1-400

Other loss of eligibility events include:

- All eligible dependents (children) will lose coverage at the end of the year in which they reach age 26 (unless they are determined to be incapacitated as defined by the plan). Your Benefits Administrator will automatically contact you regarding this event.
- All covered spouses will lose eligibility for LODA coverage if they cease to be married to the LODA-disabled participant.

Only eligible family members who meet the eligibility definition can be covered. You are required to remove dependents that do not meet the plan's eligibility requirements. You have 60 calendar days to remove an ineligible dependent. **The countdown begins on the day of the event.**

Members who enroll or fail to remove ineligible persons within the 60-day window, will be responsible for all claims paid in error, including any claims paid for prescription drugs.

In addition, contact your LODA Benefits Administrator in the event of any of the following changes:

- Any participant has a change in Medicare status, and/or
- Any participant has a change in address or other contact information.

IMPORTANT!! When You Become Eligible for Medicare

When LODA Group participants or their covered family members become eligible for Medicare for any reason, Medicare becomes the primary health plan. In most cases, when Medicare-eligible participants are eligible due to age they will be contacted approximately three months in advance of their Medicare eligibility date due to age. They will be automatically moved to the LODA – Medicare Primary plan effective with your Medicare eligibility with Dental/Vision Plan, a Medicare supplemental plan that includes Medicare Part D prescription drug coverage (contingent upon approval by Medicare), dental and vision.

Even though the LODA program makes every effort to identify participants who become eligible for Medicare, it is the responsibility of the LODA participants to ensure that any eligible participants and dependents who become eligible for Medicare are moved to LODA – Medicare Primary plan coverage immediately upon Medicare eligibility. Failure to move to LODA – Medicare Primary plan immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. The LODA program will not make primary claim payments when Medicare should be the primary coverage. Contact your LODA Benefits Administrator if you need additional information (see page 7).

Address Changes

Was this package forwarded to you from an old address? If so, be sure to contact your LODA Benefits Administrator immediately to make an address correction, including an updated telephone number. If you have an email address, you may ask to have it included in your eligibility record. Failure to update your mailing address can result in missing important information about your LODA health benefits program. The Department of Human Resource Management will not be responsible for information that participants miss, including changes to the Line of Duty Act, because their address of record is incorrect. The Department's only means of reaching many LODA group participants is through the US Postal Service. Please let your LODA Benefits Administrator know when you move!

IF ANY OF THE LISTED EVENTS OCCUR, NOTIFY YOUR LODA BENEFITS ADMINISTRATOR IMMEDIATELY! YOUR SUMMARY PLAN DESCRIPTION HAS COMPLETE INFORMATION.

Member Handbooks – Keep this information with your current Member Handbook as a description of your health benefits coverage.

Important Health Care Notices

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Affordable Care Act (ACA) **Summary of Benefits and Coverage (SBC)**

A summary of your LODA Health Benefits Plan coverage, which provides information about your coverage in a standard format, is available on the Department of Human Resource Management's website at www.dhrm.virginia.gov. Paper copies of the SBC are available, free of charge, by calling 1-888-642-4414 or emailing loda@dhrm.virginia.gov. For a complete description of plan benefits, limits and exclusions, always refer to your Summary Plan Description/Member Handbook.

Other Health Benefits Notices

Your Summary Plan Description/Member Handbook includes the following Notices:

- General Notice of Extended Coverage Rights
- Employee/Retiree Privacy Notice
- HIPAA Privacy Practices
- Commonwealth of Virginia's Health Benefits Programs Nondiscrimination Notice
- Statement of ERISA Rights
- Federal Notices

Resources

Benefit or Administrative Assistance	Contact
<p>Medical, Vision & Hearing (Anthem BCBS)</p> <p>Behavioral Health Benefits & EAP (Anthem)</p> <p>Prescription Drugs</p> <p>ID Card Order Line</p>	<p>Anthem Blue Cross and Blue Shield 1-800-552-2682 www.anthem.com/cova</p> <p>Anthem Behavioral Health and Employee Assistance Program (EAP) (access to services and authorizations)</p> <p>1-844-271-7688 CarelonRx</p> <p>833-267-3108 www.anthem.com</p> <p>866-587-6713</p>
Dental Coverage	<p>Delta Dental of Virginia 1-888-335-8296 www.deltadentalva.com</p>
LODA Benefits Administrator Eligibility and Enrollment Information	<ul style="list-style-type: none"> • Phone 888-642-4414 (indicate you are calling regarding LODA) • Email at LODA@dhrm.virginia.gov • Fax: (804) 371-0231 • Mail: DHRM – Office of Health Benefits - LODA 101 North 14th Street, 12th Floor Richmond, VA 23219

Enclosure:

- Language Assistance Notice