



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: State Retiree Health Benefits Program Retirees, Survivors and Long Term Disability Participants who are not eligible for Medicare or who cover a family member who is not eligible for Medicare

From: Office of State and Local Health Benefits Programs

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Subject: OPEN ENROLLMENT MAY 1—15, 2018

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IT'S ANNUAL OPEN ENROLLMENT TIME!!!

Your annual Open Enrollment will take place from **May 1 through May 15** and provides your annual opportunity to make changes to your non-Medicare-coordinating health plan and membership level. Changes will be effective July 1, 2018. This booklet includes information about coverage options in the new plan year, and the enclosed **2018 BENEFITS AT A GLANCE** provides a benefit comparison to help you choose your plan. Another resource to assist you in reviewing your choices is **ALEX**, your online Benefits Counselor—see page 3 for more information about **ALEX**.

This Open Enrollment period does not apply to participants in Medicare-coordinating plans (Advantage 65 and Medicare Supplemental/Option II Plans), but Medicare-eligible Retirees, Survivors and Long Term Disability Enrollees who cover non-Medicare-eligible family members receive this package so they can make a plan change for their covered family members.

Monthly Premium Costs Effective July 1, 2018

Note: Premium and plan benefits may change subject to final state budget approval

The following chart reflects your plan choices and monthly premiums starting July 1, 2018. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums in the chart below (see shaded premiums) can be reduced by completing the requirement to earn a premium reward. More detailed information about starting or continuing premium rewards can be found on Page 3.

Plans	Single	Two-Person	Family
COVA Care (with preventive dental)	\$779	\$1,440	\$2,089
COVA Care + Out-of-Network	\$797	\$1,465	\$2,123
COVA Care + Expanded Dental	\$812	\$1,503	\$2,186
COVA Care + Out-of-Network + Expanded Dental	\$830	\$1,528	\$2,220
COVA Care + Expanded Dental + Vision and Hearing	\$831	\$1,536	\$2,231
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$849	\$1,561	\$2,265
COVA HealthAware (with preventive dental)	\$694	\$1,287	\$1,861
COVA HealthAware + Expanded Dental	\$725	\$1,350	\$1,955
COVA HealthAware + Expanded Dental & Vision	\$737	\$1,367	\$1,979
COVA HDHP (with preventive dental)	\$584	\$1,086	\$1,587
COVA HDHP + Expanded Dental	\$616	\$1,149	\$1,682
Kaiser Permanente HMO*	\$669	\$1,230	\$1,792
TRICARE Supplement	\$61	\$120	\$161

*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. You may confirm the Kaiser service area by contacting Kaiser directly—see *Resources* on page 8 of this booklet for contact information.

Your new premium will go into effect on July 1, 2018. If your premium is deducted from your VRS retirement benefit and the increase results in your VRS benefit no longer being sufficient to allow your premium deduction, direct billing will automatically begin in June for your July premium. Otherwise, your new premium will be deducted or billed in the usual manner. Keep in mind that, due to administrative differences, direct billing is mailed before the coverage month, while VRS benefit-deducted premiums are collected after the coverage month. This means that you will generally be billed for a two-month premium if you have to move to direct billing. If you have an automatic deduction of your monthly premium billing through your financial institution or you use automatic bill pay to generate your monthly premium payment, be sure to update your account to pay your new premium amount.

If your premium is billed, you will receive your monthly invoice or payment coupons from the following billing administrator:

<i>If your plan is:</i>	<i>You will be billed by:</i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	Payflex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
TRICARE Supplement	Selman and Company

Note: If you are receiving a health insurance credit and your premiums are not being deducted by VRS, you will need to submit a VRS-45 to report your new premium. Contact VRS for more information.

Give ALEX A Try!

Again this year, **ALEX**, your online interactive benefits counselor, will be available during Open Enrollment to assist you with reviewing your health plan options. ALEX can help you decide which plan may be the most cost-effective for you. The tool is easy to use and understand. ALEX will gather information from you and, in turn, provide information to you about available plans, including an estimate of different plan costs based on your input. The final decision is yours, but ALEX provides an additional resource to help you decide—just go to www.myalex.com/2018 and say hello to ALEX!

Have You Earned a Premium Reward?

Non-Medicare Retiree group enrollees and their non-Medicare covered spouses enrolled in the COVA Care or COVA HealthAware Plans continue to be eligible to earn Premium Rewards. Here's how it works:

- Eligible participants must complete/update and submit their online Health Assessment between May 1—15 to earn a reward starting July 1. If this requirement is not completed, any existing premium reward will end on June 30, 2018.
- If the requirement is not completed during May 1—15, it can be completed at any time during the plan year, and the reward will be effective based on the following timeline. This includes individuals who become newly eligible after July 1.

Complete Health Assessment on these dates:	Reward is effective on this date:
5/16/2018 through 6/15/2018	8/1/2018
6/16/2018 through 7/15/2018	9/1/2018
7/16/2018 through 8/15/2018	10/1/2018
8/16/2018 through 9/15/2018	11/1/2018
9/16/2018 through 10/15/2018	12/1/2018
10/16/2018 through 11/15/2018	1/1/2019
11/16/2018 through 12/15/2018	2/1/2019
12/16/2018 through 1/15/2019	3/1/2019
1/16/2019 through 2/15/2019	4/1/2019
2/16/2019 through 3/15/2019	5/1/2019
3/16/2019 through 4/15/2019	6/1/2019

- Just go to www.myactivehealth.com/cova to complete or update your health assessment. Health Assessments completed earlier than May 1, 2018, will not earn a reward for the new plan year.
- Monthly premium cost in either a COVA Care Plan or a COVA HealthAware Plan will be reduced by \$17 per month when the requirement is met. This also applies to a covered non-Medicare spouse who fulfills the requirement, with a potential monthly savings of \$34 if both the retiree and covered spouse are eligible and complete the requirement... and even more important, participation is a step toward better health.

NOTE: Any participants who have opted out of the MyActiveHealth portal will be ineligible for premium rewards or any other program incentives during the opt-out period, and it takes several weeks to opt back in.

Plan Updates for July 1

Following are plan updates:

COVA Care, COVA HDHP, COVA HealthAware and Kaiser Permanente HMO

- **Hormonal contraceptives dispensing limit increased:** A 12-month supply will be available at one time.

COVA Care and COVA HDHP

- **Annual routine vision exam:** Available for all members at a \$15 copayment at a participating Blue View Vision provider. COVA Care members may enroll in the optional vision and hearing benefit for expanded vision coverage, such as frames and lenses. See your 2018 **BENEFITS AT A GLANCE**.
- **Short-acting opioid analgesic drugs:** To help control the opioid epidemic, supplies of **new** prescriptions will be limited.
- **Online Psychiatry:** Added to LiveHealth Online visits.
- **Behavioral health intensive in-home services:** Certain treatment for children and adolescents will be available at home, avoiding inpatient readmissions.

COVA Care

- **No cost for LiveHealth Online visits:** Includes Online Psychology, Kids and Psychiatry.
- **Generic Select incentive program:** When you switch to a generic from certain brand drugs, your first generic retail or generic mail order prescription will be free.

COVA HealthAware

- **Annual routine vision exam:** Continues to be available to all members at no cost.
- **Short-acting opioid analgesic drugs:** Continued monitoring to help control the opioid epidemic, including limited supplies of new prescriptions.

More information will be available in the state plan 2018 Member Handbook amendment, which will be mailed separately. Kaiser information will be included in its Evidence of Coverage.

New Incentive Opportunity

Look for more information soon on the Shared Savings Program under COVA Care and COVA HDHP. When you choose quality treatment at a lower cost for certain services, you will have the chance to receive an incentive payment. Administered by the Vitals group, the Shared Savings Program will enable you to shop for quality health care and be rewarded for selecting lower-cost providers.

Making Open Enrollment Changes

Making Changes During Open Enrollment: Online enrollment through EmployeeDirect will not be available for Open Enrollment. If you wish to make a plan or membership change during Open Enrollment, you must complete a *State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants*. The forms are available in an online fillable format. Forms are located on the DHRM website at www.dhrm.virginia.gov or you may obtain a paper form from your Benefits Administrator. If you need assistance identifying your Benefits Administrator, see page 8. Indicate “Open Enrollment” on the form as the reason you are making the change.

Upon completion of the form:

- You will need to print and sign the form.
- Follow the mailing instructions on the form to submit your changes to your Benefits Administrator.

Note: Enrollment Forms must be postmarked no later than May 15, 2018.

Enrollment Forms: ***The Enrollment form must be signed by the eligible Enrollee.*** This is either the Retiree, Survivor or Long Term Disability participant through whom eligibility for coverage is obtained—***not a covered family member.*** Even those covered family members who have separate/individual ID numbers must have their Enrollment Forms signed by the Enrollee. Enrollment Forms will not be accepted if not signed by the Enrollee.

If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is in effect, it will not be changed except as allowed by the policies of the Department of Human Resource Management. **After the Open Enrollment period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.**

If you are requesting a membership increase, you must include documentation to support eligibility for the new family member. For example:

- To add an existing spouse, you must provide photocopies of the marriage certificate and the top portion of the first page of the retiree group enrollee’s most recent Federal Tax Return that confirms the spouse (all financial information and Social Security Numbers should be removed/masked).
- To add a biological or adopted child, you must include a photocopy of the birth certificate showing the retiree group Enrollee’s or spouse’s name as the parent or a photocopy of a legal pre-adoptive or adoptive agreement.

For other eligible membership additions, contact your Benefits Administrator to confirm the necessary documentation. Supporting documentation must be received by the end of the Open Enrollment period. If it is not received, your membership increase will not be processed.

Making Changes After Open Enrollment - After the Open Enrollment period, membership ***increases*** will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). Membership increases must be accompanied by appropriate documentation to support the addition (see above). **Enrollees have 60 days to make a change based on a qualifying mid-year event.** Retiree group Enrollees may ***decrease*** membership prospectively (going forward) at any time.

Retiree Group Reminders...

IMPORTANT!! When You Become Eligible for Medicare - When Retiree Group Enrollees (Retirees, Survivors, Long Term Disability Participants) or their covered family members become eligible for Medicare, Medicare becomes the primary health plan, and they must make a decision as to whether they wish to maintain secondary coverage under the State Retiree Health Benefits Program or terminate that coverage. In most cases, Medicare-eligible participants will be contacted through the Enrollee and provided with their options approximately three months in advance of their Medicare eligibility date. If no positive election is made, they will automatically be moved to the Advantage 65 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 state program makes every effort to identify participants who become eligible for Medicare, it is the responsibility of the Enrollee to ensure that any participants who become eligible for Medicare are moved to Medicare-coordinating coverage immediately upon Medicare eligibility. Failure to move to Medicare-coordinating coverage immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. The state program will not make primary claim payments when Medicare should be the primary coverage. Contact your Benefits Administrator if you need additional information (see page 8).

Some important things to consider when making this coverage decision:

- If you wish to select your Medicare-coordinating plan through the state program, you must enroll in Medicare Parts A and B (Original Medicare) in order to get the full benefit of the Advantage 65 Plans, the state program's Medicare supplemental coverage. Failure to enroll in Medicare Parts A and B can result in a significant deficit in your coverage since Advantage 65 will not pay claims that Medicare would have paid had you been enrolled.
- As a Medicare-eligible participant, you may select from available Advantage 65 Plans.
- If an Enrollee requests termination of coverage in the State Retiree Health Benefits Program, he or she may not re-enroll. Termination of the Enrollee will result in termination of all covered family members. For more information about *Medicare and the State Retiree Health Benefits Program*, go to www.dhrm.virginia.gov and look for *Retiree Fact Sheets*.

Prompt Payment of Premiums - Enrollees are responsible for timely payment of their monthly premiums (either through VRS retirement benefit deduction or by direct payment to the billing administrator). Participants who pay directly receive monthly bills or coupons which indicate when premium payments are due. Monthly premiums that remain unpaid for 31 days after the due date will result in termination of coverage. Claims paid during any period for which premium payment is not received will be recovered. Once an Enrollee and/or his/her covered family members have been terminated for non-payment of premiums, re-enrollment in the program is not allowed except at the sole discretion of the Department of Human Resource Management.

Enrollees are responsible for understanding the amount of their premium and for notifying their Benefits Administrator within 60 days of any qualifying mid-year event that affects eligibility and/or membership level. Premium overpayments due to failure of the Enrollee to advise the program of membership reductions may result in loss of the overpaid premium amount.

Address Changes - **Was this package forwarded to you from an old address?** If so, be sure to contact your 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 health benefits program. The Department of Human Resource Management will not be

responsible for information that participants miss, including billing statements, because their address of record is incorrect. The Department's only means of reaching many retiree group participants is through the US Postal Service. Please let your Benefits Administrator know when you move!

If You Need Help... - Retiree group participants should contact their Benefits Administrator with enrollment and eligibility questions. Benefits Administrators are generally unable to assist with claim or coverage problems, and those questions should be directed to your claims administrator. Please see *Resources* on page 8 for contact information.

Enclosures:

- **Summary of Benefits and Coverage for your current plan**
- **CHIP Notice**
- **2018 BENEFITS AT A GLANCE**
- **Important Notices**
- **Language Assistance Notice**

RESOURCES FOR PLANS AND OPTIONAL BENEFITS

Following is contact information, by plan and plan provision, which you may use to obtain additional information or assistance regarding coverage and claims:

Plan	Benefit	Contact Information
COVA Care and COVA HDHP	<ul style="list-style-type: none"> • Medical, Prescription Drug, Vision & Hearing (Anthem BCBS) • Behavioral Health Benefits & EAP (Anthem) • Dental (Delta Dental) • Total Population Health and Wellness (ActiveHealth Management) 	<ul style="list-style-type: none"> • 800-552-2682 www.anthem.com/cova • 855-223-9277 www.anthemEAP.com • 888-335-8296 www.deltadentalva.com • 866-938-0349 www.myactivehealth.com/cova
COVA HealthAware	<ul style="list-style-type: none"> • Medical, Dental, Prescription Drug, Vision, Hearing and Behavioral Health (Aetna) • EAP (Aetna) • Total Population Health and Wellness (ActiveHealth Management) • Online Doctor: Teladoc 	<ul style="list-style-type: none"> • 855-414-1901 www.covahealthaware.com • 888-238-6232 www.covahealthaware.com • 866-938-0349 www.myactivehealth.com/cova • www.teladoc.com/aetna
Kaiser Permanente HMO	<ul style="list-style-type: none"> • Medical, Prescription Drug and Vision (Kaiser) • Dental (Dominion Dental) • EAP (Beacon Health Options) • Behavioral Health • Online Doctor Video Chat 	<ul style="list-style-type: none"> • 800-777-7902; 301-468-6000 in Washington, D.C. https://my.kp.org/commonwealthofvirginia/ • 855-733-7524 http://www.DominionNational.com/kaiserdentists • 866-517-7042 www.achievesolutions.net/kaiser • 866-530-8778 • 703-359-7878
TRICARE Supplement	• Selman and Company(SelmanCo)	• 800-638-2610 (press option 1)

If you have questions about eligibility and enrollment, contact:

<i>If You Are A:</i>	<i>Contact This Benefits Administrator</i>
Virginia Retirement System Retiree/Survivor or a VSDP Long Term Disability Program Participant	The Virginia Retirement System 888-827-3847 www.varetire.org
Local or Optional Retirement Plan Retiree	Your Pre-Retirement Agency Benefits Administrator
Non-Annuitant Survivor (a survivor of an employee or retiree, not receiving a VRS benefit)	Department of Human Resource Management 888-642-4414 www.dhrm.virginia.gov

The Department of Human Resource Management web site also has information about the State Retiree Health Benefits Program. Go to www.dhrm.virginia.gov.