Virginia Department of
HUMAN RESOURCE
MANAGEMENT

Commonwealth of Virginia
Retiree Health Benefits Program

Annual Open Enrollment—May 1 through May 23, 2014
Effective July 1, 2014

This booklet includes the following information:

Recipients of this Package: **Retiree group Enrollees receiving this package include Retirees, Survivors and Long Term Disability Participants (not covered family members).**

- ***Family members who have separate coverage (under their own ID numbers) will not receive Open Enrollment materials directly.***
- ***Medicare-eligible Retirees, Survivors and Long Term Disability participants who cover family members who are not eligible for Medicare receive this package in order to make a change on behalf of the family member for whom they provide coverage.***
- ***Only Retirees, Survivors and Long Term Disability participants can request Open Enrollment changes for covered family members.***
- ***Medicare-eligible Retirees, Survivors and Long Term Disability participants do not have an Open Enrollment period.***

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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DIRECTOR

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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

Date: April 24, 2014

Subject:: OPEN ENROLLMENT

Your Annual Open Enrollment

Your annual Open Enrollment will take place from **May 1 through May 23** and provides your annual opportunity to make changes to your non-Medicare-coordinating health plan and, in most cases, membership level. Changes will be effective July 1, 2014. This booklet includes information about coverage options in the new plan year, and the enclosed ***2014 - BENEFITS AT A GLANCE*** provides a benefit comparison to help you choose your plan. In addition, you have a new online Benefits Counselor, ***ALEX***, to help you compare plan provisions and costs—go to page 3 for more information about ***ALEX***.

This Open Enrollment period does not apply to participants in Medicare-coordinating plans (Advantage 65, Medicare Complementary/Option I 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 on behalf of their covered family members.

*Monthly Premium Costs Effective July 1, 2014**

***Premiums are subject to final approval of the state budget.**

Following are your plan choices and monthly premiums starting July 1, 2014. If you enroll in either the COVA Care or COVA HealthAware Plan, the premiums in the chart below can be reduced by completing the requirements to earn a premium reward (see shaded premiums). If you have already earned a premium reward, the COVA Care and COVA HealthAware premiums below will be immediately reduced, and you will continue to receive the reduction through June 30, 2015. See page 3 for more information about premium rewards.

	Single	Two-Person	Family
COVA Care (with preventive dental)	**$604**	**$1,119**	**$1,620**
COVA Care + Out-of-Network	**$618**	**$1,138**	**$1,646**
COVA Care + Expanded Dental	**$629**	**$1,167**	**$1,693**
COVA Care + Out-of-Network + Expanded Dental	**$643**	**$1,186**	**$1,719**
COVA Care + Expanded Dental + Vision and Hearing	**$644**	**$1,192**	**$1,727**
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	**$658**	**$1,211**	**$1,753**
COVA HealthAware (with preventive dental)	**$555**	**$1,029**	**$1,486**
COVA HealthAware + Expanded Dental	**$580**	**$1,077**	**$1,559**
COVA HealthAware + Expanded Dental & Vision	**$588**	**$1,091**	**$1,578**
COVA HDHP (with preventive dental)	**$456**	**$847**	**$1,237**
COVA HDHP + Expanded Dental	**$481**	**$895**	**$1,310**
Kaiser Permanente HMO**	**$549**	**$1,010**	**$1,472**
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 11 of this booklet for contact information.

Your new premium will go into effect on July 1, 2014. If your premium is deducted from your VRS retirement benefit and the increase results in your VRS benefit no longer being enough 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 start direct billing of your premium. 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:

If your plan is:	*You will be billed by:*
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	Association and Society Insurance Corp. (ASI)

NEW! – Now Available for Retiree Group Participants
Get Help from ALEX, your Online Benefits Counselor

During this Open Enrollment period, retiree group enrollees have a new online tool to help make their annual plan choice. "ALEX" is an online interactive assistant that can help you decide which plan may be 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.alexforcova.com to meet ALEX!

Have You Earned Your Premium Rewards?

If you are enrolled in either a COVA Care or COVA HealthAware Plan, you can reduce your monthly premium by completing two healthy actions:

- ✓ An online health assessment
- ✓ A biometric screening

Both you and your covered spouse are eligible to earn a premium reward of $17 per month (maximum $34 premium reduction if both you and your covered spouse complete the requirements).

If you are already receiving the maximum premium reward ($17 each for you and your spouse, if enrolled), you will continue to receive the reward through June 30, 2015, as long as you remain in one of the COVA Care or COVA HealthAware Plans. If you are not receiving a reward, check out the following time limits so that you can reduce your premium!

- If you were enrolled in either COVA Care or COVA HealthAware on July 1, 2013, are still covered in one of the plans, and you are not receiving a premium reward, you have until May 31, 2014, to complete your two healthy actions, and your premium reward can start on July 1, 2014.
- If you enrolled in either COVA Care or COVA HealthAware on August 1, 2013 through March 1, 2014, you also have until May 31, 2014, to complete your two healthy actions, and your premium reward can start on July 1, 2014.
- If you enroll in COVA Care or COVA HealthAware on April 1, 2014, through July 1, 2014, you will have until August 31, 2014, to complete your two healthy actions. The effective date of your premium reward will be based on the completion of your two requirements, as follows:

If you complete both actions by:	***Your premium reward will be effective:***
June 30, 2014	July 1, 2014
July 31, 2014	August 1, 2014
August 31, 2014	September 1, 2014

To complete your online health assessment and arrange for your biometric screening, register at www.myactivehealth.com/COVA. A few things to remember:

- You and your covered spouse need to register separately to complete your individual health assessments and arrange for your individual biometric screenings.

- Both requirements must be completed by the deadline based on the date of your enrollment (page 3).
- There are two ways to complete the biometric screening requirement—either print a Physician Form or a LabCorp authorization. Whether you choose to use your doctor or go to a convenient LabCorp location, specific instructions are included on the form.
- Biometric screening results measured between April 1, 2013, and your completion deadline will be acceptable.

Available Plans and Changes Effective July 1, 2014

The following plans continue to be available for July 1. All changes for each plan are also provided. In addition, to help you make a plan decision, the enclosed ***2014 - BENEFITS AT A GLANCE*** offers a side-by-side comparison of the benefits under each plan.

COVA Care

Claims Administrators: Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

Plan Changes effective July 1, 2014:

- New coverage for behavioral health residential treatment centers - $300 in-network copayment per stay
- Prescription drug copayments in tiers 2—4 will increase as follows:

COVA Care Prescription Drug Copayments effective July 1, 2014

Drug Tier	Retail Copayment (up to 34-day supply)	Home Delivery Copayment (up to 90-day supply)
1	$15	$30
2	*$30	*$60
3	*$45	*$90
4	*$55	*$110

*Subject to final state budget approval

- New incentive programs for Asthma/COPD and Hypertension—see page 5-6 for more information

COVA HealthAware

Claims Administrator: Aetna (all coverage types)

Plan Changes effective July 1, 2014:

- New coverage for behavioral health residential treatment centers – 20% in-network coinsurance per stay (after deductible)

- Increased "Do-Right" opportunities to earn additional HRA contributions:
  - ✓ Annual routine physical exam
  - ✓ Routine dental exam
  - ✓ Annual flu shot
  - ✓ MyActiveHealth tracker
  - ✓ NEW! MyActiveHealth coaching module
  - ✓ NEW! Annual routine vision exam

- New incentive programs for Asthma/COPD and Hypertension—see below for more information

COVA High Deductible Health Plan (HDHP)

Plan Administrators: Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

Plan Change effective July 1, 2014:

- New coverage for behavioral health residential treatment centers – 20% in-network coinsurance per stay (after deductible)

Other Limited-Eligibility Plan Options

Kaiser Permanente HMO: this plan continues to be available in the Northern Virginia Area. Contact Kaiser directly for additional information.

Plan Changes effective July 1, 2014:

- New pediatric eyewear coverage for select frames, lenses and contacts for $0 copayment—includes eyewear from specific groups or lists—contact Kaiser for additional information.

TRICARE Supplement: Military retirees who are eligible for TRICARE and not eligible for Medicare may enroll in this plan, which pays secondary to TRICARE. This plan is administered by Association and Society Insurance Corporation (ASI).

No Plan Changes for July 1

ActiveHealth Management Health and Wellness Program

Enrollment in either COVA Care, COVA HealthAware, or COVA HDHP includes access to MyActiveHealth.com/COVA. Registration at this web site provides access to tools and resources to assist participants in maintaining healthy lifestyles. Programs and coaching are available to assist participants in identifying and reaching their personal health goals.

ActiveHealth programs include:

- Disease management programs that can provide certain drugs at no cost to the participant based on compliance with program requirements—and also help manage your chronic health condition (copayment/coinsurance incentives do not apply to the COVA HDHP):

:

  - ✓ Diabetes Management
  - ✓ *NEW* – Asthma/COPD (chronic obstructive pulmonary disease) Management*
  - ✓ *NEW* – Hypertension (high blood pressure) Management*

*subject to final approval of the state budget

- An opportunity to reduce your health plan premium (does not apply to COVA HDHP)

  - ✓ Premium rewards based on completion of two healthy actions—an online health assessment and a biometric screening—see page 3 for more information

- For COVA HealthAware participants, opportunities to increase their Health Reimbursement Arrangement (HRA) contributions by completing healthy activities called "Do-Rights"

  - ✓ $50 for one completed "Do-Right" up to $150 for the retiree and enrolled spouse—see page 5 for a list of the "Do-Rights"

- Other Programs to help you improve and maintain your health (copayment/coinsurance/HRA incentives do not apply to the COVA HDHP):

  - ✓ ***Healthy Beginnings*** – help for expectant moms (copay waiver/HRA contribution)
  - ✓ ***Healthy Insights*** – helps you manage chronic conditions (see disease management programs listed above)
  - ✓ ***Healthy Lifestyles*** – tools and coaching to keep you on track for maintaining good health through good nutrition, exercise, stress management and quitting tobacco

A Reminder about Dental Benefits…

The COVA Care, COVA HealthAware and COVA HDHP basic plans (listed "with preventive dental") will include only preventive and diagnostic dental coverage. This includes two routine oral evaluations and two cleanings per plan year, in addition to covered x-rays at 100% of the allowable charge (see Member Handbook for complete information). Enhanced Dental coverage is available as an optional benefit and will include primary dental (such as fillings, extractions) covered at 80% after the deductible is met and complex restorative dental (such as crowns and bridges) covered at 50% after the deductible is met. The deductible is $50 per person per plan year up to a maximum of $150. There is a $2,000 annual maximum benefit for primary and complex restorative services. Expanded dental also includes orthodontics covered at 50% with a $2,000 lifetime maximum benefit (no deductible).

If you think you may need dental work other than preventive and diagnostic services during this plan year, consider selecting the Expanded Dental plan option. Premiums are listed on page 2.

Transition of Care

If you are changing claims administrators (for example, going from COVA Care/Anthem to COVA HealthAware/Aetna) and you are receiving care that will extend beyond July 1, contact your new plan's claims administrator for assistance to ensure a successful transition to your new coverage and provider network. If you have prescriptions with remaining refills, contact your pharmacy and/or your new claims administrator to determine if a new prescription will be required.

Making Changes

Open Enrollment Changes - If you wish to make a plan or membership change during Open Enrollment, you may use EmployeeDirect online at www.dhrm.virginia.gov. However, you must have a **personal** e-mail address listed in the state's eligibility system. A state e-mail address will not allow *EmployeeDirect* access for retiree group participants. If you do not already have a personal e-mail address in your eligibility file, you may contact your Benefits Administrator to update your record (see page 11 for Resources).

You may also use a *State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants*, but it must be completed, mailed to your Benefits Administrator, and postmarked no later than May 23, 2014. Forms are available at www.dhrm.virginia.gov or from your Benefits Administrator. If you need assistance identifying your Benefits Administrator, refer to *Resources* on page 11. Indicate *"Open Enrollment"* as the reason you are making the change.

Enrollment Forms *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 the eligibility of the new family member. For example:

- To add an existing spouse, you must provide photocopies of the marriage certificate and, if available, the top portion of the first page of the retiree group enrollee's most recent Federal Tax Return that shows the dependent listed as "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 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. If you are enrolling using *EmployeeDirect*, you will be contacted by your Benefits Administrator if documentation to support your addition is not received. If documentation is not received by the end of the Open Enrollment period, 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. Your Benefits Administrator can provide additional information regarding documentation. **Enrollees have 60 days to make a change based on a qualifying mid-year event.** Retiree group participants 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 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 participants (Enrollees and their covered family members) 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. If you or a covered family member becomes eligible for Medicare and is not contacted by your Benefits Administrator, it is the responsibility of the Enrollee to notify the appropriate Benefits Administrator of Medicare eligibility.

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 (the Original Medicare Plan) 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*.

Becoming Eligible for Medicare During the Open Enrollment Period - If you become eligible for Medicare during the Open Enrollment period, you may receive both an Open Enrollment package and a package notifying you of your Medicare eligibility. If you become eligible for Medicare prior to or on July 1, your Medicare plan election will be processed. If you become eligible for Medicare after July, you may make an Open Enrollment election for July 1, and your Medicare plan election will take place on the first of the appropriate month after July.

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.

If your billing administrator is Anthem Blue Cross and Blue Shield, you may request automatic draft of your premium from your bank account. Contact Anthem for more information.

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 e-mail 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 retiree group participants is through the mail. Please let your Benefits Administrator know when you move! You may also change your address by using *EmployeeDirect* on the Web at www.dhrm.virginia.gov—click on the *EmployeeDirect* link.

If You Need Help… - Retiree group participants should contact their Benefits Administrator with administrative questions regarding Open Enrollment or about eligibility issues. 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 11 for contact information.

HIPAA Privacy

The Office of Health Benefits Notice of Privacy Practice describes how the health plan can use and disclose your health information and how you can get access to this information. Participants enrolled in COVA Care, COVA HealthAware or COVA HDHP can contact their Benefits Administrator (see page 11) or visit the DHRM web site at www.dhrm.virginia.gov to obtain a copy of the privacy notice.

Notice
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.

Enclosures:

Summary of Benefits and Coverage for your current plan
CHIP Notice
2014 – Benefits at a Glance

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 plan options:

COVA Care and COVA HDHP	• Medical, Prescription Drug and Behavioral Health (Anthem) • EAP (Anthem) • Dental (Delta Dental) • Total Population Health and Wellness (ActiveHealth Management) • Optional Vision (Anthem)	• 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 • 800-552-2682
COVA HealthAware	• Medical, Dental, Prescription Drug and Behavioral Health (Aetna) • EAP (Aetna) • Total Population Health and Wellness (ActiveHealth Management) • Basic and Optional Routine Vision (Aetna)	• 855-414-1901 www.covahealthaware.com/cova • 888-238-6232 • 866-938-0349 www.myactivehealth.com/cova • 855-414-1901
Kaiser Permanente HMO	• Medical, Prescription Drug and Vision (Kaiser) • Dental (Dominion Dental) • Behavioral Health/EAP (ValueOptions)	• 800-777-7902 http://my.kaiserpermanente.org/mida/commonwealthofvirginia • 888-518-5338 • 866-517-7042
TRICARE Supplement	• Association & Society Insurance Corporation (ASI)	• 866-637-9911

If you have questions about eligibility and enrollment, contact:

If You Are A:	***Contact This Benefits Administrator***
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.

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