



# SPOTLIGHT SPRING 2017 ON YOUR **BENEFITS**

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## Health Care and Flexible Spending Accounts **OPEN ENROLLMENT — MAY 1 - 15, 2017** Effective for Plan Year July 1, 2017 – June 30, 2018

This is your annual opportunity to make changes to your health and flexible spending account (FSA) elections. **Have no health plan coverage changes and not enrolling in an FSA?** Nothing is required. **Make your decisions with care.**

### Health Care Coverage

- **Enroll in or change** your health plan
- **Elect optional buy-ups** for COVA Care, COVA HDHP and COVA HealthAware
- **Waive** coverage
- **Add or remove** family members

### Flexible Spending Accounts (FSAs)

- **Enroll in a Health or Dependent Care FSA** or both
- **You must submit an enrollment request every year** to have an FSA

### How to Enroll or Make Changes

EmployeeDirect for health benefits is under construction, so you must submit an *Enrollment Form for Employees* for **enrollment or changes** this year. **The deadline is the close of business on May 15, 2017.**

### Complete An Enrollment Form

- **Make changes to your Health Coverage:** The health coverage information is included in Section 4 of the form.
- **Enroll in an FSA:** Check the appropriate box in Section 3 of the form and enter your "per pay" election amount. If you don't want to make health care changes, simply mark the "No Change" block in Section 4.

**Remember, you should always complete sections 1, 2 and 5 of the enrollment form.**

### Submit Your Enrollment Form

- Find the fillable form on the DHRM website at <http://www.dhrm.virginia.gov/healthcoverage/open-enrollment>. Print it, sign it and submit to your Benefits Administrator.
- No computer access? Request a printed enrollment form from your Benefits Administrator.

## Changes Beginning July 1

### Premiums

- **Premiums will change.** See page 3.

### All State Employee Health Benefits Plans

- **Affordable Care Act (ACA):** All plans will comply with ACA Section 1557, Nondiscrimination in Health Programs and Activities.

### COVA Care and COVA HDHP

- **LiveHealth Online Psychology and EAP Added:** Consult a behavioral health specialist or Employee Assistance Program (EAP) counselor online. See page 2.

### COVA Care and COVA HealthAware

- **Premium Rewards:** Complete a health assessment to reduce your monthly premium. See page 2.

### Flexible Spending Accounts (FSAs)

- **Health FSA contribution limit:** Increases to \$2,600 from \$2,550. See page 7.

## Put ALEX® to Work for You!

Your online benefits counselor is on the job. Travel through your health plan options with ALEX. He will use your input, crunch some numbers, and recommend a plan. Visit ALEX at [www.myalex.com/cova/2017](http://www.myalex.com/cova/2017).



**EmployeeDirect for health benefits is under construction during Open Enrollment.**



## Earn Rewards to Reduce Your Monthly Premium!

It's as simple as completing an online health assessment and answering a few questions about your health and lifestyle. You'll get a personalized report with action steps that can serve as your guide toward better health PLUS you'll get a Premium Reward!

### What Do I Need to Do?

Visit [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) to complete or update your online health assessment.

### To Earn a Reward Beginning July 1, 2017:

- Complete or update your health assessment between May 1 and May 15, 2017

### To Earn a Reward After July 1, 2017:

- Complete a health assessment by the 15th of the month, and you will receive a reward in about six to eight weeks
- See the examples below and the chart on the DHRM website at <http://www.dhrm.virginia.gov/healthcoverage/open-enrollment>

Example	Completes Assessment	Receives Premium Reward
Monica	June 15, 2017	<b>August 1, 2017</b>
Mike	June 16, 2017	<b>September 1, 2017</b>

If you think you've earned a Premium Reward and you haven't received it, contact your agency Benefits Administrator. You will need to provide a copy of your health assessment completion screen from the MyActiveHealth portal.

### Here's What You Save Every Month

- **Employee or spouse participates:** You save **up to \$204 annually** or **\$17 per month** in COVA Care or COVA HealthAware premiums once the requirement is met.
- **Employee and spouse participate:** You save **up to \$408 annually** or a total of **\$34 in premiums per month** once the requirements are completed.

For more details, contact MyActiveHealth at **866-938-0349**.

### Opting Out of the MyActiveHealth Portal

Makes you ineligible for Premium Rewards or any other program incentives.

## There's Even More Online to Help You

You already have access to an online doctor today, regardless of your health plan. Here are some additional, convenient resources your plans offer.

### COVA Care and COVA HDHP: LiveHealth Online Adds Psychology and EAP

You may now make an appointment with a licensed therapist **using LiveHealth Online Psychology**. Get help for anxiety, depression, grief, and panic attacks. Daytime, evening and weekend appointments are available. Schedule online or call **1-844-784-8409**. The cost is the same as an outpatient behavioral health office visit.

**Use your Employee Assistance Program (EAP) to see a counselor at no cost.** Through LiveHealth Online, talk with a licensed therapist as part of your EAP benefit. Call **1-855-223-9277** to get your coupon code and details on how to make your first appointment.

Register now at [www.livehealthonline.com](http://www.livehealthonline.com) or download the app.

### COVA Care, COVA HDHP and COVA HealthAware: Check Out the MyStrength Online Tool

The MyStrength online tool helps members deal with chronic pain, depression, substance abuse and anxiety. Visit your plan's EAP website to register:

#### COVA Care and COVA HDHP:

[www.AnthemEAP.com](http://www.AnthemEAP.com)

(Company Name: Commonwealth of Virginia)

#### COVA HealthAware:

[www.mylifevalues.com](http://www.mylifevalues.com)

(user name and password is cova)



## Employee Monthly Premiums for July 1, 2017 – June 30, 2018

Salaried employees working 30 or more hours a week pay the “Employee Pays” amount. Salaried employees working less than 30 hours a week pay the Total Premium.

Please note: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware. You or your enrolled spouse must complete certain healthy actions to save \$17 a month or \$34 when both of you meet the requirements. See page 2.

HEALTH CARE PLANS		Premium			Premium with Rewards				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
COVA Care	Employee Pays	\$88	\$201	\$273	\$71	\$184	\$167	\$256	\$239
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$735</b>	<b>\$1,360</b>	<b>\$1,972</b>	<b>\$718</b>	<b>\$1,343</b>	<b>\$1,326</b>	<b>\$1,955</b>	<b>\$1,938</b>
COVA Care + Out-of-Network	Employee Pays	\$105	\$225	\$305	\$88	\$208	\$191	\$288	\$271
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$752</b>	<b>\$1,384</b>	<b>\$2,004</b>	<b>\$735</b>	<b>\$1,367</b>	<b>\$1,350</b>	<b>\$1,987</b>	<b>\$1,970</b>
COVA Care + Expanded Dental	Employee Pays	\$119	\$260	\$364	\$102	\$243	\$226	\$347	\$330
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$766</b>	<b>\$1,419</b>	<b>\$2,063</b>	<b>\$749</b>	<b>\$1,402</b>	<b>\$1,385</b>	<b>\$2,046</b>	<b>\$2,029</b>
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$136	\$284	\$396	\$119	\$267	\$250	\$379	\$362
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$783</b>	<b>\$1,443</b>	<b>\$2,095</b>	<b>\$766</b>	<b>\$1,426</b>	<b>\$1,409</b>	<b>\$2,078</b>	<b>\$2,061</b>
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$137	\$291	\$406	\$120	\$274	\$257	\$389	\$372
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$784</b>	<b>\$1,450</b>	<b>\$2,105</b>	<b>\$767</b>	<b>\$1,433</b>	<b>\$1,416</b>	<b>\$2,088</b>	<b>\$2,071</b>
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$154	\$315	\$438	\$137	\$298	\$281	\$421	\$404
	State Pays	\$647	\$1,159	\$1,699	\$647	\$1,159	\$1,159	\$1,699	\$1,699
	<b>Total Premium</b>	<b>\$801</b>	<b>\$1,474</b>	<b>\$2,137</b>	<b>\$784</b>	<b>\$1,457</b>	<b>\$1,440</b>	<b>\$2,120</b>	<b>\$2,103</b>
COVA HealthAware	Employee Pays	\$17	\$51	\$50	\$0	\$34	\$17	\$33	\$16
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	<b>Total Premium</b>	<b>\$665</b>	<b>\$1,233</b>	<b>\$1,783</b>	<b>\$648</b>	<b>\$1,216</b>	<b>\$1,199</b>	<b>\$1,766</b>	<b>\$1,749</b>
COVA HealthAware + Expanded Dental	Employee Pays	\$47	\$111	\$140	\$30	\$94	\$77	\$123	\$106
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	<b>Total Premium</b>	<b>\$695</b>	<b>\$1,293</b>	<b>\$1,873</b>	<b>\$678</b>	<b>\$1,276</b>	<b>\$1,259</b>	<b>\$1,856</b>	<b>\$1,839</b>
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$58	\$128	\$163	\$41	\$111	\$94	\$146	\$129
	State Pays	\$648	\$1,182	\$1,733	\$648	\$1,182	\$1,182	\$1,733	\$1,733
	<b>Total Premium</b>	<b>\$706</b>	<b>\$1,310</b>	<b>\$1,896</b>	<b>\$689</b>	<b>\$1,293</b>	<b>\$1,276</b>	<b>\$1,879</b>	<b>\$1,862</b>
COVA HDHP	Employee Pays	\$0	\$0	\$0					
	State Pays	\$551	\$1,024	\$1,496					
	<b>Total Premium</b>	<b>\$551</b>	<b>\$1,024</b>	<b>\$1,496</b>					
COVA HDHP + Expanded Dental	Employee Pays	\$30	\$59	\$90					
	State Pays	\$551	\$1,024	\$1,496					
	<b>Total Premium</b>	<b>\$581</b>	<b>\$1,083</b>	<b>\$1,586</b>					
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$71	\$167	\$239					
	State Pays	\$554	\$983	\$1,436					
	<b>Total Premium</b>	<b>\$625</b>	<b>\$1,150</b>	<b>\$1,675</b>					
TRICARE Voluntary Supplement*	<b>Total Premium</b>	<b>\$61</b>	<b>\$120</b>	<b>\$161</b>					

\* Washington State Residents contact Office of Health Benefits for Washington State mandated premium amount

# 2017 Benefits at a Glance



Health Plans (Administrators)	COVA Care (Anthem)	COVA HealthAware (Aetna)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
Benefits	You Receive	You Receive	You Receive	You Receive
<b>Health Reimbursement Arrangement (HRA)</b> Employer deposit to your HRA on July 1, 2017	Not available	\$600 employee \$600 enrolled spouse	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
<b>Deductible – per plan year</b>				
• One person	\$300	\$1,500	\$1,750	None
• Two or more persons	\$600	\$3,000	\$3,500	None
<b>Out-of-pocket expense limit – per plan year</b>				
• One person	\$1,500	\$3,000	\$5,000	\$1,500
• Two or more persons	\$3,000	\$6,000	\$10,000	\$3,000
<b>Doctor's visits</b> (in person and telemedicine)				
• Primary care physician	\$25	20% after deductible	20% after deductible	\$25
• Specialist	\$40	20% after deductible	20% after deductible	\$40
<b>Hospital services</b>				
• Inpatient	\$300 per stay	20% after deductible	20% after deductible	\$300 per admission
• Outpatient	\$125 per visit	20% after deductible	20% after deductible	\$75 per visit
<b>Emergency room visits</b>	\$150 per visit (waived if admitted)	20% after deductible	20% after deductible	\$75 per visit (waived if admitted)
<b>Ambulance travel</b>	20% after deductible	20% after deductible	20% after deductible	\$50 per service
<b>Outpatient diagnostic laboratory and x-rays</b>	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging
<b>Infusion services</b> (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist
<b>Outpatient therapy visits</b>				
• Occupational and speech therapy	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40
• Physical therapy only	\$15	20% after deductible	20% after deductible	\$40
• Physical therapy and other related services, including manual intervention & spinal manipulation	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40
• Chiropractic services (30-visit plan year limit per member)	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40
<b>Applied behavior analysis (ABA) for autism spectrum disorder—ages 2 through 10</b>	\$25 per service	20% after deductible	20% after deductible	\$25 per visit
<b>Behavioral health</b>				
• Medical and non-medical professional visits	\$25	20% after deductible	20% after deductible	\$12 group/\$25 individual
• Inpatient residential treatment	\$300 per stay	20% after deductible	20% after deductible	\$300 per admission
• Intensive outpatient treatment (IOP)	\$125 per episode of care	20% after deductible	20% after deductible	\$12 group/\$25 individual
<b>Employee Assistance Program (EAP)</b> Up to 4 visits per incident	\$0	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b>				
<b>Retail Pharmacy</b>	Up to 34-day supply \$15/\$30/\$45/\$55	Up to 34-day supply 20% after deductible	Up to 34-day supply 20% after deductible	Up to 30-day supply Medical center: \$15/\$25/\$40 Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
<b>Home Delivery Pharmacy</b>	Up to 90-day supply \$30/ \$60/\$90/\$110	Up to 90-day supply 20% after deductible	Up to 90-day supply 20% after deductible	Up to 30-day supply \$13/\$23/\$38 (2 x copayment for 90 days)

# 2017 Benefits at a Glance



Health Plans (Administrators)	COVA Care (Anthem)	COVA HealthAware (Aetna)	COVA HDHP (Anthem)	Kaiser Permanente (Kaiser)
In-Network Benefits	You Pay	You Pay	You Pay	You Pay
<b>Wellness &amp; preventive services</b>				
• Office visits at specified intervals, immunizations, lab and x-rays	\$0	\$0	\$0	\$0
• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays	\$0	\$0	\$0	\$0
• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0	\$0	\$0	\$0
<b>Annual Routine Vision Exam</b>	<i>Optional benefit*</i>	\$0	Not available	\$25 PCP/\$40 specialist
<b>Annual Routine Hearing Exam</b>	<i>Optional benefit*</i>	\$0	Not available	\$25 PCP/\$40 specialist
<b>Dental Services</b>				
• Diagnostic and preventive	\$0	\$0	\$0	See fee schedule
<b>Expanded Dental</b>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>	
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	See fee schedule
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	See fee schedule
• Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	See fee schedule \$1,000 (age 19 and under)
<b>Routine Vision</b>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>		
• Routine eye exam (once every plan year)	\$40	\$0 (Included in basic plan)	Not available	\$25 PCP/\$40 Specialist
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	75% of balance
• Lenses				
- Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	75% of balance
• Contact lenses**				
- Conventional**	85% after plan pays \$100	85% after plan pays \$100	Not available	85% for initial fitting and pair
- Disposable**	Balance after plan pays \$100	Balance after plan pays \$100	Not available	85% for initial fitting and pair
- Non-elective**	Balance after plan pays \$250	Balance after plan pays \$250	Not available	85% for initial fitting and pair Pediatric Eyewear -contact Kaiser
<b>Routine Hearing</b>	<i>Optional Benefit*</i>			
• Routine hearing exam (once every plan year)	\$40	\$0 (Included in basic plan)	Not available	\$25 PCP/\$40 Specialist
• Hearing aids and other hearing-aid related services (once every 48 months)	Balance after plan pays \$1,200	Not available	Not available	Not available
• Benefit maximum	\$1,200	Not available	Not available	Not available
<b>Out-of-Network</b>	<i>Optional Benefit*</i>	<i>Included in Basic Plan:</i>		
	Plan payment reduced by 25%. Balance billing may apply.	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Not available	Not available

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

\*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart on page 3.

\*\*Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

# Jump Start Your Strategy for Good Health



Good health should be your number one priority!

The Commonwealth provides health and wellness programs and online tools at no cost to employees and covered family members enrolled in COVA Care, COVA HDHP and COVA HealthAware. The **MyActiveHealth** personalized health and wellness portal includes a health assessment and healthy living resources. It provides easy, confidential access to your health information, together in one place for convenient tracking. See more on MyActiveHealth programs at <http://www.dhrm.virginia.gov/healthcoverage/activehealth>.

**MyActiveHealth • [www.myactivehealth.com/cova](http://www.myactivehealth.com/cova) • 866-938-0349**

Program	What Is It?	Why Should I Enroll?
<b>Healthy Lifestyles</b>	<ul style="list-style-type: none"> <li>• <b>Personal coaching</b> to help you stay on track:                             <ul style="list-style-type: none"> <li>- Nutrition</li> <li>- Exercise</li> <li>- Stress management</li> <li>- Quit smoking</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• To be healthier</li> <li>• Maintain a healthy weight</li> <li>• Additional support to help you reach your goals</li> <li>• Easy to access tools you can use anytime, anywhere!</li> </ul>
<b>Healthy Beginnings</b>	<ul style="list-style-type: none"> <li>• <b>Expectant moms</b> receive one-on-one telephonic coaching with a nurse</li> <li>• Expectant moms in <b>COVA Care or COVA HealthAware</b> can earn a copay waiver or health reimbursement account (HRA) contribution when they:                             <ul style="list-style-type: none"> <li>- Enroll within the first 16 weeks, and</li> <li>- Meet certain requirements</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Helps moms be healthier so they have healthier babies</li> <li>• <b>COVA Care members</b> save \$300 on inpatient copay</li> <li>• <b>COVA HealthAware members</b> have \$300 contributed to their HRA</li> </ul>
<b>Healthy Insights</b>	<ul style="list-style-type: none"> <li>• Helps you manage a <b>chronic condition</b> for long-term success</li> <li>• Provides easy access to a nurse coach online or by phone</li> <li>• Opportunity to save money for <b>COVA Care and COVA HealthAware members</b> with diabetes, asthma/COPD and hypertension enrolled in incentive programs</li> </ul>	<ul style="list-style-type: none"> <li>• Better health for members with certain chronic conditions</li> <li>• Certain free prescriptions or supplies for <b>COVA Care and COVA HealthAware members</b> enrolled in:                             <ul style="list-style-type: none"> <li>- Diabetes management</li> <li>- Asthma/COPD, and</li> <li>- Hypertension programs</li> </ul> </li> </ul>

## Your Privacy Is Important to Us

ActiveHealth will use this information to identify possible health issues to help you and your doctor track and improve your health. Participation is voluntary.

Safeguards are in place to ensure the security of your personal information, including all data from your health assessment and biometric screening. This information is available to you and your doctor at your request. Your individual information is NOT available to your employer.

## Kaiser Permanente HMO Programs Offered

Kaiser Permanente has similar health and wellness programs for its members. They include maternity support, health condition management, and healthier living resources. For more information, contact Kaiser at **800-777-7902** or **(301) 468-6000**.

## Your Plan Amendment and Member Handbook

The changes in Spotlight are updates to your plan member handbook. Look for the 2017 amendment to your plan soon, mailed to your home address.

All current plan member handbooks and amendments are available on the Open Enrollment page on the DHRM website at <http://www.dhrm.virginia.gov/healthcoverage/open-enrollment>.





## Count Your Savings with an FSA!

Need some extra cash? Enrolling in an FSA is a great way to save money on out-of-pocket expenses for health or dependent care. You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan. **Remember, you must enroll each year in an FSA. See page 1.**

### What Expenses Are Eligible?

**Health FSA:** Use your pre-tax dollars to pay for eligible health care expenses, such as:

- Copays, coinsurance and deductibles
- Other out-of-pocket eligible medical expenses

**Dependent Care FSA:** Use your pre-tax dollars for work-related dependent care expenses, including:

- Care for your child under the age of 13
- Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year

### How Can I Save Money with an FSA?

To see the full benefit of enrolling in an FSA, check out these savings examples based on a 30 percent tax rate. Reduced taxes mean more money in your pocket!

#### Health FSA

Salary.....	\$40,000/year
FSA contribution.....	\$2,600
Taxes paid with no FSA .....	\$12,000
Taxes paid with FSA.....	\$11,220
<b>Reduced taxes with FSA .....</b>	<b>\$780</b>

#### Dependent Care FSA

Salary.....	\$40,000/year
FSA contribution.....	\$5,000
Taxes paid with no FSA .....	\$12,000
Taxes paid with FSA.....	\$10,500
<b>Reduced taxes with FSA .....</b>	<b>\$1,500</b>

See the FSA Sourcebook for more information on eligible expenses and savings.

### Activate the Convenient Health FSA Card



You'll receive an Elite Visa® Benefit Card in the mail after you enroll for the first time in a **Health FSA**. Once activated, it gives you instant access to your Health FSA funds. **You will receive a new card automatically the month before your current card's expiration date.** Separate cards for dependents will be reissued at the same time.

You simply pay for eligible health care expenses at most merchants where Visa is accepted.

- Be sure to pay special attention to **Health FSA** card transactions that require after-the-fact validation.
- Resolve all **card transactions** by the end of your runout period.

### More About FSAs

#### Maximum FSA Contributions

- **Health FSA:** Up to \$2,600 per plan year
- **Dependent Care FSA:** Up to \$5,000 per plan year depending on your tax filing status

#### Minimum FSA Contribution

- **\$10 per pay period**

#### Administrative Fee

- **\$3.65 deducted monthly** on a pre-tax basis

#### Use It or Lose It!

- **Submit claims for reimbursement** by your filing deadline (runout period) or you will forfeit your FSA funds.
- **If your account is for part of the plan year**, you may file FSA claims up to three months after your coverage period ends.
- **If your account ends on June 30, 2018**, you have until Sept. 30, 2018 to file for reimbursement.

### If you enroll in COVA HealthAware

- **Plan carefully for a Health FSA:** The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.

### Your online account

Visit [www.benefitadminsolutions.com/anthem](http://www.benefitadminsolutions.com/anthem) after July 1 to manage your account online and keep track of all your transactions, including those needing additional documentation.

**Additional FSA details:** Review your FSA Sourcebook or visit [www.anthem.com/cova](http://www.anthem.com/cova).

### Questions? Call 877-451-7244.

# Keep These Contacts Handy

Plan or Benefit	Who To Contact
<b>COVA Care and COVA HDHP</b>	Medical, Prescription Drug, Vision & Hearing Anthem Blue Cross and Blue Shield: <b>800-552-2682</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
	Dental Benefits Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
	Behavioral Health Benefits & Employee Assistance Program (EAP) Anthem: <b>855-223-9277</b> or <a href="http://www.anthemEAP.com">www.anthemEAP.com</a>
	Online Doctor LiveHealth Online: <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
<b>COVA HealthAware</b>	Medical, Prescription Drug, Vision, Hearing, Dental & Behavioral Health Benefits Aetna: <b>855-414-1901</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a>
	Employee Assistance Program (EAP) Aetna: <b>888-238-6232</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a>
	Online Doctor Teladoc: <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>
<b>Kaiser Permanente HMO</b>	Medical, Prescription Drug and Vision Benefits Kaiser Permanente: <b>800-777-7902, (301) 468-6000</b> in Washington, D.C. or <a href="http://my.kp.org/commonwealthofvirginia/">http://my.kp.org/commonwealthofvirginia/</a>
	Dental Benefits Dominion National: <b>855-733-7524</b> or <a href="http://www.DominionNational.com/kaiserdentists">http://www.DominionNational.com/kaiserdentists</a>
	Behavioral Health Kaiser: <b>1-866-530-8778</b>
	Employee Assistance Program (EAP) Beacon Health Options: <b>866-517-7042</b> or <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a>
	Online Doctor Video Chat: <b>703-359-7878</b>
<b>TRICARE Supplement</b>	Selman & Company (SelmanCo): <b>800-638-2610 (press Option 1)</b>
<b>Flexible Spending Accounts (FSA)</b>	Anthem FSA: <b>877-451-7244</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a> Participants only: <a href="http://www.benefitadminsolutions.com/anthem">www.benefitadminsolutions.com/anthem</a>
<b>MyActiveHealth Program</b>	ActiveHealth Management: <b>866-938-0349</b> or <a href="http://www.myactivehealth.com/cova">www.myactivehealth.com/cova</a>
<b>ALEX Benefits Counselor</b>	<a href="http://www.myalex.com/cova/2017">www.myalex.com/cova/2017</a>
<b>Department of Human Resource Management</b>	<a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a> Office of Health Benefits: <a href="mailto:openrollment@dhrm.virginia.gov">openrollment@dhrm.virginia.gov</a>

## Review Your Open Enrollment Package

See other materials in your Open Enrollment envelope, including:

- Information on your health plan options
- A Summary of Benefits and Coverage for your current plan
- Important health care notices



Virginia Department of Human Resource Management

