



Commonwealth of Virginia



**ANNUAL OPEN ENROLLMENT**

for

**Non-Medicare Retirees, Survivors and Long Term  
Disability Participants & Non-Medicare Eligible  
Covered Family Members**

**May 1 - 15, 2024**

**Effective for plan year July 1, 2024 - June 30, 2025**





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***Your Annual Open Enrollment***

Your 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 (as allowed by eligibility policy). Changes will be effective for plan year July 1, 2024 – June 30, 2025. This booklet includes information about coverage options in the new plan year. Other resources to help you make your Open Enrollment decision include:

- A **2024 BENEFITS AT A GLANCE** comparison of available plan benefits.
- A link to **ALEX**, your online benefits counselor (see page 3).

Use these resources to help you choose the plan that best meets you and your covered family members' individual needs.

**This Open Enrollment period does not apply to participants in Medicare-coordinating plans** (Advantage 65 and Medicare Supplemental/Option II Plans). Medicare-eligible Retirees, Survivors and Long Term Disability enrollees who cover non-Medicare-eligible family members receive this package so that they can make changes on behalf of their non-Medicare covered family members.

**If you wish to maintain your current plan and do not plan to participate in Premium Rewards, NO ACTION on your part is necessary.**

**NOTE: PREMIUMS AND PLAN BENEFITS INCLUDED IN THIS BOOKLET  
MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL**

## Monthly Premium Costs Effective July 1, 2024

The following chart includes your plan choices and monthly premiums starting July 1, 2024. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums (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.

Plan	Single	Two-Person	Family
COVA Care (with preventive dental)	\$886	\$1,640	\$2,379
COVA Care + Out-of-Network	\$907	\$1,679	\$2,436
COVA Care + Expanded Dental	\$919	\$1,700	\$2,467
COVA Care + Out-of-Network + Expanded Dental	\$940	\$1,739	\$2,524
COVA Care + Expanded Dental + Vision and Hearing	\$939	\$1,737	\$2,521
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$960	\$1,776	\$2,578
COVA HealthAware (with preventive dental)	\$785	\$1,457	\$2,110
COVA HealthAware + Expanded Dental	\$818	\$1,517	\$2,198
COVA HealthAware + Expanded Dental & Vision	\$828	\$1,537	\$2,226
COVA HDHP (with preventive dental)	\$665	\$1,239	\$1,810
COVA HDHP + Expanded Dental	\$698	\$1,299	\$1,898
Kaiser Permanente HMO* + Dental & Vision	\$869	\$1,597	\$2,327
Sentara Health Plans HMO* + Expanded Dental & Vision	\$855	\$1,584	\$2,293
TRICARE Voluntary Supplement**	\$61	\$120	\$161***

\*\* New York residents contact the Office of Health Benefits for TRICARE premium amount

\*\*\*If an employee covers multiple children without a spouse the rate is \$120

\*Kaiser Permanente HMO and Sentara Health Plans HMO are only available to participants living in the plans' defined services areas. If you enroll in one of these plans but do not live in the service area, you will be required to change plans. Contact Kaiser or Sentara directly for specific information—see *Who to Contact* on page 12.

### Reminders:

- If your premium is deducted from your VRS retirement benefit and an increase result 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 premium payments 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 deductions are taken after the coverage month. This means that you may initially be billed for a two-month premium if transition to direct billing is required.
- 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 you are receiving a health insurance credit and your premiums are not being deducted by VRS, you may need to submit a VRS-45 to report a premium change. Contact VRS for more information.

If your premium is direct 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	Inspira Financial
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser Permanente
Sentara Health Plans HMO	Sentara Health Plans
TRICARE Supplement	Selman and Company

***ALEX, Your Online Benefits Counselor***

ALEX will be available during Open Enrollment to assist you in comparing your health plan options. ALEX can help you decide which plan may be the most cost-effective for you. 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 is a resource to help you decide. Visit ALEX at <https://start.myalex.com/cova>.

***Earn Premium Rewards***

Non-Medicare retiree group enrollees and non-Medicare-eligible covered spouses in the COVA Care or COVA HealthAware Plans are eligible to earn Premium Rewards by completing an online health assessment. 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 by the retiree or their enrolled spouse, or \$34 per month if the requirement is met by both the retiree and spouse.

Eligible participants must complete/update and submit their online health assessment between **May 1 –15** to earn a reward starting July 1. Health assessments submitted before May 1, 2024, **will not count for the new plan year**. Be sure to keep a copy of your confirmation. **If this requirement is not completed, any existing Premium Reward will end on June 30, 2024.** Visit your plan’s website or mobile app to access your health assessment.

**Remember**, you must be active and enrolled in COVA Care or COVA HealthAware to be eligible for a reward. Enrolled non-Medicare retiree group participants and spouses must register with a separate account to submit a health assessment. Enrollees and/or spouses enrolling for the first time in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2024, to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plans for July 1, 2024, will need to complete their assessment with their current health plan administrator.

## To earn a reward BEGINNING July 1, 2024:

How to Access the Health Assessment

### COVA Care Members

#### Online

- Log into [www.anthem.com](http://www.anthem.com)
- Select **My Health Dashboard** from the top navigation menu and select **Dashboard** from the dropdown menu.
- The My Health Check-in tile will display at the top. Click **Get started**.
- My Health Check-in can also be accessed from the Programs page and click **View assessment**.
- Click on the **submit** button when you have completed your assessment.
- After completing your assessment, you be shown some custom recommendations based on your answers.
- Within the purple tile for My Health Check-in is a link for **View Completed Assessments**. This will allow you to print or email the date of your last completion of My Health Check-in assessment.
- If you have previously completed the assessment in the current calendar year, you will see the **Retake assessment** link.

#### Sydney Health mobile app

- Log into the Sydney Health app.
- From the Sydney Welcome screen, you can click on the **More** button, in the bottom right corner.
- From the Access Care menu, select **Access to care** dropdown arrow.
- From the Access Care menu, select **My Health Dashboard**.
- My Health Check-in will be at the top; Click **Get Started**.
- At the Welcome Page Click **View Assessment**.
- Once you have answered all the questions click **Submit**.
- After completing your assessment, you be shown some custom recommendations based on your answers.
- Within the purple tile for My Health Check-in is a link for **View Completed Assessments**. This will allow you to print or email the date of your last completion of My Health Check-in assessment.
- If you have previously completed the assessment in the current calendar year, you will see the **Retake assessment** link.

Note: As a first time user, you will need to download the *Sydney Health* mobile app from either Google Play or Apple app store. Once you have completed the registration, follow the above instructions for accessing the Health Assessment.

For COVA Care members with literacy, language, or technological challenges, you may contact Anthem at 1-800-552-2682 for help.

### COVA HealthAware Members

#### Online

- Log into your Aetna Member Website on [www.aetna.com](http://www.aetna.com)
- Scroll down until you see **Member Resources** on the right side of the page and click on **Well-being Resources** in this section to open your Member Engagement Platform.

- Once the Member Engagement Platform opens, hover over **My Health** in the menu at the top and then click on **Health Assessment**.

#### **Aetna Health mobile app**

- Log into the Aetna Health mobile app.
- Select the **“Improve”** tab.
  - When accessing this tab for the first time, select **Get Started**.
  - When accessing this tab after the first time, select **Health Survey**.

For COVA HealthAware members with literacy, language, or technological challenges, you may contact the Aetna Concierge team at 1-855-414-1901 for help.

**The Member Engagement Platform will experience a system outage from Tuesday, May 7, 2024, at 11:00pm EDT through Wednesday, May 8, 2024 at 6:00am EDT. Please plan accordingly.**

#### **To earn a reward to start AFTER July 1, 2024:**

Eligible non-Medicare enrollee or their non-Medicare covered spouse that do not complete a health assessment during Open Enrollment, can still complete and submit the health assessment at any time during the plan year. For more information on earning a Premium Reward after July 1, 2024, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/non-medicare-retirees> and see the Premiums and Premium Rewards section.

#### **Plan Ahead:**

##### **Premium Rewards Requirements changing for the 2025-26 Plan Year**

There will be a wellness exam component added to the requirements to qualify for the Premium Reward incentive. More details to come prior to July 1, 2025.

## ***BENEFIT CHANGES FOR JULY 1, 2024***

### **ALL PLANS**

#### **NEW HEARING AID BENEFIT FOR CHILDREN!**

Starting this year, hearing aids and related services for minor children (18 and younger) are included in plan coverage. Coverage includes the cost of one hearing aid, per hearing-impaired ear, every 24 months, up to \$1,500.

**COVA Care without Optional Vision and Hearing Benefit:** The \$1,500 benefit for a minor **will** pay every 24 months and there is no additional benefit.

**COVA Care with Optional Vision and Hearing Benefit:** The \$1,500 benefit **will** pay first for a minor every 24 months, if the benefit doesn't cover the hearing aid, the minor can utilize the optional benefit of \$1,200 every 48 months.

Adults only have the optional benefit of \$1,200 every 48 months.

**COVA HealthAware:** The \$1,500 benefit for a minor **will not** be subject to the deductible and paid at 0% coinsurance every 24 months.

**COVA HDHP:** The \$1,500 maximum benefit for a minor will be subject to the deductible, and then paid at \$0 coinsurance every 24 months.

**Sentara Health Plans:** The \$1,500 benefit for a minor will pay every 24 months and there is no additional benefit. The adult hearing aid benefit is \$1,200 every 48 months.

**Kaiser:** The \$1,500 benefit for a minor **will** pay every 24 months and there is no additional benefit.

## **COVA Care and COVA HDHP**

### **VIRTUAL PHYSICAL THERAPY FROM LIVEHEALTH ONLINE POWERED BY SWORD**

New this year, LiveHealth Online Healthy Back & Joints powered by Sword offers virtual in-home physical therapy. This effective and convenient digital physical therapy program addresses a broad range of musculoskeletal conditions. The program leverages smart digital sensors and a smart tablet, that are shipped to the member, and dedicated licensed physical therapists who provide custom exercise plans and education, continuous engagement, and behavioral health resources to decrease pain and increase mobility. **There is no cost to participate for both COVA Care and COVA HDHP members.**

### **REMOVE MEMBER LIABILITY FOR AFTER-HOUR CHARGES**

The additional after-hours fee being charged at participating free-standing emergency room centers and/or urgent care centers will be covered. Members will no longer be responsible for this additional charge.

### **CANCER CARE NAVIGATOR**

Cancer Care Navigators are health educators specially trained to support members undergoing cancer treatment. They work one-on-one with members to help coordinate care and act as a single point of contact for their cancer providers reducing the burden on the member and caregivers. Cancer Care Navigators can connect members and their loved ones to community resources and answer questions about benefits, treatments, medications, and side effects. Navigators will reach out to eligible members who might benefit from their assistance. **There is no cost to participate for both COVA Care and COVA HDHP members.**

### **BUILDING HEALTHY FAMILIES REPLACES FUTURE MOMS**

Future Moms is now Building Healthy Families. Available in the Sydney Health app, this digital program provides families personalized, on-demand health support during pregnancy, postpartum, or while raising young children. Log into Sydney Health or [anthem.com](http://anthem.com) and visit My Health Dashboard and Programs to access educational articles, personalized digital notifications, videos, health trackers, and personalized coaching via phone or chat. If you do not have access to the web, call 833-414-4200 to enroll.

## **COVA CARE ONLY**

### **EMERGENCY ROOM (ER) COPAY INCREASE**

The copay for an ER visit will increase to \$300. Be sure to consider all care options available to you before heading to the ER. Use the Find Care feature in the Sydney Health App and/or online at [anthem.com](http://anthem.com) to locate options near you.

### **REPLACEMENT OF THE VALUE-BASED INCENTIVE DESIGN (VBID) Program**

You will no longer have to meet VBID requirements in order to receive certain medications and supplies at no cost for hypertension, diabetes, asthma and chronic obstructive pulmonary



disease/COPD. Check out PreventiveRx Plus on Page 8 to see what's available without having to meet any requirements.

## **COVA HDHP ONLY**

### **COVA HDHP PPO NETWORK MOVING TO HEALTHKEEPERS HMO NETWORK**

HDHP members are moving to the HealthKeepers HMO network. The HealthKeepers HMO network includes most providers and all hospitals in the state of Virginia. Members do not need a referral for services but should check the provider finder on the Sydney Health app or [Anthem.com](https://www.anthem.com) to ensure providers are in the HealthKeepers HMO network before receiving services.

When seeing providers outside of Virginia, COVA HDHP members will use Anthem's Blue Card national PPO network. Members will have out-of-network benefits. There will be a separate deductible and out-of-pocket limit for in-network and out-of-network services. The in-network and out-of-network deductibles and out-of-pocket limits **will not** accumulate toward each other.

To search in-network providers in-state or out-of-state, go to [anthem.com/cova/find-care](https://www.anthem.com/cova/find-care) and select Find Care for COVA HDHP (HMO). **Please note that LabCorp is the exclusive laboratory for HealthKeepers.** Members should use LabCorp for any labs to be considered in-network.

COVA HDHP members who reside in Virginia will receive new ID cards. COVA HDHP members who reside outside of the state will continue to use their existing cards.

## **COVA HEALTHAWARE ONLY**

### **REPLACEMENT OF THE VALUE-BASED INCENTIVE DESIGN (VBID) Program**

You will no longer have to meet VBID requirements in order to receive certain medications and supplies at no cost for hypertension, diabetes, asthma and chronic obstructive pulmonary disease/COPD. Check out PreventiveRx Plus on Page 8 to see what's available without having to meet any requirements.

### **AETNA CANCER SUPPORT**

A cancer diagnosis is life changing. And you probably have a million things on your mind as you navigate your treatment. Aetna® is here for you with the following resources and support you may need to manage your care, understand your benefits and locate the right providers:

**Aetna Cancer Support Center** – A digital information hub serving as your trusted source for information and guidance on what to expect while managing cancer treatment and care. To access the Aetna Cancer Support Center, use one of the following three ways to log in:

1. Visit [Aetna.com](https://www.aetna.com) and navigate to your member website
2. Visit [Aetna.com/cancersupport](https://www.aetna.com/cancersupport)
3. Text "cancercare" to 66902 and receive a link to log in to the support center\*

\*Standard text messaging and other rates from your wireless carrier still apply.

**Personal navigator** - Your dedicated advocate with experience in cancer diagnosis and treatments who will provide you and your caretaker with personalized support whenever you need it. Access your personal navigator by visiting the Aetna Cancer Support Center and clicking the "Request to Call" button.

**Guided Genetic Health® program** – Support with determining if and how genetic counseling and testing can help guide your treatment and assess your risk of developing other forms of cancer. Access your online hereditary cancer screening today by visiting the Aetna Cancer Support Center.

**There is no cost to participate for COVA HealthAware members.**

### **TELADOC – BEHAVIORAL HEALTH**

Teladoc now offers Behavioral Health services. Talk to a licensed mental health expert of your choice by phone or video, 7 days a week, from the privacy of your home.

Get help for:

- Anxiety and depression
- Negative thought patterns
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management (psychiatry only)

To access, log into your Teladoc account via the Teladoc app or online at [www.teladoc.com/aetna](http://www.teladoc.com/aetna).

**There is no cost to participate for COVA HealthAware members.**

### **SMARTSHOPPER - EARN REWARDS FOR GETTING BETTER CARE**

*(Replaces Informed Rewards Program)*

When considering where to get care, it pays to do your research. Your plan includes SmartShopper, an easy-to-use tool that helps you save money and earn incentives.

Before making an appointment, check SmartShopper to compare costs for common medical care. Use the website or contact the SmartShopper Care Concierge Team to compare providers, prices, and reward amounts. The incentive will be issued 90 days after the approved claim is processed. SmartShopper can even help you schedule appointments, validate procedure referrals with your doctor, and obtain pre-authorizations, making it easy to save and earn rewards.

To access SmartShopper visit [cova.smartshopper.com](http://cova.smartshopper.com) or call the SmartShopper Care Concierge Team at 833-849-0567.

## **COVA CARE, COVA HDHP AND COVA HEALTHAWARE**

### **MAKING IT EASIER FOR YOU TO GET \$0 COST CONDITION-RELATED MEDICATIONS!**

#### **Introducing PreventiveRx Plus**

Consistently taking prescribed, condition-related medications can improve overall health and prevent adverse health events like trips to the ER. We're making it easier for you to get **certain condition related, maintenance medications at no-cost**. Members who take these certain medications to manage these conditions will have a \$0 copay when they use an in-network pharmacy.

PreventiveRx Plus offers **\$0 copay for certain condition-related, maintenance medications and supplies that treat asthma, diabetes (certain types of insulin and diabetic supplies), hypertension, high cholesterol, depression, COPD and osteoporosis.**

The PreventiveRx Plus benefit replaces the Value-Based Incentive Design/VBID program previously in place for COVA Care and COVA HealthAware members. All the medications and supplies covered previously under VBID, will continue to be covered **without** having to participate in health coaching or meet the other requirements.

Check the PreventiveRx Plus drug list on [anthem.com/cova/](http://anthem.com/cova/) to see which medications are included in the program. Please note: Your coverage has limitations and exclusions. You may need to meet clinical criteria in order to receive coverage for certain medications on this list.

## **BEHAVIORAL HEALTH PROVIDER ACCESS ANY TIME, FROM ANY PLACE!**

### **Introducing Talkspace**

Talkspace allows members ages 13+ to work with a behavioral health provider (psychiatrist, ages 18+ only) through a secure messaging platform when it's convenient for them. Whether an Anthem or Aetna member, Talkspace allows members to message their therapist at any time, on any mobile device using text messaging, audio messaging, or video messaging. Live chat, video or audio sessions can be pre-scheduled with the provider, or you can have a week of unlimited non-simultaneous messaging, which counts as one visit.

The health plan's applicable behavioral health copay and/coinsurance will apply, or Talkspace can be used as an option for the member's EAP visits. Visit your EAP website or go to [www.talkspace.com](http://www.talkspace.com).

### **KAISER PERMANENTE (HMO)**

*(Primarily Northern Virginia - see website*

*<https://myhealth.kaiserpermanente.org/commonwealthofvirginia/> for specific zip codes)*

No benefit changes, please review Evidence of Coverage for current benefits.

### **SENTARA HEALTH PLANS (HMO)**

*(formerly Optima Health)*

*(Greater Hampton Roads and Eastern Shore - see website <http://www.sentarahealthplans.com/cova> for specific zip codes)*

### **MEMBER COSTS CHANGING**

This regional HMO plan is available to employees who live or work in the Greater Hampton Roads and Eastern shore region. Currently, over 5,000 members choose this regional HMO. Sentara Health Plans is making modest plan design changes to the deductible and various copayments for the first time since they were initially offered five years ago (July 2019). More information can be found at [www.sentarahealthplans.com/cova](http://www.sentarahealthplans.com/cova).

### **TRICARE SUPPLEMENT**

This program is an employee paid program available to participants or spouses who are military retirees. The Commonwealth of Virginia does not contribute to this program. The administrator,

SelmanCo, has advised the Commonwealth that the rates will be changing to a four-tier structure effective 7/01/2024. The tiers are listed here:

Tier of Coverage	Employee Pays
Employee Only	\$61.00
Employee Plus Spouse	\$120.00
Employee Plus Children <i>[no spouse]</i>	\$120.00
Employee Plus Family <i>(one or more children AND spouse)</i>	\$161.00

New York State residents should contact the Office of Health Benefits for mandated TRICARE premium amounts. The Commonwealth of Virginia's budget process does not impact the premium of this plan.

## Make Open Enrollment Changes

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 online in a fillable format on the DHRM website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov), or complete the enrollment form enclosed in your Open Enrollment packet.

Completing the form:

- Indicate *"Open Enrollment"* as the reason for your change.
- Sign the completed form. **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.
- Follow the mailing instructions on the form to submit your changes to your Benefits Administrator.
- **Forms must be postmarked no later than May 15, 2024, to be accepted.**

If you make a plan change, be sure that you understand the provisions of the plan that you choose. **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 certified 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).

- To add a natural 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 life event/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 from the event to make a change based on a life event/qualifying mid-year event.** Retiree group Enrollees may **decrease** membership prospectively (going forward) at any time.

## ***Retiree Group News and Reminders***

### **Member Handbooks – Your Member Handbook is Online!**

Health Plan Member handbooks are posted on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/non-medicare-retirees>. Be sure to review your plan's member handbook and associated amendments for more details on your plan. If you are enrolled in a regional plan, please visit your plan's website for the Evidence of Coverage (EOC).

### **How to get a copy of the Summary of Benefits and Coverage (SBC)**

The Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about health coverage options in the standard format, is available on the Department of Human Resource Management's website at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/summary-of-benefits>. Paper copies of the SBCs are available, free of charge, by emailing [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov).

### **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 due to age. If no positive election is made, they will be automatically 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 13).

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](http://www.dhrm.virginia.gov) and look for *Retiree Fact Sheets*.

### **Reminder to Non-Annuitant Survivors**

Non-Annuitant Survivors are family members of employees or retirees who were covered under the State Health Benefits Program at the time of the employee's or retiree's death but are not beneficiaries of a VRS survivor annuity. There are specific eligibility guidelines for these participants, as follows:

- Non-annuitant surviving spouses may be covered until remarriage or obtaining alternate health insurance coverage. Coverage will be terminated at the end of the month in which the loss-of-eligibility event occurs. There is no Extended Coverage/COBRA available to Non-Annuitant Surviving Spouses who lose eligibility for the program.
- Non-annuitant surviving children may be covered until the end of the year in which they turn age 26, and if they meet the eligibility criteria for an adult incapacitated dependent, they may be covered after age 26 until they are no longer incapacitated (see eligibility criteria for adult incapacitated children in Member Handbooks). They will lose coverage at the end of the month in which their loss-of-eligibility event occurs, but they may be offered Extended Coverage/COBRA due to losing dependent child status.
- Non-Annuitant Survivors may not increase membership.

**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 state 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 life event/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 *Who to Contact* on page for contact information.

***If you have questions about eligibility and enrollment, contact your Benefits Administrator:***

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

The Department of Human Resource Management website has more information about the State Retiree Health Benefits Program. Go to [www.dhrm.virignia.gov](http://www.dhrm.virignia.gov).

Enclosure:

- State Health Benefits Enrollment Form for Retirees, Survivors and LTD Participants

# IMPORTANT NOTICES

## ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual member handbook, which serves as the summary plan description (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Commonwealth of Virginia reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

## REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Commonwealth of Virginia State Health Benefits Program (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practice.

If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) to obtain a copy. If you have any questions, please contact the Department of Human Resource Management Office of Health Benefits at [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov).

## AFFORDABLE CARE ACT (ACA)

### SUMMARIES OF BENEFITS AND COVERAGE (SBCS)

The health benefits available to you through the Commonwealth of Virginia represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about any health coverage option in a standard format, to help you and your family compare across options.

The SBCs are available on the Department of Human Resource Management's website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). Paper copies of the SBCs are available, free of charge, by emailing [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov). For a complete description of plan benefits, limits and exclusions, always refer to your plan member handbook.

## WOMEN'S HEALTH AND CANCER RIGHTS ACT

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 lymphedema.

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

## HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- You have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and all eligible dependents. However, you must request enrollment within 60 days of the marriage, birth, adoption or placement for adoption.
- You or your dependent become eligible for a Medicaid or SCHIP premium assistance subsidy and you request coverage under the plan within 60 days of the date of your eligibility is determined.

To request a HIPAA Special Enrollment or obtain more information, contact your agency Benefits Administrator.

## EXTENDED COVERAGE/COBRA NOTICES

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Sentara Health, Kaiser Permanente, or the Medical Flexible Spending Accounts, you should receive an Extended Coverage (COBRA) General Notice. The notices are distributed by Inspira Financial, formerly known as PayFlex. If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) to obtain a copy.

Continued coverage is available for you and covered family members who lose eligibility under the State Health Benefits Program unless you enroll in the TRICARE supplement. More information about Extended Coverage (COBRA) is available on the DHRM website or from your Benefits Administrator. Portability information for the TRICARE supplement is available from the plan administrator.

## NOTICE REGARDING WELLNESS PROGRAM

### PLAN YEAR JULY 1, 2024 THROUGH JUNE 30, 2025

Voluntary wellness programs are available to all employees, retiree group participants and spouses enrolled in the COVA Care, COVA HealthAware, and COVA High Deductible Health Plans under the Commonwealth of Virginia Employee/Retiree Health Benefits Program. The programs are administered by the medical plan claims administrators, as noted below, according to federal rules permitting employer-sponsored wellness programs that seek to improve



employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you decide to participate in the wellness program that is available to you, you can choose to complete a voluntary online health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). Completion of the HRA by employees/retirees and their enrolled spouses in the COVA Care or COVA HealthAware plans will result in earning a premium reward. You are not required to complete the HRA or to participate in other medical examinations. However, employees/retirees and enrolled spouses who choose to participate in the wellness program by completing the HRA will earn an incentive of \$17 per month for each completed HRA. The premium reward will be effective based on the date the HRA is completed. Although you are not required to complete the HRA, only employees/retirees and spouses who do so will earn a premium reward.

Additional incentives are available for employees and spouses enrolled in the COVA Care and COVA HealthAware Plans who participate in certain health-related activities as listed at the end of this Notice. These programs are described in detail in your Member Handbook. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Department of Human Resource Management's Office of Health Benefits by email at [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov) or by telephone at 888-642-4414. Employees/retirees and enrolled spouses in the COVA High Deductible Health Plan may participate in these wellness programs, but no incentive is available. The information from your HRA or health plan claims will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer services through the wellness program, such as those listed at the end of this Notice, or other information that provides personalized health guidance. You are also encouraged to share your results or concerns with your own doctor.

### PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Commonwealth of Virginia Employee and Retiree Health Benefits Program may use aggregate information it collects to design a program based on identified health risks in the workplace, claims administrators will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that is provided in connection with the wellness program and that personally identifies you will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will "not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Only your medical plan's claims administrator, which administers available wellness programs, will receive your personally identifiable health information in order to provide you with services under the wellness program.



In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Human Resource Management's Office of Health Benefits by email at [ohb@dhrm.virginia.gov](mailto:ohb@dhrm.virginia.gov) or by phone at 1-888-642-4414.

The following wellness program incentives are also available as a part of the COVA Care and COVA HealthAware plans:

PROGRAM	AVAILABLE INCENTIVE
<b>Maternity Support</b>	Copayment waiver or contribution to Health Reimbursement Arrangement, depending on plan design
<b>Completion of Designated Health Activities (Do-Rights)</b>	Contribution to the Health Reimbursement Arrangement, depending on plan design, based on completion

The following are the medical plan claims administrators that administer wellness programs:

PLAN	CLAIMS ADMINISTRATOR
<b>COVA Care</b>	Anthem Blue Cross and Blue Shield
<b>COVA High Deductible Health Plan (HDHP)</b>	Anthem Blue Cross and Blue Shield
<b>COVA Health Aware</b>	Aetna

### LANGUAGE ACCESS SERVICES - (TTY/TDD:711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Chinese) - 您有權使用您的語言免費獲得該資訊和協助。請撥打您的ID卡上的成員服務號碼尋求協助。

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

# PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility –

## ALABAMA – Medicaid

Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

## ALASKA – Medicaid

The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility:  
<https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (1-855-692-7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com>  
Health First Colorado Member Contact Center:  
1-800-221-3943/ State Relay 711  
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service:  
1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
HIBI Customer Service:  
1-855-692-6442

## FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

## GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

## INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid Website:  
<https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:  
<https://dhs.iowa.gov/ime/members/Medicaid>  
Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>  
Phone: 1-800-257-8563  
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPP.PROGRAM@ky.gov](mailto:KIHIPP.PROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website:  
[https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

## MASSACHUSETTS – Medicaid

Medicaid and CHIP Website:  
<https://www.mass.gov/mashealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspreassistance@accenture.com](mailto:masspreassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

## MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 1-573-751-2005

## MONTANA – Medicaid

Website:  
<http://dphhs.mt.gov/MontanaHealthcare-Programs/HIPP>  
Phone: 1-800-694-3084  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

**NEBRASKA – Medicaid**

Website:

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

**NEVADA – Medicaid**Medicaid Website: <http://dhcftp.nv.gov>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>

Phone: 1-603-271-5218

Toll free number for the HIPP program: 1-

800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP**Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html> CHIP

Phone: 1-800-701-0710

**NEW YORK – Medicaid**Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**Website: <https://medicaid.ncdhhs.gov/>

Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**Website: <https://www.hhs.nd.gov/healthcare>

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website:

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid**Website: <http://healthcare.oregon.gov/Pages/index.aspx>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

Medicaid and CHIP Medicaid and CHIP

Website:

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>

Phone: 1-800-692-7462

CHIP Website:

**Children's Health Insurance Program (CHIP) (pa.gov)**

CHIP Phone: 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid**

Medicaid and CHIP Website:

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or

1-401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA – Medicaid**Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website:

Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

**VERMONT – Medicaid**

Website: Health Insurance Premium Payment (HIPP) Program | Department

of Vermont Health Access

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select><https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>

Medicaid/CHIP Phone: 1-800-432-5924

**WASHINGTON – Medicaid**Website: <https://www.hca.wa.gov>

Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

Medicaid and CHIP Website:

Website: <https://dhr.wv.gov/bms/><http://mywvhipp.com/>

Medicaid Phone: 1-304-558-1700

CHIP Toll-free phone:

1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor  
Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

**U.S. Department of Health and Human  
Services Centers for Medicare & Medicaid  
Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



# WHO TO CONTACT

Plan or Benefit	Contact Information
<b>COVA Care and COVA HDHP</b>	Medical, Vision & Hearing - Anthem: <b>800-552-2682</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
	Prescription Drug - Anthem Pharmacy (CarelonRx): <b>833-267-3108</b> or <a href="http://www.anthem.com">www.anthem.com</a>
	Behavioral Health & Employee Assistance Program (EAP) - Anthem: <b>855-223-9277</b> or <a href="http://www.AnthemEAP.com">www.AnthemEAP.com</a> (Company Code: Commonwealth of Virginia)
	Dental - Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
	Virtual Care Options Including LiveHealth Online: Sydney Health app or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a>
	My Health Check-In Health Assessment - Login at <a href="http://www.anthem.com">www.anthem.com</a> (or the Sydney mobile app) > My Health Dashboard > Programs Contact Anthem at <b>800-552-2682</b> to complete a telephonic My Health Check-In health assessment.
	Health and Wellness Programs - <a href="http://www.anthem.com">www.anthem.com</a> (or the Sydney mobile app) > My Health Dashboard > Programs • Condition Care (formerly Disease Management) and Well-being Coach: <b>844-507-8472</b> • Building Healthy Families (formerly Future Moms): <a href="http://www.anthem.com">www.anthem.com</a> (or the Sydney mobile app) > My Health Dashboard > Programs - <b>833-414-4200</b>
Shared Savings Incentive Program – SmartShoppers: <a href="http://www.cova.smartshopper.com">www.cova.smartshopper.com</a> or Anthem: <b>844-277-8991</b>	
<b>COVA HealthAware</b>	Medical, Vision, Hearing & Behavioral Health - Aetna: <b>855-414-1901</b> or <a href="http://www.covahealthaware.com">www.covahealthaware.com</a> Behavioral Health: <b>866-885-5596</b>
	Prescription Drug - Anthem Pharmacy (CarelonRx): <b>833-267-3108</b> or <a href="http://www.anthem.com">www.anthem.com</a>
	Employee Assistance Program (EAP) - Aetna: <b>888-238-6232</b> or <a href="http://www.mylifevalues.com">www.mylifevalues.com</a> (Username & Password: COVA)
	Dental - Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
	Teladoc: <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a> or <b>855-835-2362</b>
	Health Assessment - Log in at <a href="http://www.aetna.com">www.aetna.com</a> (or the Aetna mobile app) > Member Resources > Well-being Resources
	Health and Wellness Programs - <b>855-414-1901</b> or log in at <a href="http://www.aetna.com">www.aetna.com</a> > Member Resources > Well-being Resources
Shared Savings Incentive Program – SmartShoppers: <a href="http://www.cova.smartshopper.com">www.cova.smartshopper.com</a> or Aetna: <b>833-849-0567</b>	
<b>Kaiser Permanente HMO</b> <i>(Primarily Northern Virginia - see website for specific zip codes)</i>	Medical, Prescription Drug and Vision – Kaiser Permanente: <b>800-777-7902, 301-468-6000</b> in Washington, D.C. or <a href="http://www.my.kp.org/commonwealthofvirginia">www.my.kp.org/commonwealthofvirginia</a>
	Online doctor visit: <a href="http://www.kp.org">www.kp.org</a> or <b>800-777-7904</b>
	Dental – Liberty Dental: <b>800-764-5393</b> or <a href="http://www.libertydentalplan.com/kp-cova">www.libertydentalplan.com/kp-cova</a>
	Behavioral Health - Kaiser: <b>866-530-8778</b>
Employee Assistance Program (EAP) - Carelon Behavioral Health: <b>866-517-7042</b> or <a href="http://www.carelonwellbeing.com/kaiser">www.carelonwellbeing.com/kaiser</a>	
<b>Sentara Health Plans Vantage HMO</b> <i>(Greater Hampton Roads and Eastern Shore See website for specific zip codes)</i>	Medical, Prescription Drug, Dental, Vision and Behavioral Health - Sentara Health: <b>866-846-2682</b> , <a href="http://www.sentarahealthplans.com/cova">www.sentarahealthplans.com/cova</a> or <a href="mailto:members@sentara.com">members@sentara.com</a>
	Online doctor visit: <b>MDLIVE</b> or <b>866-648-3638</b>
	Employee Assistance Program (EAP): <a href="http://www.sentaraeap.com">www.sentaraeap.com</a> (User name: COVA) or <b>800-899-8174</b>
<b>TRICARE Supplement</b>	Selman & Company (SelmanCo): <b>800-638-2610</b> (press Option 1)
<b>The Office of Health Benefits</b>	<a href="https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2024-25">https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2024-25</a> Office of Health Benefits: <a href="mailto:openenrollment@dhrm.virginia.gov">openenrollment@dhrm.virginia.gov</a> Having problems with Cardinal? Contact your <b>Benefits Administrator</b>

This is only an overview of your health care. More information is available on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2024-25>.