

## **COVA Materials Order Form**

This form is for Commonwealth of Virginia Benefit Administrators with employees who are covered under the Sentara Health Plans HMO plan. Please allow ten business days for delivery of materials. To submit requests, please email this form to: covamaterials@sentara.com.

Name:	Telephone:	Date:
Agency	Agency	
Number:	Name:	
Shipping		
Address*:		
Special		
Shipping Notes:		

Consider going green. Information is available for benefit administrators, members, and all employees at our dedicated website: sentarahealthplans.com/cova.

Item	Quantity	Description of Document	
Sentara Health Plans		Multi-page document describing overview	
Benefits Brochure		of plan design and additional features	
Disease Management Program Flyer		Summarizes the Sentara Health Plans Disease Management Program	
5 in 5 EAP Orientation Flyer		Summarizes Employee Assistance Program benefits	
Partners in Pregnancy Flyer		Details the Sentara Health Plans pregnancy program	
Bariatric Surgery Flyer		Provides details on the Sentara Health Plans bariatric surgery benefit	
Out-of-Area Dependent Form		Necessary form needed to cover out-of- area dependents	
Dominion National Dental Brochure		Information about the dental benefits included in the Sentara Health Plans offering	
Vision Summary of Benefits and Discount Flyer		Information about the vision benefits included in the Sentara Health Plans offering	
All documents are available at <u>sentarahealthplans.com/cova</u> .  A password is not needed.			

<sup>\*</sup>Orders cannot be delivered to P.O. Box addresses