



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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

From: Office of State and Local Health Benefits Programs

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Subject: OPEN ENROLLMENT MAY 1—23, 2016

This booklet includes:

<i>Your Monthly Premium Cost for July 1, 2016</i>	<i>Page 2</i>
<i>Online Benefits Counselor – ALEX is back and ready to help!</i>	<i>Page 3</i>
<i>Premium Rewards Update</i>	<i>Page 3</i>
<i>Plan Changes for July 1</i>	<i>Page 4</i>
<i>Making Open Enrollment Changes</i>	<i>Page 5</i>
<i>NEW!! Drug Cost Comparison</i>	<i>Page 6</i>
<i>ActiveHealth Management Programs and Incentives</i>	<i>Page 6</i>
<i>Transition of Care</i>	<i>Page 6</i>
<i>Retiree Group Program Reminders</i>	<i>Page 7</i>
<i>Notices</i>	<i>Page 10</i>
<i>Contact Information for Plans and Benefits Administrators</i>	<i>Page 12</i>

IT'S THAT TIME OF YEAR AGAIN...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, 2016. This booklet includes information about coverage options in the new plan year, and the enclosed **2016 BENEFITS AT A GLANCE** provides a benefit comparison to help you choose your plan. Also enclosed are summaries of available plan options that highlight benefits. Another resource to assist you in reviewing your choices is **ALEX**, your online Benefits Counselor—see page 3 for more information about **ALEX**.

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

Monthly Premium Costs Effective July 1, 2016

The following chart reflects your plan choices and monthly premiums starting July 1, 2016. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums in the chart below (see shaded premiums) can be reduced by completing the requirements to earn a premium reward. More detailed information about starting or continuing premium rewards can be found on Page 3.

Plans	Single	Two-Person	Family
COVA Care (with preventive dental)	\$677	\$1,254	\$1,817
COVA Care + Out-of-Network	\$693	\$1,276	\$1,847
COVA Care + Expanded Dental	\$706	\$1,309	\$1,901
COVA Care + Out-of-Network + Expanded Dental	\$722	\$1,331	\$1,931
COVA Care + Expanded Dental + Vision and Hearing	\$723	\$1,338	\$1,940
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$739	\$1,360	\$1,970
COVA HealthAware (with preventive dental)	\$616	\$1,142	\$1,650
COVA HealthAware + Expanded Dental	\$644	\$1,197	\$1,733
COVA HealthAware + Expanded Dental & Vision	\$654	\$1,213	\$1,754
COVA HDHP (with preventive dental)	\$511	\$949	\$1,387
COVA HDHP + Expanded Dental	\$539	\$1004	\$1,470
Kaiser Permanente HMO**	\$595	\$1,095	\$1,595
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 12 of this booklet for contact information.

Your new premium will go into effect on July 1, 2016. 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:

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

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

ALEX, your Online Benefits Counselor, is Ready to Help...

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

Have You Earned a Premium Reward? New Flexibility for Meeting Premium Reward Requirements!

Just like last year, non-Medicare Retiree group enrollees and their non-Medicare covered spouses enrolled in the COVA Care or COVA HealthAware Plans can earn Premium Rewards any time during the year when they fulfill two requirements. If you are already receiving premium rewards, be sure to update the two requirements as described below. However, if you haven't met these requirements in time to continue your rewards effective July 1, you can do so at any time, and your reward will start the first of the next month. If you aren't currently receiving rewards, complete the new requirements by June 30 to start your rewards effective July 1. Also, new for this plan year, if you add your spouse to your COVA Care or COVA HealthAware coverage at **any** time during the plan year, they will become eligible to earn a premium reward once the requirements are met. See below for more details:

1. Who's eligible for a premium reward?

- All non-Medicare retiree group enrollees and their non-Medicare spouses who are covered under the COVA Care or COVA HealthAware Plan are eligible to earn a reward.

2. How much can I earn by completing requirements for a premium reward?

- Monthly premium cost in either a COVA Care Plan or a COVA HealthAware Plan will be reduced by \$17 per month when two requirements are met. This also applies to a covered non-Medicare spouse who fulfills the requirements—a total savings of \$34 per month if both the retiree and covered spouse are eligible and complete the requirements... and, even more important, participation is a step toward better health!

3. What are the two requirements to earn a premium reward?

- Completing/updating your online health assessment July 1, 2015, or later.
- Completing and submitting a biometric screening with measurements/results obtained July 1, 2015, or later.

If you have already met these requirements within the required time frame, you do not have to meet them again... ***and yes information as far back as July 1, 2015, is acceptable!!***

4. How long will it take for me to get my premium reward?

- The reward(s) will be effective the first of the month after both requirements have been completed. Once the completed information has been submitted, the effective date of the reward will be the first of the next month. If processing time delays receipt of the reward, payment will be made retroactively to the correct date.

5. If I'm currently receiving a premium reward, what will happen at the end of this plan year (June 30, 2016) if I take no action?

- All eligible non-Medicare retiree group Enrollees and their non-Medicare covered spouses currently receiving a premium reward have to fulfill the new requirements for the upcoming plan year (July 1, 2016-June 30, 2017). To do so, plan participants must complete both the online assessment and the biometric screening by June 30, 2016, to continue receiving the reward uninterrupted. If the new requirements (see question 3 above) have not been met, the premium reward will stop effective July 1, 2016. However, plan participants can complete the new requirements at any time through May 31, 2017, and they will be eligible for the reward beginning the following month and for the remainder of the plan year (through June 30, 2017) as long as they remain eligible.

6. What is the process for completing these requirements?

- Just go to www.myactivehealth.com/cova to complete or update your health assessment and obtain a Physician Results Form to submit your biometric screening measurements. Both requirements must be completed no earlier than July 1, 2015.

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

Plan Changes Effective July 1, 2016

The following plans (including available options—see page 2) continue to be available for July 1, 2016: **COVA Care, COVA HealthAware, COVA High Deductible Health Plan (HDHP), Kaiser Permanente HMO and the Tricare Supplement.**

Plan Change: There is only one plan change effective for July 1, and it applies to all plans except the TRICARE Supplement. Coverage for Applied Behavior Analysis (ABA) for autism spectrum disorder has been extended beyond age 6 to children ages 2 through 10.

There are no plan changes for the TRICARE Supplement.

Your enclosed **2016 BENEFITS AT A GLANCE** and **Plan Option Summary flyers** can help you to review your plan choices and make an informed coverage decision. Also, **ALEX**, your online Benefits Counselor can help—see page three for more information.

Making Open Enrollment Changes

Making Changes During Open Enrollment: 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** email address listed in the state's eligibility system. A state email address will not allow *EmployeeDirect* access for retiree group participants. If you do not already have a personal email address in your eligibility file, you may contact your Benefits Administrator to update your record.

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, 2016. Forms are available at www.dhrm.virginia.gov or from your Benefits Administrator. If you need assistance identifying your Benefits Administrator, see page 12. Indicate "*Open Enrollment*" on the form as the reason you are making the change.

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

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

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

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

For other eligible membership additions, contact your Benefits Administrator to confirm the necessary documentation. 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 (see above). **Enrollees have 60 days to make a change based on a qualifying mid-year event.**

Retiree group Enrollees may ***decrease*** membership prospectively (going forward) at any time.

Drug Cost Comparison

For many health plan members, the cost of prescription drugs is a major factor in choosing health plan coverage. To help you make a decision that meets your individual needs, a drug cost comparison between the top 100 most commonly prescribed drugs in the COVA Care, COVA HealthAware and COVA High Deductible Health Plan (HDHP) is available for your reference at: www.dhrm.virginia.gov/healthcoverage/statehealthbenefits100topdrugscostcomparison/

ActiveHealth Management Health and Wellness Program

Make your health a priority! You and your covered family members in COVA Care, COVA HealthAware and the COVA HDHP have access to online tools and free health and wellness programs through MyActiveHealth. This personalized health and wellness portal includes programs such as the following:

- ✓ ***Healthy Lifestyles*** – tools and coaching to keep you on track for maintaining good health through good nutrition, exercise, stress management and quitting tobacco.
- ✓ ***Healthy Beginnings*** – help for expectant moms through telephonic one-on-one coaching with a nurse coach.
- ✓ ***Healthy Insights*** – helps you manage chronic conditions through disease management programs.

There are also incentives available to COVA Care and COVA HealthAware participants through participation in these programs. Register at www.myactivehealth.com/cova to access useful tools and get complete information.

If you wish to opt out of the MyActiveHealth portal, contact ActiveHealth directly, but you will not be eligible for any incentives, including premium rewards, for any period during which you are in an opt-out status. You may opt back into the portal, but reinstatement takes several weeks. An individual opt-out (or opt-in) does not apply to any other covered adult under your membership.

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.

Retiree Group Reminders...

Physical Therapy Copayment Reminder for COVA Care Participants: As introduced in 2015, a covered Physical Therapy (PT) visit alone requires a \$15 copayment. If you receive other services, such as manual medical intervention, at the same time you receive PT, you will pay the copayment for the highest cost service (e.g., \$25 for a PCP and \$35 for a specialist for manual medical intervention). *Be sure to discuss with your provider the specific type of service you are receiving, so you will understand in advance what your copayment will be.*

Dental Coverage: 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. **Expanded 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 (see your plan’s Member Handbook for complete information).

Options for Online Care: Participants enrolled in the COVA HealthAware, COVA Care, COVA HDHP or Kaiser plans have access to online physician services for common health issues—and at a cost that’s generally lower than a traditional doctor’s visit.

- **COVA HealthAwareTeladoc** gives you and your enrolled family members 24/7/365 access to U.S. board-certified doctors and pediatricians who can diagnose, recommend treatment and prescribe medications, all for less than a traditional doctor’s visit. The cost is \$40, but if you have met your deductible, you pay only a 20% coinsurance for your consultation. If you have available HRA funds, the cost will be automatically paid from your HRA. Otherwise, you can pay by credit card. Visit www.teladoc.com/aetna or call 1-855-Teladoc to learn more, set up an account, or request a consultation.
- **COVA Care or COVA HDHP LiveHealth Online** allows 24/7 contact with a doctor when you download the LiveHealth app or sign up at www.livehealthonline.com. Select from a broad network of U.S. board-certified doctors who average 15 years of experience practicing medicine and are specially trained for online visits. The cost under the COVA Care Plan is a \$25 copay. For the COVA HDHP, you pay \$49 per consultation, and the cost goes toward your deductible; once the deductible is met, you pay 20% coinsurance.
- **Kaiser Permanente Video Chat** continues to be available and allows you to talk with a doctor 24/7 at no extra cost. Call the Kaiser medical advice line at 703-359-7878, and a registered nurse will determine if your condition qualifies. If it does, you will be set up with a link to talk with a doctor who will have your health record, can prescribe medicine, and can make follow-up appointments.

IMPORTANT!! When You Become Eligible for Medicare - When Retiree Group Enrollees (Retirees, Survivors, Long Term Disability Participants) or their covered family members become eligible for Medicare, Medicare becomes the primary health plan, and they must make a decision as to whether they wish to maintain secondary coverage under the State Retiree Health Benefits Program or terminate that coverage. In most cases, Medicare-eligible participants will be contacted through the Enrollee and provided with their options approximately three months in advance of their Medicare eligibility date. If no positive election is made, they will automatically be moved to the Advantage 65 with Dental/Vision Plan, a Medicare supplemental plan that includes

Medicare Part D prescription drug coverage (contingent upon approval by Medicare), dental and vision. Even though the state program makes every effort to identify participants who become eligible for Medicare, it is the responsibility of the Enrollee to ensure that any participants who become eligible for Medicare are moved to Medicare-coordinating coverage immediately upon Medicare eligibility. Failure to move to Medicare-coordinating coverage immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. The state program will not make primary claim payments when Medicare should be the primary coverage. Contact your Benefits Administrator if you need additional information (see page 12).

Some important things to consider when making this coverage decision:

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

Becoming Eligible for Medicare During the Open Enrollment Period - If you become eligible for Medicare during or near the Open Enrollment period, you may receive both an Open Enrollment package and a package notifying you of your Medicare plan options. If you become eligible for Medicare prior to 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. However, if your Medicare eligibility date is July 1, your Medicare election will be processed but, if you are the Retiree, Survivor or LTD Participant, you may make an open enrollment election to add eligible family members for this July 1. However, there will be no additional open enrollment opportunities to add family members without a qualifying event after that time.

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

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

Address Changes - **Was this package forwarded to you from an old address?** If so, be sure to contact your Benefits Administrator immediately to make an address correction, including an updated telephone number. If you have an email address, you may ask to have it included in your eligibility record (see page 8). 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! You may also change your address by using *EmployeeDirect* online at www.dhrm.virginia.gov—click on the *EmployeeDirect* link.

Email Correspondence: If you wish to more quickly receive any correspondence that the Department of Human Resource Management considers to be time sensitive, you have the option to provide your email address. To include your email address in your eligibility record, contact your Benefits Administrator (BA). Note that retiree group participants may not use a state email address to access *EmployeeDirect* for online health benefit transactions. If you decide to provide your email address, like your mailing address, it will be your responsibility to keep it up-to-date.

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 12 for contact information.

Enclosures:

- **Summary of Benefits and Coverage for your current plan (except Kaiser and the Tricare Supplement)**
- **CHIP Notice**
- **2016 Benefits At A Glance**
- **Plan Option Summary Flyers**

- NOTICES -

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.

Affordable Care Act (ACA) Summary of Benefits and Coverage (SBC)

The health benefits available to you through the Commonwealth of Virginia Retiree Health Benefits Program provide important protection for you and your family in the case of illness or injury.

Your program offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your program 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.

A paper copy for the plan in which you are enrolled is enclosed*. The SBCs are available on the Department of Human Resource Management's website at www.dhrm.virginia.gov.

For a complete description of plan benefits, limits and exclusions, always refer to the plan's Member Handbook.

*There is no SBC for the TRICARE Supplement Plan.

HIPAA Special Enrollment Notice

If enrollment has been declined for an eligible family member because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment, you may be able to enroll that family member in this program if they lose eligibility for that other coverage (or if an employer stops contributing towards the cost of the other coverage). However, the retiree, survivor or LTD participant through whom eligibility is obtained must request enrollment within 60 days of the day the coverage ends (or employer contribution ends). In addition, if the retiree, survivor or LTD participant has a new family member as a result of marriage, birth, adoption, or placement for adoption, they may be enrolled if requested within 60 days of the marriage, birth, adoption or placement for adoption.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two new Special Enrollment rights for certain eligible family members who lose coverage or become eligible for premium assistance under a Medicaid or state children's health insurance program. Enrollment must be requested within 60 days of the eligibility determination.

A CHIP Notice is enclosed with this booklet. Please note, however, that once a retiree or survivor leaves the State Retiree Health Benefits Program, he or she may not return in the future.

Contact your Benefits Administrator for additional 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 below) or visit the DHRM web site at www.dhrm.virginia.gov to obtain a copy of the privacy notice.

RESOURCES FOR PLANS AND OPTIONAL BENEFITS

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

COVA Care and COVA HDHP	<ul style="list-style-type: none"> • Medical, Prescription Drug and Behavioral Health (Anthem) • EAP (Anthem) • Dental (Delta Dental) • Total Population Health and Wellness (ActiveHealth Management) • Optional Vision (Anthem) 	<ul style="list-style-type: none"> • 800-552-2682 • www.anthem.com/cova • 855-223-9277 • www.anthemEAP.com • 888-335-8296 • www.deltadentalva.com • 866-938-0349 • www.myactivehealth.com/cova • 800-552-2682
COVA HealthAware	<ul style="list-style-type: none"> • Medical, Dental, Prescription Drug and Behavioral Health (Aetna) • EAP (Aetna) • Total Population Health and Wellness (ActiveHealth Management) • Basic and Optional Routine Vision (Aetna) 	<ul style="list-style-type: none"> • 855-414-1901 • www.covahealthaware.com/cova • 888-238-6232 • 866-938-0349 • www.myactivehealth.com/cova • 855-414-1901
Kaiser Permanente HMO	<ul style="list-style-type: none"> • Medical, Prescription Drug and Vision (Kaiser) • Dental (Dominion Dental) • EAP (ValueOptions) • Behavioral Health 	<ul style="list-style-type: none"> • 800-777-7902 • http://my.kp.org/commonwealthofvirginia • 888-518-5338 • 866-517-7042 • 866-530-8778
TRICARE Supplement	<ul style="list-style-type: none"> • SelmanCo 	<ul style="list-style-type: none"> • 866-637-9911

If you have questions about eligibility and enrollment, contact:

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

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