



Virginia Department of  
**HUMAN RESOURCE  
MANAGEMENT**

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## Commonwealth of Virginia Retiree Health Benefits Program

**Annual Open Enrollment—May 1 through May 15, 2020**  
***Effective July 1, 2020***

***This booklet includes the following information:***

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

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





**COMMONWEALTH OF VIRGINIA**  
*DEPARTMENT OF HUMAN RESOURCE MANAGEMENT*

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

From: Office of State and Local Health Benefits Programs

Date: April 20, 2020

Subject: ANNUAL OPEN ENROLLMENT – MAY 1—15, 2020

***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 July 1, 2020. This booklet includes information about coverage options in the new plan year. Other resources to help you make your Open Enrollment decision include:

- A *2020 BENEFITS AT A GLANCE* comparison of available plan benefits
- A link to *ALEX*, your online benefits counselor (see page 4)

Use these resources to help you choose the plan that best meets your 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), but 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 covered family members.

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

## Monthly Premium Costs Effective July 1, 2020

The following chart includes your plan choices and monthly premiums starting July 1, 2020. 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.

Plans	Single	Two-Person	Family
COVA Care (with preventive dental)	<b>\$797</b>	<b>\$1,474</b>	<b>\$2,139</b>
COVA Care + Out-of-Network	<b>\$815</b>	<b>\$1,508</b>	<b>\$2,189</b>
COVA Care + Expanded Dental	<b>\$831</b>	<b>\$1,536</b>	<b>\$2,230</b>
COVA Care + Out-of-Network + Expanded Dental	<b>\$849</b>	<b>\$1,570</b>	<b>\$2,280</b>
COVA Care + Expanded Dental + Vision and Hearing	<b>\$850</b>	<b>\$1,572</b>	<b>\$2,282</b>
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	<b>\$868</b>	<b>\$1,606</b>	<b>\$2,332</b>
COVA HealthAware (with preventive dental)	<b>\$678</b>	<b>\$1,257</b>	<b>\$1,818</b>
COVA HealthAware + Expanded Dental	<b>\$708</b>	<b>\$1,313</b>	<b>\$1,900</b>
COVA HealthAware + Expanded Dental & Vision	<b>\$719</b>	<b>\$1,333</b>	<b>\$1,928</b>
COVA HDHP (with preventive dental)	<b>\$598</b>	<b>\$1,112</b>	<b>\$1,625</b>
COVA HDHP + Expanded Dental	<b>\$631</b>	<b>\$1,172</b>	<b>\$1,713</b>
Kaiser Permanente HMO*	<b>\$689</b>	<b>\$1,266</b>	<b>\$1,845</b>
Optima Health Vantage HMO*	<b>\$786</b>	<b>\$1,454</b>	<b>\$2,106</b>
TRICARE Supplement	<b>\$61</b>	<b>\$120</b>	<b>\$161</b>

\*Kaiser Permanente HMO and Optima Health Vantage 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 Optima directly for specific information—see *Resources* on page 10.

Some reminders if your premium is changing:

- If your premium is deducted from your VRS retirement benefit and an increase results 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 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:

<b><i>If your plan is:</i></b>	<b><i>You will be billed by:</i></b>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	PayFlex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
Optima Health Vantage HMO	Optima
TRICARE Supplement	Selman and Company

***Earn Premium Rewards Again This Year!***

Again this plan year, 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 enrollee, and \$34 per month if the requirement is also met by the spouse.

Eligible participants must complete/update and submit their online health assessment between May 1—15 to earn a reward starting July 1. If this requirement is not completed, any existing premium reward will end on June 30, 2020. Visit your plan’s website or mobile app to access your health assessment.

To earn a reward BEGINNING July 1, 2020:

**COVA Care Members:**

- Login at [www.anthem.com](http://www.anthem.com) using your credentials
- Select *My Health Dashboard* from the top navigation menu
- Select *Programs*
- Under *Programs* select Learn more on the WebMD Health Risk Assessment card
- Click *Start your assessment*

**Access using the Sydney Health mobile app**

- Login to the app, select *My Health Dashboard*
- Scroll down and click *Programs*, select *WebMD Health Assessment*

You also may contact Anthem Blue Cross and Blue Shield at **1-800-552-2682** to complete a telephonic health assessment.

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 registration, follow the above instructions for accessing the Health Assessment.

### **COVA HealthAware Members:**

- Login at [www.aetna.com](http://www.aetna.com) using your credentials
- From the Menu on the top left, select *Stay Healthy*, then select *Discover a Healthier You*
- Once the Member Engagement Platform opens, select the Health Assessment activity card on the main screen or within the Records in the top menu

### **Access using the Aetna Health mobile app**

- Select *Improve* tab
- If accessing for the first time, select *Get Started*
- If accessing after the first time, select *Health Survey*

### **To earn a reward to start AFTER July 1, 2020:**

- Eligible participants can complete and submit the health assessment by the 15<sup>th</sup> of any month to start receiving the premium reward in six to eight weeks.

Follow the instructions listed above for your respective plan to submit your health assessment.

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

ALEX will again 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—just go to [www.myalex.com/cova/2020](http://www.myalex.com/cova/2020).

## ***BENEFIT CHANGES FOR JULY 1***

### **All State Health Benefits Plans**

- Age limits removed for autism spectrum disorder and related treatments and services.

### **COVA Care, COVA HDHP**

- **Behavioral health intensive in-home services:** Age limits removed.
- **New! Sydney Health mobile app – health care you can carry in your pocket:** Sydney Health helps connect you to the right resources at the right time while on the go. You can view all of your medical and pharmacy benefits in one place, find doctors and check costs, view your digital ID card, and use Sydney’s “chatbot” feature to get answers quickly. You can also access your health assessment on Sydney Health.

## **COVA HealthAware**

- **Informed Rewards Program:** Earn an incentive when you select certain provider locations for medical services or lab tests. See page 6 for more details.
- **Teladoc Virtual Visits:** \$0 cost share when using this service.
- **Identification Cards (ID):** All plan participants will receive a new plan ID card for the plan year beginning July 1, 2020. When you receive your new plan ID card, you may destroy your current card. Plan participants enrolled in either COVA Care, COVA HDHP, Kaiser or Optima may continue to use their current cards. New ID cards will not be issued for these plans.

## **COVA HDHP**

- **LiveHealth Online:** Effective January 1<sup>st</sup> member cost increased to \$59.

## **Kaiser**

- Coverage area expanded: Now includes Fauquier County. Go to <http://my.kp.org/commonwealthofvirginia/> for more information.

### ***Shared Savings Programs***

COVA Care, COVA HDHP and COVA HealthAware offer a shared savings program to reward you for making informed decisions about your health care. These are voluntary programs that are available to you and your enrolled dependents. The purpose of these programs are to reduce healthcare costs and reward you for making informed and cost-effective decisions about your healthcare.

#### **COVA Care and COVA HDHP SmartShopper:**

All COVA Care and COVA HDHP plan members are eligible for this program. Through the SmartShopper program, members can receive a cash reward when they shop for better-value health care services and lab tests at certain facilities. This incentive program helps members find quality, convenient locations for certain medical procedures (e.g. mammogram screenings and colonoscopies; diagnostic tests such as CT scans, MRIs and ultrasounds; and even knee or shoulder surgeries). The services must be approved covered services.

You can activate your SmartShopper account as follows:

- By phone: Call your SmartShopper Personal Assistant at **844-277-8991** or
- Online: Logon to [cova.vitalssmartshopper.com/](http://cova.vitalssmartshopper.com/)

Your personal assistant can also schedule your appointment for you.

For more information about this program, visit the DHRM website at the following link:

- <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/smart-shopper>

Note: When accessing SmartShopper online, use the following browsers: Internet Explorer 11, or the two most recent versions of Chrome, Safari, Edge, and Mozilla.

### **COVA HealthAware-Aetna Informed Rewards:**

All COVA HealthAware plan members are eligible for this program. Aetna Informed Rewards is an easy-to-use price transparency program that rewards members for making informed, cost-conscious decisions about their healthcare needs. Members can earn a cash reward by shopping for and selecting better-value health care services and labs through the Aetna member website. Such services include, preventive screenings, MRI's, and X-rays.

Here's how it works:

- Login to [aetna.com](http://aetna.com) using your credentials
- Under the "Find Care & Pricing" section, search for your procedure. You'll see a list of providers and the estimated costs associated with each provider for that specific procedure. If that procedure is eligible for a reward, you'll see an "Active Reward" icon next to the locations where their cost is below a predetermined amount for that service.
- Click the icon to activate the reward process
- Confirm your email address to opt-in for that rewardable service

For more information on this program, visit [www.covahealthaware.com](http://www.covahealthaware.com).

## ***Health and Wellness Programs***

### **COVA Care, COVA HDHP and COVA HealthAware Health and Wellness Programs**

Disease Management programs provide support to help manage chronic conditions such as asthma, heart disease, diabetes, chronic obstructive pulmonary disease (COPD) and coronary artery disease. These programs are administered by the medical plan claims administrator. Contact your health plan (see *Resources* on page 10) for more details about these programs.

### **COVA Care and COVA HealthAware Incentive Programs**

- Participants in these plans can receive certain medications or supplies at no cost to treat the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes and high blood pressure. Medication compliance and quarterly health coaching are required. Contact your health plan (see *Resources* on page 10) for more information.
- Enrolled members have access to a nurse coach and other maternity support specially designed to help make good choices throughout the pregnancy and to help you have a safe delivery and a healthy child. Enrollment within the first 16 weeks of pregnancy and participation with a nurse coach can result in waiver of the hospital copayment or a \$300 contribution to your Health Reimbursement Arrangement (HRA), depending on your plan.
- Plan participants have access to a weight management coach who will provide one-on-one goal oriented support for weight management and nutrition counseling as well as personalized coaching and disease management. You are required to participate in your



plan's 12-month weight management coaching and education program. Contact your health plan (see *Resources* on page 10) for more details on this program.

## ***Making 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 you may obtain a paper form from your Benefits Administrator (see page 9).

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, 2020, 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 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 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. 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 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 qualifying mid-year event.** Retiree group Enrollees may ***decrease*** membership prospectively (going forward) at any time.

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

**ID Cards** – COVA HealthAware plan participants will receive a new plan *ID* card in June for the plan year beginning July 1, 2020. When you get your new cards, you can destroy your current cards. Be sure to provide your new card to providers for services on or after July 1. Plan participants enrolled in either COVA Care, COVA HDHP, Kaiser or Optima may continue to use their current cards. New ID cards will not be issued for these plans.

**Member Handbooks** – New Member Handbooks are currently being completed. A copy will be mailed to your address of record as soon as possible. Until then, keep a copy of this booklet with your current materials as a reference for your benefits coverage. Contact your health plan if you have additional questions.

**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 9).

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*.

**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. 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 *Resources* on page 10 for contact information.

**Enclosures:**

- **Summary of Benefits and Coverage for your current plan**
- **2020 Benefits-At-A-Glance**
- **Important Notices Summary**
- **CHIP Notice**
- **Language Assistance Notice**

***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 web site has more information about the State Retiree Health Benefits Program. Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)

## RESOURCES

Plan	Benefit	Contact Information
<b>COVA Care and COVA HDHP</b>	<ul style="list-style-type: none"> <li>• Medical, Vision &amp; Hearing (Anthem BCBS)</li> <li>• Behavioral Health Benefits &amp; EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Prescription Drug (Anthem Pharmacy)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682 <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></li> <li>• 855-223-9277 <a href="http://www.anthemEAP.com">www.anthemEAP.com</a> <b>Company Code: Commonwealth of Virginia</b></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• 833-267-3108 <a href="http://www.anthem.com">www.anthem.com</a></li> </ul>
<b>COVA HealthAware</b>	<ul style="list-style-type: none"> <li>• Medical, Vision, Hearing and Behavioral Health (Aetna)</li> <li>• Employee Assistance Program (EAP) (Aetna)</li> <li>• Prescription Drug (Anthem Pharmacy)</li> <li>• Dental (Delta Dental)</li> <li>• Teladoc Virtual Visits</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901 <a href="http://www.covahealthaware.com">www.covahealthaware.com</a></li> <li>• 888-238-6232 <a href="http://www.mylifevalues.com">www.mylifevalues.com</a> (Username &amp; Password: COVA)</li> <li>• 833-267-3108 <a href="http://www.anthem.com">www.anthem.com</a></li> <li>• 888-335-8296 <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></li> <li>• <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a></li> </ul>
<b>Kaiser Permanente HMO</b>	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug and Vision (Kaiser)</li> <li>• Dental (Dominion National)</li> <li>• EAP (Beacon Health Options)</li> <li>• Behavioral Health (Kaiser)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902; 301-468-6000 in Washington, D.C. <a href="https://my.kp.org/commonwealthofvirginia/">https://my.kp.org/commonwealthofvirginia/</a></li> <li>• 855-733-7524 <a href="http://www.DominionNational.com/kaiser">http://www.DominionNational.com/kaiser</a></li> <li>• 866-517-7042 <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a></li> <li>• 866-530-8778</li> </ul>
<b>Optima Health Vantage HMO</b>	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug, Dental, Vision, Behavioral Health</li> <li>• Employee Assistance Program (EAP)</li> </ul>	<ul style="list-style-type: none"> <li>• 866-846-2682 <a href="http://www.optimahealth.com/cova">www.optimahealth.com/cova</a> or <a href="mailto:members@optimahealth.com">members@optimahealth.com</a></li> <li>• <a href="https://login.optimaep.com">https://login.optimaep.com</a> (Username: Cova)</li> </ul>
<b>TRICARE Supplement</b>	Selman and Company (SelmanCo)	<ul style="list-style-type: none"> <li>• 800-638-2610 (press option 1)</li> </ul>

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