



# OPEN ENROLLMENT – MAY 3 - 17, 2021

EFFECTIVE FOR PLAN YEAR JULY 1, 2021 – JUNE 30, 2022

■ PREMIUM AND PLAN BENEFITS **MAY CHANGE** SUBJECT TO FINAL STATE BUDGET APPROVAL. ■

# SPOTLIGHT ON YOUR BENEFITS



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## Annual Open Enrollment is Here!

During the Open Enrollment period, you can make changes related to your health plan and flexible spending accounts (FSAs). Be sure to consider your options carefully.

### No action is required if you:

- have no health plan-related changes,
- are not enrolling in an FSA, or
- do not plan to participate in Premium Rewards.

### Health Benefits

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

### Flexible Spending Accounts (FSAs)

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

## Two Ways to Enroll or Make Changes

- 1 Submit Your Open Enrollment Elections Online**
  - Log in to [EmployeeDirect](https://edirect.virginia.gov) at <https://edirect.virginia.gov> and select *Health Benefits Direct* from the menu.

Be sure to submit your elections by 11:59 p.m. on May 17, 2021.

- 2 Complete and Submit an Enrollment Form for Employees**

Be sure to submit your enrollment form to your Benefits Administrator by the close of business on May 17, 2021.

Health Plan Choices	Available
<b>COVA Care</b>	Statewide and elsewhere
<b>COVA HealthAware</b>	Statewide and elsewhere
<b>COVA HDHP</b>	Statewide and elsewhere
<b>Kaiser Permanente HMO</b>	Regional, mostly in Northern Virginia
<b>Optima Health HMO</b>	Regional, mostly in Hampton Roads
<b>TRICARE Supplement</b>	Statewide and elsewhere for participants or spouses who are military retirees



## Call on ALEX!

Trying to decide which health plan options are right for you? Consult ALEX, your online benefits counselor. ALEX takes your input, does the math and recommends a plan tailored to your needs! Visit ALEX at [www.myalex.com/cova/2021](http://www.myalex.com/cova/2021).

# LOOKING AHEAD TO JULY 1, 2021

## All Plans

- **Insulin Drug Cost Sharing Maximum:** Limit placed on member cost sharing for up to a 34 day or 90 day supply of covered insulin prescription drugs to treat diabetes. See page 6.

## COVA Care, COVA HDHP and COVA HealthAware

- **Continuous Glucose Monitors (CGMs):** Coverage for these diabetes supplies will be available under your IngenioRx pharmacy benefit as well as your durable medical equipment (DME) medical benefit. See page 6.

## COVA Care and COVA HealthAware

- **Premium Rewards:** Earn a reward and take dollars off your monthly premium by completing a health assessment. Consider using the Sydney or Aetna mobile apps. See page 7.

## Sleep Evaluation for COVA Care and COVA HDHP

- **Sleep Evaluation:** Plan members may schedule online appointments with a board-certified sleep specialist for evaluation and treatment of sleep disorders using LiveHealth Online Healthy Sleep . See page 6.

## What's in Your Open Enrollment Package

An Open Enrollment Package will be mailed to your home address on record. In addition to the 2021 Spotlight, it will include a notice of balance billing protection, other health benefits notices, a Summary of Benefits (SBC) for your individual plan, and an enrollment form. All materials will be available online at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2021-22>.

## SUBMIT YOUR ELECTIONS ONLINE OR ON PAPER

### EmployeeDirect:

Log in to EmployeeDirect at <https://edirect.virginia.gov> and select Health Benefits Direct from the menu

- Review your personal information and current elections
- Enroll or make changes for 7/1/2021
- Update your health benefits profile
- Save and print your confirmation

**Be sure to submit your elections by 11:59 p.m. on May 17, 2021!**

### Paper Enrollment Form:

- Complete the fillable form on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2021-22> or complete the enrollment form in your Open Enrollment package. Print it, sign it and submit to your Benefits Administrator by the close of business on May 17, 2021.
- **Remember, you should complete all applicable sections of the enrollment form.**



# COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

## EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2021 - JUNE 30, 2022

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

**Please note:** Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware! You or your enrolled spouse can complete a health assessment to pay \$17 less a month or \$34 less when both of you meet the requirements.

HEALTH CARE PLANS		PREMIUM			PREMIUM WITH REWARDS				
		You Only	You Plus One	You Plus Two or More	You Only	You Plus Spouse		You Plus Spouse and More	
					Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
<b>COVA Care</b>	Employee Pays	\$94	\$217	\$295	\$77	\$200	\$183	\$278	\$261
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$803</b>	<b>\$1,485</b>	<b>\$2,154</b>	<b>\$786</b>	<b>\$1,468</b>	<b>\$1,451</b>	<b>\$2,137</b>	<b>\$2,120</b>
<b>COVA Care + Out-of-Network</b>	Employee Pays	\$113	\$251	\$346	\$96	\$234	\$217	\$329	\$312
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$822</b>	<b>\$1,519</b>	<b>\$2,205</b>	<b>\$805</b>	<b>\$1,502</b>	<b>\$1,485</b>	<b>\$2,188</b>	<b>\$2,171</b>
<b>COVA Care + Expanded Dental</b>	Employee Pays	\$128	\$280	\$387	\$111	\$263	\$246	\$370	\$353
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$837</b>	<b>\$1,548</b>	<b>\$2,246</b>	<b>\$820</b>	<b>\$1,531</b>	<b>\$1,514</b>	<b>\$2,229</b>	<b>\$2,212</b>
<b>COVA Care + Out-of-Network + Expanded Dental</b>	Employee Pays	\$147	\$314	\$438	\$130	\$297	\$280	\$421	\$404
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$856</b>	<b>\$1,582</b>	<b>\$2,297</b>	<b>\$839</b>	<b>\$1,565</b>	<b>\$1,548</b>	<b>\$2,280</b>	<b>\$2,263</b>
<b>COVA Care + Expanded Dental + Vision &amp; Hearing</b>	Employee Pays	\$148	\$316	\$440	\$131	\$299	\$282	\$423	\$406
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$857</b>	<b>\$1,584</b>	<b>\$2,299</b>	<b>\$840</b>	<b>\$1,567</b>	<b>\$1,550</b>	<b>\$2,282</b>	<b>\$2,265</b>
<b>COVA Care + Out-of-Network + Expanded Dental + Vision &amp; Hearing</b>	Employee Pays	\$166	\$350	\$490	\$149	\$333	\$316	\$473	\$456
	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	<b>Total Premium</b>	<b>\$875</b>	<b>\$1,618</b>	<b>\$2,349</b>	<b>\$858</b>	<b>\$1,601</b>	<b>\$1,584</b>	<b>\$2,332</b>	<b>\$2,315</b>
<b>COVA HealthAware</b>	Employee Pays	\$17	\$52	\$53	\$0	\$35	\$18	\$36	\$19
	State Pays	\$695	\$1,268	\$1,856	\$695	\$1,268	\$1,268	\$1,856	\$1,856
	<b>Total Premium</b>	<b>\$712</b>	<b>\$1,320</b>	<b>\$1,909</b>	<b>\$695</b>	<b>\$1,303</b>	<b>\$1,286</b>	<b>\$1,892</b>	<b>\$1,875</b>
<b>COVA HealthAware + Expanded Dental</b>	Employee Pays	\$49	\$111	\$139	\$32	\$94	\$77	\$122	\$105
	State Pays	\$695	\$1,268	\$1,856	\$695	\$1,268	\$1,268	\$1,856	\$1,856
	<b>Total Premium</b>	<b>\$744</b>	<b>\$1,379</b>	<b>\$1,995</b>	<b>\$727</b>	<b>\$1,362</b>	<b>\$1,345</b>	<b>\$1,978</b>	<b>\$1,961</b>
<b>COVA HealthAware + Expanded Dental &amp; Vision</b>	Employee Pays	\$60	\$132	\$169	\$43	\$115	\$98	\$152	\$135
	State Pays	\$695	\$1,268	\$1,856	\$695	\$1,268	\$1,268	\$1,856	\$1,856
	<b>Total Premium</b>	<b>\$755</b>	<b>\$1,400</b>	<b>\$2,025</b>	<b>\$738</b>	<b>\$1,383</b>	<b>\$1,366</b>	<b>\$2,008</b>	<b>\$1,991</b>
<b>COVA HDHP</b>	Employee Pays	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	State Pays	\$602	\$1,120	\$1,637	\$602	\$1,120	\$1,120	\$1,637	\$1,637
	<b>Total Premium</b>	<b>\$602</b>	<b>\$1,120</b>	<b>\$1,637</b>	<b>\$602</b>	<b>\$1,120</b>	<b>\$1,120</b>	<b>\$1,637</b>	<b>\$1,637</b>
<b>COVA HDHP + Expanded Dental</b>	Employee Pays	\$33	\$61	\$89	\$33	\$94	\$77	\$122	\$105
	State Pays	\$602	\$1,120	\$1,637	\$602	\$1,120	\$1,120	\$1,637	\$1,637
	<b>Total Premium</b>	<b>\$635</b>	<b>\$1,181</b>	<b>\$1,726</b>	<b>\$635</b>	<b>\$1,214</b>	<b>\$1,197</b>	<b>\$1,759</b>	<b>\$1,742</b>
<b>Kaiser Permanente HMO</b> (available primarily in Northern Virginia)	Employee Pays	\$77	\$183	\$261	\$77	\$200	\$183	\$278	\$261
	State Pays	\$641	\$1,137	\$1,662	\$641	\$1,137	\$1,137	\$1,662	\$1,662
	<b>Total Premium</b>	<b>\$718</b>	<b>\$1,320</b>	<b>\$1,923</b>	<b>\$718</b>	<b>\$1,337</b>	<b>\$1,320</b>	<b>\$1,940</b>	<b>\$1,923</b>
<b>Optima Health Vantage HMO</b> (Hampton Roads area)	Employee Pays	\$77	\$183	\$261	\$77	\$200	\$183	\$278	\$261
	State Pays	\$702	\$1,259	\$1,826	\$702	\$1,259	\$1,259	\$1,826	\$1,826
	<b>Total Premium</b>	<b>\$779</b>	<b>\$1,442</b>	<b>\$2,087</b>	<b>\$779</b>	<b>\$1,459</b>	<b>\$1,442</b>	<b>\$2,104</b>	<b>\$2,087</b>
<b>TRICARE Voluntary Supplement*</b>	Employee Pays	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	<b>Total Premium</b>	<b>\$61</b>	<b>\$120</b>	<b>\$161</b>	<b>\$61</b>	<b>\$120</b>	<b>\$161</b>	<b>\$161</b>	<b>\$161</b>

**PREMIUM AND PLAN BENEFITS  
MAY CHANGE SUBJECT TO  
FINAL STATE BUDGET APPROVAL.**



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

# 2021 BENEFITS AT A GLANCE

Health Plans	COVA Care	COVA HealthAware	COVA HDHP	Kaiser Permanente	Optima Health
Benefits	You Receive	You Receive	You Receive	You Receive	You Receive
<b>Health Reimbursement Arrangement (HRA)</b> Employer deposit to your HRA on July 1, 2021	Not available	\$600 employee \$600 enrolled spouse	Not available	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay	You Pay
<b>Deductible – per plan year</b>					
• One person	\$300	\$1,500	\$1,750	None	\$150
• Two or more persons	\$600	\$3,000	\$3,500	None	\$300
<b>Out-of-pocket expense limit – per plan year</b>					
• One person	\$1,500	\$3,000	\$5,000	\$1,500	\$1,500
• Two or more persons	\$3,000	\$6,000	\$10,000	\$3,000	\$3,000
<b>Doctor's visits (in person and telemedicine)</b>					
• Primary care physician	\$25	20% after deductible	20% after deductible	\$25	Tier 1: \$5 Tier 2: \$25
• Telehealth physician visit	\$0 <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	\$0 <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a>	20% after deductible <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>	\$0 <a href="http://www.kp.org">www.kp.org</a> • 1-800-777-7904	\$0 <b>MDLIVE 866-648-3638</b>
• Specialist	\$40	20% after deductible	20% after deductible	\$40	Tier 1: \$10 Tier 2: \$40
<b>Hospital services</b>					
• Inpatient	\$300 per stay	20% after deductible	20% after deductible	\$300 per admission	\$300 per admission
• Outpatient	\$125 per visit	20% after deductible	20% after deductible	\$75 per visit	\$125 per visit
<b>Emergency room visits</b>	\$150 per visit (waived if admitted)	20% after deductible	20% after deductible	\$75 per visit (waived if admitted)	\$150 per visit (waived if admitted)
<b>Ambulance travel</b>	20% after deductible	20% after deductible	20% after deductible	\$50 per service	20% after deductible
<b>Outpatient diagnostic laboratory and x-rays</b>	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging	20% after deductible
<b>Infusion services (includes IV or injected chemotherapy)</b>	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist	\$40 copay per office visit \$100 copay for pre-authorized Injectable/Infused Medications
<b>Outpatient therapy visits</b>					
• Occupational and speech therapy	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40 (30 visits/episode)	\$25*
• Physical therapy only	\$15	20% after deductible	20% after deductible	\$40 (30 visits/episode)	\$25*
• Physical therapy and other related services, including manual intervention & spinal manipulation	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40 (30 visits/episode)	\$25*
• Chiropractic services (30-visit plan year limit per member)	\$25 PCP/\$35 specialist	20% after deductible	20% after deductible	\$40	\$35
<b>Autism spectrum disorder treatment and related services</b>	\$25 per service	20% after deductible	20% after deductible	\$25 per visit /\$40 specialist	Tier 1: \$5 Tier 2: \$25
<b>Behavioral health</b>					
• Medical and non-medical professional visits	\$25	20% after deductible	20% after deductible	\$12 group/\$25 individual	\$10
• Inpatient residential treatment	\$300 per stay	20% after deductible	20% after deductible	\$300 per admission	\$300 per admission
• Intensive outpatient treatment (IOP)	\$125 per episode of care	20% after deductible	20% after deductible	\$12 group/\$25 individual	\$125
<b>Employee Assistance Program (EAP)</b> Up to 4 visits per incident	\$0	\$0	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b>					
<b>Retail Pharmacy</b>	Up to 34-day supply \$15/\$30/\$45/\$55	20% after deductible	20% after deductible	Up to 30-day supply KP center: \$15/\$25/\$40 Specialty: 50%, \$75 max Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)	Up to 31-day supply \$15/\$30/\$45/\$55
<b>Home Delivery Pharmacy</b>	Up to 90-day supply \$30/\$60/\$90/\$110	20% after deductible	20% after deductible	\$13/\$23/\$38 (2 x copayment for 90 days)	Up to 90-day supply \$30/\$60/\$90/\$55**

\*Occupational and Physical therapy are limited to a maximum combined benefit of 30 visits per plan year. Speech therapy is limited to a maximum of 30 visits per plan year.

\*\*31-day supply for Specialty Tier 4

# 2021 BENEFITS AT A GLANCE

Health Plans	COVA Care	COVA HealthAware	COVA HDHP	Kaiser Permanente	Optima Health
In-Network Benefits	You Pay	You Pay	You Pay	You Pay	You Pay
<b>Wellness &amp; Preventive Services</b>					
• Office visits at specified intervals, immunizations, lab and x-rays	\$0	\$0	\$0	\$0	\$0
• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays	\$0	\$0	\$0	\$0	\$0
• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0	\$0	\$0	\$0	\$0
<b>Annual Routine Vision Exam</b>	\$15	\$0	\$15	\$25 PCP/\$40 specialist	\$15
<b>Annual Routine Hearing Exam</b>	<i>Optional benefit*</i>	\$0	Not available	\$25 PCP/\$40 specialist	\$40
<b>Dental Services</b>					
• Diagnostic and preventive	\$0	\$0	\$0	\$0	\$0
<b>Expanded Dental</b>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person/\$75 family	\$50/\$150
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
• Orthodontic – Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	50% up to \$1,000 (age 19 and under)	50% no deductible \$2,000
<b>Routine Vision – Basic Plan</b>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>
• Annual Routine Vision Exam	\$15	\$0	\$15	\$25 PCP/\$40 specialist	\$15
• Eyeglass frames	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	65% of the retail price	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	80% after plan pays \$100
• Eyeglass lenses - standard plastic – Single – Bifocal – Trifocal	\$50 \$70 \$105	\$40 \$60 \$80	\$50 \$70 \$105	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	\$20
• Contact lenses** – Conventional** – Disposable** – Non-elective**	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Conventional contact lenses: 85% of the retail price	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Balance after plan pays \$25 discount if purchased at KP Optical	85% after plan pays \$100 Balance after plan pays \$100 \$0
<b>Expanded Routine Vision</b>	<i>Optional Benefit*</i>	<i>Optional Benefit*</i>			
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	Not available	Not available
• Lenses – Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	Not available	Not available
• Contact lenses** – Conventional** – Disposable** – Non-elective**	85% of the retail price (discount applies to materials only) Balance after plan pays \$100 Balance after plan pays \$250	85% of the retail price Balance after plan pays \$100 Balance after plan pays \$250	Not available	Not available	Not available
<b>Routine Hearing</b>	<i>Optional Benefit*</i>	<i>Included in Basic Plan:</i>		<i>Included in Basic Plan:</i>	<i>Included in Basic Plan:</i>
• Routine hearing exam (once every plan year)	\$40	\$0	Not available	\$25 PCP \$40 Specialist	\$40
• Hearing aids and other hearing-aid related services	Balance after plan pays \$1,200 (once every 48 months)	Not available	Not available	Not available	Balance after plan pays \$1,200 (once every 48 months)
• Benefit maximum	\$1,200	Not available	Not available	Not available	\$1,200
<b>Out-of-Network</b>	<i>Optional Benefit*</i>	<i>Included in Basic Plan:</i>			
	Plan payment reduced by 25%. Balance billing may apply.	Additional deductible and out- of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Not available	Not available	Not available. Out-of-area Dependent Children Program available.

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

\*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown in your Open Enrollment booklet (see premium summary).

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

# HEALTH PLAN UPDATE FOR 2021-22



You can learn here about new health benefits or changes in the way benefits are covered for the plan year beginning July 1.

## Diabetes Prescription Drugs and Supplies

Benefit changes will be effective July 1 for all plan members who take insulin prescription drugs and for COVA Care, COVA HDHP and COVA HealthAware members who use continuous glucose monitors (CGMs).

- **Member Cost Limited for Insulin Prescription Drugs:** For all plan members, there will be a maximum amount you pay for insulin prescription drugs. The limitation is for in-network pharmacy coverage only.

Health Plan	At the Pharmacy, You Pay	
<b>COVA Care</b>	<b>34-day supply:</b> up to \$50	<b>90-day supply:</b> up to \$150
<b>COVA HDHP</b>	<b>34-day supply:</b> 20% up to \$50, after deductible	<b>90-day supply:</b> 20% up to \$150, after deductible
<b>COVA HealthAware</b>	<b>34-day supply:</b> 20% up to \$50, after deductible	<b>90-day supply:</b> 20% up to \$150, after deductible
<b>Kaiser Permanente HMO</b>	<b>30-day supply:</b> up to \$50	<b>90-day supply:</b> up to \$150
<b>Optima Health Vantage HMO</b>	<b>30-day supply:</b> up to \$50	<b>90-day supply:</b> up to \$150

- **Purchase Continuous Glucose Monitors (CGM) at Your Pharmacy:** For **COVA Care**, **COVA HDHP** and **COVA HealthAware** members, coverage for CGMs will also be available under the IngenioRx pharmacy benefit. You currently pay coinsurance, after the deductible, for CGMs as durable medical equipment. In the new plan year, you also will be able to purchase CGMs at your local drug store. A new prescription will be required if you are changing to the pharmacy benefit.

## More Help in Getting Better Sleep

The state health plans are offering a new way to receive treatment for sleep disorders. **COVA Care** and **COVA HDHP** members may access LiveHealth Online Healthy Sleep. This program provides members with home sleep evaluation in a virtual environment, where board-certified sleep specialists diagnose sleep disorders and design treatment plans to improve sleep and overall health. There is no cost for COVA Care members, and COVA HDHP members pay 20% coinsurance after the deductible.

## Your Health and Wellness Programs

State health plans offer a variety of health and wellness programs for employees and their covered family members. These include healthy lifestyle coaching; disease management with incentives under COVA Care and COVA HealthAware for proper control of diabetes, COPD, asthma, and hypertension; and maternity management. For more information, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>, Health and Incentive Programs, or consult your health plan brochure. You may also find information on similar programs for Kaiser Permanente and Optima Health Vantage HMO on their respective websites.

## Check Online for Your Member Handbook

Health plan member handbooks are posted on the DHRM website at [www.dhrm.virginia.gov/employeebenefits/health-benefits](https://www.dhrm.virginia.gov/employeebenefits/health-benefits). 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).

# SAVE EACH MONTH WITH PREMIUM REWARDS



**Premium rewards** are reductions in health plan premiums for participants in the COVA Care and COVA HealthAware plans who complete a health assessment. An employee or their enrolled spouse **can reduce their premium by \$204 annually or \$408 annually for both employee and spouse**, if they fulfill the requirements to earn a premium reward during Open Enrollment.

## What Do I Need to Do?

For the plan year starting July 1, 2021, you will need to submit a health assessment as described below to receive a premium reward.

**USE YOUR OWN DEVICE:** We strongly encourage participants to use their own personal devices to complete a health assessment since the user can manage limitations such as firewalls and cookies. Participants may receive an error when using a state issued computer to access the health assessment due to the system administrator limitations.

## To Earn a Reward Beginning July 1, 2021:

Visit your plan's website or mobile app to access your health assessment. **Complete or update your health assessment between May 3 and May 17, 2021.** Health assessments submitted before May 3, 2021, will not count for the new plan year. Please keep a copy of your confirmation.

Remember, you must be active and enrolled in COVA Care or COVA HealthAware to be eligible for a reward. Enrolled employees and spouses must register with a separate account to submit a health assessment. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2021, to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plan for 7/1/2021 will need to complete their assessment with their current administrator.

### Once You Meet the Requirement

- *Employee OR spouse participates:* You **save up to \$204 annually or \$17 per month.**
- *Employee AND spouse participate:* You **save up to \$408 annually or a total of \$34 in premiums per month**

## How to Access the Health Assessment

### COVA Care Members

#### Online

- Log in to [www.anthem.com](http://www.anthem.com)
- 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" or "take it again" if you have previously completed an assessment
- Be sure to click on the "Finish" button for your confirmation.

#### Sydney Health mobile app

- Log in to the app, from the bottom of home screen select "More"
- Select "My Health Dashboard" from the menu list
- Scroll down and click on "Featured Programs"
- Scroll down the program list to the WebMD Health Assessment option
- Click "Start your assessment" or "take it again" if you have previously completed an assessment
- Be sure to click on the "Finish" button for your confirmation.

### COVA HealthAware Members

#### Online

- Log in to [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 "Health" in the menu at the top and then click on "Health Assessment."

#### Aetna Health mobile app

- Log in to 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 more information on earning a Premium Reward after July 1, 2021, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees> and see the Premiums and Premium Rewards section.

If you think you've earned a Premium Reward and haven't received it, contact your agency Benefits Administrator. You must provide a copy of the health assessment confirmation from your plan.

# SAVE ON YOUR TAXES WITH A FLEXIBLE SPENDING ACCOUNT (FSA)

Want to save money on out-of-pocket expenses for health or dependent care? Enroll in an FSA! You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan.

- **Enroll in a Health or Dependent Care FSA or both**
- **You must submit an enrollment request each year you wish to have a Health Care and/or Dependent Care Account**

## What Expenses Are Eligible?

- **Health FSA:** Use your pre-tax dollars to pay for eligible health care expenses, such as:
  - Copays, coinsurance and deductibles
  - Other out-of-pocket eligible medical expenses
- **Dependent Care FSA:** Use your pre-tax dollars for eligible work-related dependent care expenses, including:
  - Care for your child under the age of 13.
  - Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.

## FSA Overview

### Maximum FSA Contributions

- **Health FSA:** Up to \$2,750 per plan year
- **Dependent Care FSA:** Up to \$5,000 per plan year depending on your tax filing status

### Minimum FSA Contribution

- **\$10 per pay period**

### Administrative Fee

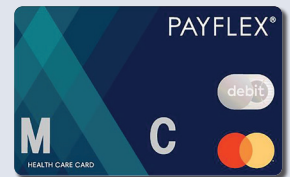
- **\$2.10 deducted monthly** on a pre-tax basis for one or both FSAs

## Use It or Lose It!

- **Submit claims for reimbursement** by your filing deadline (runout period) or you will forfeit any remaining FSA funds.
- **If your account is for part of the plan year**, you may file eligible FSA claims up to three months after your coverage period ends.
- **If your account ends on June 30, 2022**, you have until **September 30, 2022** to file your claims for reimbursement for dates of service during the plan year ending on **June 30, 2022**.

## Paying is Simple with Your PayFlex Health FSA Mastercard

The Health FSA includes a PayFlex Mastercard. You receive immediate access to your Health FSA funds once it is activated. **If you already have a PayFlex MasterCard, please continue to use the same card.**



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

- Be sure to pay special attention to Health FSA card transactions that require verification. See the FSA Sourcebook or go to the PayFlex web site for more information.
- Resolve all card transactions by the end of your runout period.

## COVA HealthAware Members

### Enrolling in an FSA

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

## Need Help? Consult Your FSA Sourcebook

See the 2021 FSA Sourcebook and PayFlex website for details about what expenses are eligible, how the accounts work, and more. Visit [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or call **855-516-8595**.

## Don't Lose Your Funds!

If your account **ends on June 30, 2021**, you have until **September 30, 2021**, to file for reimbursement and resolve outstanding card transactions. (Note: If your account ends before June 30, you have three months to file for reimbursement and resolve card transactions.) Submit your reimbursement request and documentation to **PayFlex**. For more information, contact PayFlex at **855-516-8595** or [payflex.com](http://payflex.com).

## A Special Note on the Dependent Care FSA

You are not **required** to enroll in a DCFSA for Open Enrollment. If you have a change in dependent care costs, you are allowed to make a corresponding change within 60 days. For example, if you enroll your child in dependent care in the fall, you may enroll in the DCFSA at that time. Please plan accordingly.



# ELIGIBILITY AND ENROLLMENT

## Dependents eligible for coverage under your health plan and required documentation:

Dependents	Eligibility Definition	Documentation Required
<b>Spouse</b>	The marriage must be recognized as legal in the Commonwealth of Virginia. <b>Note: Ex-spouses will not be eligible, even with a court order.</b>	<ul style="list-style-type: none"> <li>• Photocopy of certified or registered marriage certificate, <b>and</b></li> <li>• Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse." NOTE: All financial information and Social Security Numbers can be redacted.</li> </ul>
<b>Natural or Adopted Son/Daughter</b>	A son or daughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate or legal adoptive agreement showing employee's name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)</li> </ul>
<b>Stepson or Stepdaughter</b>	A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; <b>and</b></li> <li>• Photocopy of marriage certificate showing the employee and dependent parent's name and</li> <li>• Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse."</li> </ul> <p>NOTE: All financial information and Social Security Numbers can be redacted.</p>
<b>Other Female or Male Child</b>	An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume <b>sole permanent custody</b> may be covered until the end of the year in which he or she turns age 26 if: <ul style="list-style-type: none"> <li>• the principal place of residence is with the employee;</li> <li>• they are a member of the employee's household;</li> <li>• they receive over one-half of their support from the employee and</li> <li>• the custody was awarded prior to the child's 18th birthday.</li> </ul>	<ul style="list-style-type: none"> <li>• Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.</li> </ul>

When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **Do not miss your Open Enrollment deadline! If you do not have the documentation, you can still submit your election request. The eligibility documents can be submitted later. See your agency Benefits Administrator.**

Only family members who meet the eligibility definition can be covered. You are required to remove dependents that do not meet the plan's eligibility requirements. Outside of Open Enrollment, you have 60 calendar days to submit the enrollment action to remove an ineligible dependent. **The countdown begins on the day of the event.**

Employees who enroll or fail to remove ineligible persons within the 60-day window may be subject to penalties including exclusion from the health benefits program for up to three years.

## Life Event Changes Outside Open Enrollment - Qualifying Mid-Year Events (QMEs):

You may make certain election changes during the plan year that are based on certain life or qualifying mid-year events (QMEs). In most cases, the request must be on account of and consistent with the event. These include events such as a birth, marriage, or divorce. For a complete list of QMEs, visit the DHRM website. You must submit your election change request and supporting documentation within 60 calendar days of the event. **The countdown begins on the day of the event. If you do not have the documentation, do not miss your deadline. The documents can be submitted later.**

**Contact your agency Benefits Administrator or visit the DHRM website for more information.**



# Your Health Benefits and FSAs – QUESTIONS AND ANSWERS

## Q. Do I need to do anything during the Open Enrollment period?

**A.** No election is required if you have no health plan coverage changes, are not participating in Premium Rewards, and are not enrolling in a flexible spending account (FSA). We recommend that you log in to Employee Direct at <https://edirect.virginia.gov> and select 'Health Benefits Direct' to review your current health benefits record. Select 'Request Change' if you would like to make an Open Enrollment election or update your personal information. You will need to take action to access or continue the Premium Reward for the 2021-2022 plan year. Please see page 7 for more information.

## Q. Who is my Benefits Administrator?

**A.** Your Benefits Administrator is the person appointed by your employer to assist you with your health care benefits. Please contact your agency human resource office to identify your Benefits Administrator.

## Q. How do I determine my current health plan?

**A.** You can log in to Employee Direct at <https://edirect.virginia.gov> and select 'Health Benefits Direct' from the menu to view your current health plan elections or contact your Benefits Administrator.

## Q. Why will my health care premiums increase beginning July 1?

**A.** Healthcare premiums are determined based on the expenses incurred by the plan, including claim payments and administration. The plan must ensure adequate funding to cover increasing costs to fund the Health Benefits Program for State Employees.

## Q. I typically make a Dependent Care FSA election during Open Enrollment to offset the cost of child care. What happens if dependent care centers are closed or have limited enrollments in the next plan year?

**A.** It is not recommended that you make an Open Enrollment election for the Dependent Care FSA in **anticipation** of enrolling your dependent into a valid childcare program in the fall. You are allowed to make a prospective election change during the plan year if services become available based on a dependent care cost or coverage change. You may also reduce or cancel your Dependent Care FSA if your services are reduced or cancelled. You must notify your Benefits Administrator to assist you with the mid-year election change within 60 days of the change.

**Q. What if I want to add an eligible dependent to my health plan but I do not currently have the required documentation?**

**A.** You need to make your election request on or before May 17. Do not miss the Open Enrollment deadline. The documentation can be submitted later.

**Q. Do I need to remove my dependent child(ren) that have or will turn age 26 this year?**

**A.** There is no requirement for you to remove your dependent during Open Enrollment or the month that the dependent turns age 26. Eligible dependents remain eligible under the Health Benefits Employee Program until the end of the calendar year that they turn age 26. These dependents will automatically be removed from coverage on December 31.

**Q. How do I complete a health assessment during Open Enrollment if I make a plan change?**

**A.** When making a plan change during Open Enrollment from one Premium Reward eligible plan to another (COVA Care/COVA HealthAware), employees must complete a health assessment with their **current** plan administrator between May 3 and May 17, 2021, for a Premium Reward effective July 1, 2021. Employees should continue to update and complete a health assessment with their current vendor through June 30, 2021. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2021, to complete a health assessment.

**Q. What do I need to do if I receive an error message when attempting to complete my health assessment?**

**A.** Participants are typically receiving an error when using a state issued computer due to the system administrator limitations. These settings cannot be changed. Please attempt to access your health assessment by using your personal device to login to the plan's website or mobile app. Please see page 7 for information about how to access the health assessment.

**Q. How can I confirm that I am receiving a Premium Reward?**

**A.** Active employees may confirm the Premium Reward by reviewing your paycheck under the health premium description. This amount will reflect the reduced premium for the pay period. The amount will be based on the total pay periods in a month. Premium Rewards that will be effective July 1, 2021, may be seen on your paycheck on or after July 16, 2021. Please print off your confirmation once you have completed your health assessment and keep it for your records.

**Q. What do I need to do if I am unable to log in to Employee Direct?**

**A.** You will need to register or log in with your EmployeeDirect user name and password to get to Health Benefits Direct. If you are a new user or have forgotten your EmployeeDirect credentials, confirm the following information with your Benefits Administrator before you visit EmployeeDirect.

- Identification Number – the 7-digit number assigned to your record
- Date of Birth
- Last four digits of your Social Security Number
- Email Address

If you have problems with EmployeeDirect, help is available at [Edirectissues@dhrm.virginia.gov](mailto:Edirectissues@dhrm.virginia.gov).

**Q. Why am I unable to submit my Open Enrollment election on Employee Direct?**

**A.** The 'submit' option is only active if you have made an Open Enrollment election. If no change is made to your health plan or covered dependents, and you did not make an election for the flexible spending account, the 'submit' button will not be active. If you receive an error, you may need to submit a paper enrollment form to your agency. Please contact your Benefits Administrator if you have questions.

**Q. What should I do if I missed the Open Enrollment deadline?**

**A.** The last day to make an Open Enrollment election, including FSA elections, is May 17, 2021. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2022 or with a consistent qualifying mid-year event. Your health plan elections will remain as designated now if you did not make any changes. Since members must re-enroll every year for FSAs, you will not be enrolled in an FSA for the new plan year.

**Q. What do I need to do if I am participating in a Health and Wellness program with my current plan and make an Open Enrollment election for a different health plan?**

**A.** You will receive a letter from your new health plan providing you with guidance to continue engagement in the program(s). Typically, letters are mailed out after July 1. Also, you are encouraged to contact your new plan after July 1 for additional information.

# WHO TO CONTACT

Plan or Benefit	Contact Information
<b>COVA Care and COVA HDHP</b>	<p>Medical, Vision &amp; Hearing - Anthem: <b>800-552-2682</b> or <a href="http://www.anthem.com/cova">www.anthem.com/cova</a></p> <p>Prescription Drug - Anthem Pharmacy: <b>833-267-3108</b> or <a href="http://www.anthem.com">www.anthem.com</a></p> <p>Behavioral Health &amp; 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)</p> <p>Dental - Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></p> <p>LiveHealth Online: <a href="http://www.livehealthonline.com">www.livehealthonline.com</a></p> <p>Health Assessment - Login at <a href="http://www.anthem.com">www.anthem.com</a> (or the Sydney mobile app) &gt; My Health Dashboard &gt; Programs Contact Anthem at <b>1-800-552-2682</b> to complete a telephonic health assessment.</p> <p>Health and Wellness Programs - <a href="http://www.anthem.com">www.anthem.com</a> &gt; My Health Dashboard &gt; Programs Condition Care (formerly Disease Management) and Well-being Coach: <b>844-507-8472</b> Future Moms: <b>800-828-5891</b></p>
<b>COVA HealthAware</b>	<p>Medical, Vision, Hearing &amp; 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></p> <p>Prescription Drug - Anthem Pharmacy: <b>833-267-3108</b> or <a href="http://www.anthem.com">www.anthem.com</a></p> <p>Employee Assistance Program (EAP) - Aetna: <b>888-238-6232</b> or <a href="http://www.mylifevalues.com">www.mylifevalues.com</a> (Username &amp; Password: COVA)</p> <p>Dental - Delta Dental of Virginia: <b>888-335-8296</b> or <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></p> <p>Teladoc: <a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a> or <b>855-835-2362</b></p> <p>Health Assessment - Log in at <a href="http://www.aetna.com">www.aetna.com</a> (or the Aetna mobile app) &gt; Member Resources &gt; Well-being Resources</p> <p>Health and Wellness Programs - <b>855-414-1901</b> or log in at <a href="http://www.aetna.com">www.aetna.com</a> &gt; Member Resources &gt; Well-being Resources</p>
<b>Kaiser Permanente HMO</b> (Primarily Northern Virginia - see website for specific zip codes)	<p>Medical, Prescription Drug and Vision - Kaiser Permanente: <b>800-777-7902, 301-468-6000</b> in Washington, D.C. or <a href="http://my.kp.org/commonwealthofvirginia">my.kp.org/commonwealthofvirginia</a></p> <p>Online doctor visit: <a href="http://www.kp.org">www.kp.org</a> or <b>800-777-7904</b></p> <p>Dental - Dominion National: <b>855-733-7524</b> or <a href="http://www.DominionNational.com/kaiser">http://www.DominionNational.com/kaiser</a></p> <p>Behavioral Health - Kaiser: <b>866-530-8778</b></p> <p>Employee Assistance Program (EAP) - Beacon Health Options: <b>866-517-7042</b> or <a href="http://www.achievesolutions.net/kaiser">www.achievesolutions.net/kaiser</a></p>
<b>Optima Health Vantage HMO</b> (Primarily Hampton Roads - see website for specific zip codes)	<p>Medical, Prescription Drug, Dental, Vision and Behavioral Health - Optima Health: <b>866-846-2682</b>, <a href="http://www.optimahealth.com/cova">www.optimahealth.com/cova</a>, or <a href="mailto:members@optimahealth.com">members@optimahealth.com</a></p> <p>Online doctor visit: <b>MDLIVE</b> or <b>866-648-3638</b></p> <p>Employee Assistance Program (EAP): <a href="http://www.optimaeap.com">www.optimaeap.com</a> (User name: COVA) or <b>1-800-899-8174</b></p>
<b>TRICARE Supplement</b>	Selman & Company (SelmanCo): <b>800-638-2610 (press Option 1)</b>
<b>Flexible Spending Accounts (FSA)</b>	PayFlex FSA: <b>855-516-8595</b> or <a href="http://www.payflex.com">www.payflex.com</a>
<b>Online Open Enrollment Tools</b>	<p>- Alex Benefits Counselor: <a href="http://www.myalex.com/cova/2021">www.myalex.com/cova/2021</a></p> <p>- EmployeeDirect: <a href="https://edirect.virginia.gov">https://edirect.virginia.gov</a></p>
<b>Department of Human Resource Management</b>	<p><a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a></p> <p>Office of Health Benefits: <a href="mailto:openenrollment@dhrm.virginia.gov">openenrollment@dhrm.virginia.gov</a></p> <p>Having problems with EmployeeDirect? <a href="mailto:Edirectissues@dhrm.virginia.gov">Edirectissues@dhrm.virginia.gov</a></p>

This is only an overview of your health care and Flexible Spending Account (FSA) benefits. More information is available on the DHRM website at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

**Premium and plan benefits may change subject to final state budget approval.**