Virginia Department of Human Resource Management

Office of Health Benefits
COVID-19 Q&A Summary

OPEN ENROLLMENT

Q. Will there be any flexibility related to submitting Open Enrollment elections?

- Open Enrollment elections may be made electronically using Employee Direct or by using an online fillable form available at the DHRM website. Paper forms are also acceptable. However, regardless of the method of submission, Open Enrollment ends on May 15, 2020.

  Due to the current limitations related to COVID-19 social distancing and resulting unavailability of forms for those who do not have computer access, all eligible employees and retirees were mailed a paper form that can be completed and mailed by participants who do not have computer access. Paper forms must be postmarked by May 15, the last day of Open Enrollment, to be accepted.

  If obtaining a "signed" fillable form is not possible during Open Enrollment, agencies can temporarily accept the enrollment form with authorizing names typed in the signature fields. These forms can be saved using a new document name and emailed securely. Benefit Administrators will be responsible for obtaining a signed form for their permanent records as soon as possible.

  If submitting an enrollment form is not possible during Open Enrollment, participants may mail a written statement to their agency Benefits Administrator or HR Department to submit their health plan, membership and Flexible Spending Account (FSA) elections. The health plan ID should be included. The participant (employee or retiree, not family members) must sign and date the submission. Written submissions are binding, and changes cannot be made after the Open Enrollment period ends. Upon returning to work, the employee should complete an enrollment form reflecting the elections submitted in the written statement.

  Regardless of the manner of submission, required supporting documentation must be provided to the appropriate Benefits Administrator in order to finalize any election.

FLEXIBLE SPENDING ACCOUNTS

Q. Have any changes been made to allowable expenses under the Health Flexible Spending Accounts?

- Expenses incurred after December 31, 2019, for over-the-counter drugs and medicines may be submitted for reimbursement without a prescription from a physician. This includes drugs and medicines needed in quarantine and social distancing. Feminine hygiene products have also been added to the list of eligible over-the-counter items.

Q. Will the plan year be extended for Health Flexible Spending Account reimbursements due to COVID-19-related changes in planned medical services?

- At this time, the IRS has not allowed for extending the plan year or for a qualifying event related to postponement or cancellation of medical services due to COVID-19.

Q. Can changes be made to Dependent Care Flexible Spending Accounts based on COVID-19-related changes?

- While there have not been any COVID-specific changes related to Dependent Care FSA requirements, qualifying cost or coverage changes continue to be allowed. These must be consistent with the event and can be made prospectively based on certain childcare changes that affect the need for care required to maintain employment. This would include increasing or decreasing contributions consistent with a change in childcare provider, a change in the cost of childcare, or a change in the need for childcare. The request must be made within 60 days of the event, and the effective date would be prospective to the timely request. Refund of contributions already taken from an employee's pay is not permissible.

MEDICAL/DENTAL PLANS

Q. What COVID-19 services are covered by the State Health Benefits Plans?

- Out-of-pocket costs for COVID-19 testing, as well as the associated office visit, if applicable, will be waived. Testing must be ordered by your health care provider based on medical necessity (e.g., exhibiting symptoms or having contact with someone diagnosed with COVID-19). Contact your provider regarding availability of testing.

Q. Will telehealth/virtual visits be covered?

- In an effort to avoid in-person office visits and possible exposure to COVID-19, the out-of-pocket cost for any virtual visit under the COVA Care, COVA HealthAware, and LODA Non-Medicare Plans will be waived. This will include not only LiveHealth Online and Teladoc providers but other primary care providers delivering virtual care. However, under the COVA HDHP, the $0 cost will apply only to COVID-19-related virtual visits.

Q. Will out-of-pocket costs for telehealth/virtual visits for therapy services be waived?

- Out-of-pocket costs for virtual/telephonic visits for physical, occupational, and speech therapy will not be waived. Contact your plan's Customer Service to determine if any other virtual specialty care will be covered.

Q. Will there be any flexibility regarding prescription drug refills?

- Early 30-day refills of maintenance medications will be available under the COVA Care, COVA HDHP and COVA HealthAware Plans. (Prescriptions with no available refills must be authorized by the treating provider.) Participants may wish to arrange with their prescribers to change to 90-day prescriptions through the mail service pharmacy. However, note that some restrictions may apply to use of mail service.

Q. Since many medical services have been postponed due to COVID-19, will the $0 out-of-pocket cost resulting from reaching the annual out-of-pocket expense limit be extended beyond the end of the current plan year?

- No, it will not be extended for purpose of accumulation or $0 cost.

Q. Does the above information apply to regional plans (Optima, Kaiser)?

- Participants in the regional plans should contact their plan's Customer Service number or web site for more information.

Q. If a scheduled primary or major dental service (requires enrollment in the expanded dental optional benefit) is cancelled or postponed due COVID-19 restrictions, will the remainder of the annual maximum benefit be transferred into the new plan year?

- No, the annual maximum is based on services during a single plan year.