

**ATTENTION!**  
**YOUR ACTION IS REQUIRED!**

***DON'T MISS THE OPPORTUNITY TO REDUCE  
YOUR JULY 1 PREMIUM!\****



Virginia Department of  
**HUMAN RESOURCE  
MANAGEMENT**

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**Commonwealth of Virginia  
Retiree Health Benefits Program  
Annual Open Enrollment—May 1 through May 24, 2013  
Effective July 1, 2013**

***This Open Enrollment period introduces:***

- ***A new Consumer-Driven Health Plan option, COVA HealthAware, that offers lower premium cost and a Health Reimbursement Arrangement (HRA) to help you pay for higher deductible and coinsurance costs (if you don't use your HRA balance, it can be carried over into the next plan year if you remain in the plan);***
- ***A new wellness program for enrollees in the COVA Care and COVA HealthAware Plans that can help you manage and improve your health while offering the opportunity to receive premium rewards that will reduce your monthly cost;***
- ***Some benefit changes to existing plans.***

***Read your materials thoroughly and, if there is an informational meeting available in your area, be sure to attend. A meeting schedule is enclosed.***

***\*If you enroll in the COVA Care Plan or the new COVA HealthAware Plan, your participation in certain new programs can result in decreasing your new July 1 premium. More information is included in your enclosed materials.***





**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 25, 2013

Subject: OPEN ENROLLMENT—NEW WELLNESS PROGRAM, NEW PLAN OPTION—YOUR ACTION REQUIRED!!

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

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<i>Open Enrollment Plan Options, Changes and Highlights</i>	<i>Page 3</i>
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Your annual Open Enrollment will take place from **May 1 through May 24** 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, 2013. This booklet and other enclosures provide information regarding coverage options in the new plan year so that you can decide if you wish to select another available plan. Additional resources are also listed, including informational meetings available for those participants living in Virginia—see the enclosed meeting schedule.

This Open Enrollment period does not apply to participants in Medicare-coordinating plans (Advantage 65, Medicare Complementary/Option I and Medicare Supplemental/Option II Plans), but Retirees, Survivors and Long Term Disability Enrollees who cover non-Medicare-eligible family members may make a plan change on their behalf at this time.

## **You Must Take Action!**

**Unlike many Open Enrollment periods in the past, it is critical that most participants take some action by May 24. Failure to take action can have serious consequences.**

- **Current COVA Connect Participants: if you are currently enrolled in the COVA Connect Plan, you need to select a new plan for July 1. If you take no action, you will be moved to the COVA Care Plan that most closely matches your current COVA Connect options, and your membership level will be unchanged. Completion of a Health Assessment\* will be required to receive a premium reward to reduce your July 1 premium. (See page three for additional information.)**
- **Current COVA Care Participants who decide to keep their COVA Care Plan: if you are enrolled in COVA Care and wish to maintain the same plan and membership level, you don't need to submit a plan change, but you will need to complete a Health Assessment\* in order to receive a premium reward that will reduce your cost for July 1.**
- **New Enrollees in the COVA Care and COVA HealthAware Plans: new participants in these plans must complete the required enrollment action to elect coverage. In addition, they must complete a Health Assessment\* in order to receive a premium reward that will reduce premium cost for July 1.**
- **No Action Required for Participants who wish to maintain coverage in the COVA High Deductible Health Plan (HDHP) or Kaiser Permanente HMO: those who wish to maintain existing plan and membership in Kaiser or COVA HDHP do not need to take any action; however, please note plan changes on page six .**

**\*Failure to complete a Health Assessment for you and, if applicable, your covered spouse will result in losing the opportunity to reduce your new July premium by earning premium rewards of \$17 per month (single) and an additional \$17 per month if you are covering your spouse. To qualify for this reduction, you only need to complete a Health Assessment. Your enclosed Open Forum newsletter explains what you will need to do!**

**Informational meetings will be held around Virginia. A meeting schedule is enclosed. If you have more questions after reading these materials, and there is a meeting in your area, please plan to attend! If you are unable to attend a meeting, other resources are listed on page 13.**

## **OPEN ENROLLMENT PLAN OPTIONS, CHANGES AND HIGHLIGHTS**

### **COVA Connect Plan No Longer Available – Current Participants Must Select a New Plan for July 1!**

Participants enrolled in the COVA Connect Plan, administered by Optima Health, should make a new plan election for July 1 during Open Enrollment since this plan will no longer be available after June 30. COVA Connect enrollees who take no action will be moved to the COVA Care Plan that most closely matches their current election, including optional benefits. Take the time to review your options, described below, so that you select the plan that best meets your needs. If you take no enrollment action and default to the COVA Care Plan, be sure that you understand its new provisions—with special attention to completing the Health Assessment so that you can reduce your premium.

### **COVA Care**

#### **Claims and Wellness Program Administrators for COVA Care:**

- Anthem Blue Cross and Blue Shield administers the medical, prescription drug, behavioral health, Employee Assistance Program (EAP) and optional vision plan.
- Delta Dental administers dental claims.
- ActiveHealth Management administers the wellness benefit.

#### **Highlights**

All program participants who are not eligible for Medicare may select or maintain coverage in the COVA Care Plan. In addition to some changes in claims administrators (see above), this existing preferred provider organization (PPO) plan will include the following changes and provisions starting July 1, 2013:

- COVA Care without any optional benefits will include diagnostic and preventive dental coverage only. These services are covered at 100% of the allowable charge. (Use of a non-participating dentist could result in balance billing.) **If you wish to have coverage for primary, major restorative or orthodontic services, you must select the Expanded Dental option.** (See “Dental Coverage” section below for additional information.)
- The Emergency Room copayment will increase from \$125 to \$150 (waived upon admission).
- If optional routine vision coverage is elected, the benefit will be paid once per plan year instead of once every 12 months.
- Women’s preventive services will include 100% coverage for generic contraceptives.
- If you currently have an active prescription, including prior authorizations, with Express Scripts (formerly Medco) through COVA Care, those prescriptions will automatically be transferred to Anthem—no action required on your part.

- Wellness benefits and Disease Management Programs such as Diabetes Management and Future Moms (now called Healthy Insights and Healthy Beginnings) will now be administered by ActiveHealth Management. You will receive complete information in your new Member Handbook. Participation in ActiveHealth’s Health Assessment provides the opportunity to earn a premium reward—See ActiveHealth Program information below and in *Open Forum*.
- Optional benefit choices include Out-of-Network coverage, Expanded Dental, and Vision/Hearing. Several combinations of these options can be chosen (see premium summary).

### **COVA CARE BASIC OVERVIEW**

Medical Deductible	<ul style="list-style-type: none"> <li>• \$225 single/\$450 two-person/\$450 family, if applicable to covered service</li> </ul>
Medical Copayment/Coinsurance Level Examples	<ul style="list-style-type: none"> <li>• \$25 per primary care physician or behavioral health office visit</li> <li>• \$40 per specialty physician office visit</li> <li>• \$300 per inpatient admission</li> <li>• \$125 for use of outpatient facility</li> <li>• \$150 for emergency room (waived if admitted)</li> <li>• 20% coinsurance for diagnostic tests after deductible</li> <li>• \$0 copayment/coinsurance for certain wellness/preventive care services</li> </ul>
Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>• \$1,500 single/\$3,000 two-person or family</li> </ul>
Dental	<ul style="list-style-type: none"> <li>• 100% coverage for preventive and diagnostic services (optional Expanded Dental coverage available)</li> </ul>
Vision	<ul style="list-style-type: none"> <li>• Optional—also includes a hearing benefit</li> </ul>
Prescription Drug Copayments (up to 34-day supply at retail, up to 90-day supply using home delivery/mail)	<ul style="list-style-type: none"> <li>• Tier 1 - \$15 retail, \$30 mail</li> <li>• Tier 2 - \$25 retail, \$50 mail</li> <li>• Tier 3 - \$40 retail, \$80 mail</li> <li>• Tier 4 - \$50 retail, \$100 mail</li> </ul> <p>NOTE: Copayments do not count toward out-of-pocket maximum</p>
Other	<ul style="list-style-type: none"> <li>• Out-of-network coverage option available (reduced benefits—reduction does not count toward out-of-pocket maximum)</li> </ul>

NOTE: There is no coverage for services received from non-participating medical providers unless the out-of-network option is elected

### ***NEW! – COVA HealthAware Plan***

#### **Claims and Wellness Program Administrators for COVA HealthAware:**

- Aetna administers the medical, prescription drug, dental, behavioral health, Employee Assistance Program (EAP) and vision (both the annual routine eye exam and optional eyewear coverage).
- ActiveHealth Management administers the wellness benefit.

## **Highlights**

The new COVA HealthAware Plan is a Consumer-Driven Health Plan (CDHP) available July 1 and includes the following provisions:

- Annual deductible is explained in the chart below; however, once any combination of family members meet the family deductible, benefits are payable.
- Women’s preventive services will include 100% coverage for generic contraceptives.
- In addition to medical deductible and coinsurance, prescription coinsurance is included in accrual of the out-of-pocket maximum (once met, coverage is 100%).
- Wellness benefits and Disease Management Programs such as Diabetes Management and Future Moms (now called Healthy Insights and Healthy Beginnings) will be administered by ActiveHealth Management. You will receive complete information in your new Member Handbook. Participation in ActiveHealth’s Health Assessment provides the opportunity to earn a premium reward—See ActiveHealth Program described below and in *Open Forum*.
- This plan includes a Health Reimbursement Arrangement (HRA) in the amount of \$600 for individual participants, \$1,200 for two-person or family coverage if a spouse is covered (may be subject to proration if coverage is for a partial year). There are also opportunities to increase the HRA by up to \$150 (individual) or \$300 (two-person or family with spouse) by accomplishing certain “Do-Rights.” Additional information is included in your enclosed *Open Forum*, and complete information will be in your Member Handbook. Your HRA funds will be used to pay any out-of-pocket expenses for covered services until exhausted. Any remaining HRA balance can be used in the next plan year as long as the CDHP is maintained with no more than a year’s break in coverage (subject to qualifying event requirements).

### **COVA HEALTHAWARE BASIC OVERVIEW**

Medical deductible	<ul style="list-style-type: none"><li>• \$1,500 single/\$3,000 two-person or family (\$3,000 single/\$6,000 two-person or family if using an out-of-network provider).</li></ul>
Copayment/Coinsurance Level	<ul style="list-style-type: none"><li>• Generally 80% coverage/20% coinsurance for in-network covered services (60% coverage/40% coinsurance out-of-network) after deductible</li><li>• Preventive care is covered at 100% (60% out-of-network)</li></ul>
Out-of-Pocket Maximum	<ul style="list-style-type: none"><li>• \$3,000 single/\$6,000 two-person or family (\$6,000/\$12,000 out-of-network)</li></ul>
Dental	<ul style="list-style-type: none"><li>• 100% coverage for preventive and diagnostic services (optional Expanded Dental coverage available)</li></ul>
Prescription Drugs (retail and home delivery/mail)	<ul style="list-style-type: none"><li>• 80% coverage/20% coinsurance after deductible (50% coverage out of network)</li></ul> <p>NOTE: Coinsurance counts toward out-of-pocket maximum</p>
Vision	<ul style="list-style-type: none"><li>• One free routine vision exam per year included</li><li>• Optional vision coverage available for eyewear</li></ul>
Other	<ul style="list-style-type: none"><li>• Includes Health Reimbursement Arrangement (HRA) of \$600/single, \$1,200/two-person or family (if spouse is covered)</li><li>• Additional HRA funding available for retiree and spouse (up to \$300 total) by accomplishing certain “do-rights”</li><li>• One free routine hearing exam per plan year included</li></ul>

## COVA High Deductible Health Plan (HDHP)

### **Claims Administrators for COVA HDHP:**

- Anthem Blue Cross and Blue Shield administers the medical, prescription drug, behavioral health and Employee Assistance Program (EAP) benefits.
- Delta Dental administers the dental benefit.

### **Highlights**

The HDHP will continue to be available with 80% benefit for covered services after meeting the annual deductible. Family groups must meet the family deductible before individuals will have access to benefits. The following changes and provisions will become effective July 1:

- Women's preventive services will include 100% coverage for generic contraceptives.
- Delta Dental will administer dental benefits. Only diagnostic and preventive dental coverage will be included unless the Expanded Dental option is elected. These services are covered at 100% of the allowable charge. (Use of a non-participating dentist could result in balance billing.) **If you wish to have coverage for primary, major restorative or orthodontic services, you must select the Expanded Dental option.** (See "Dental Coverage" section below for additional information.)
- This plan is Health Savings Account (HSA) compliant. Contact your bank or other financial institution for information about HSAs.

### **COVA HDHP BASIC OVERVIEW**

Medical deductible	<ul style="list-style-type: none"> <li>• \$1,750 single/\$3,500 two-person or family</li> </ul>
Copayment/Coinsurance Level	<ul style="list-style-type: none"> <li>• Generally 80% coverage, 20% coinsurance</li> <li>• Certain wellness and preventive care covered at 100%</li> <li>• No out-of-network coverage</li> </ul>
Out-of-Pocket Maximum	<ul style="list-style-type: none"> <li>• \$5,000/single, \$10,000/two-person or family</li> </ul>
Prescription Drugs (retail and home delivery/mail)	<ul style="list-style-type: none"> <li>• 80% coverage, 20% coinsurance</li> </ul> NOTE: Coinsurance counts toward out-of-pocket maximum
Dental	<ul style="list-style-type: none"> <li>• 100% coverage for preventive and diagnostic services (Optional Expanded Dental coverage available)</li> </ul>
Routine Vision	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>

NOTE: there is no coverage for services received from non-participating providers.

### ***Other Limited-Eligibility Plan Options***

**Kaiser Permanente HMO:** this plan continues to be available in the Northern Virginia Area. Contact Kaiser directly for additional information. Plan changes for July 1 include:

Office Visit Copayment:	\$25/primary care physician, \$40/specialty physician
Out-of-Pocket Limit	\$1,500/\$3,000
Outpatient Surgery	\$75 copayment
Inpatient	\$300 per admission

**TRICARE Supplement:** Military retirees who are eligible for TRICARE and not eligible for Medicare may enroll in this plan, which pays secondary to TRICARE. This plan is administered by Association and Society Insurance Corporation (ASI).

### ***Dental Coverage for COVA Care, COVA HealthAware and COVA HDHP***

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 (see Member Handbook for complete information). Enhanced 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 major dental (such as crowns and bridges) covered at 50% after the deductible is met. The deductible is \$50 per person per plan year up to a maximum of \$150. There is a \$2,000 annual maximum benefit for primary and major services. Expanded dental also includes orthodontics covered at 50% with a \$2,000 lifetime maximum benefit (no deductible).

### ***NEW! – ActiveHealth Management Program***

Enrollment in either the COVA Care or COVA HealthAware Plan will include the opportunity to participate in the ActiveHealth Management Health and Wellness Program. ActiveHealth provides tools and resources to assist participants in maintaining healthy lifestyles. Programs and coaching are available to assist participants in identifying and reaching their personal health goals. ***The first step is completion of a Health Assessment, which will also result in earning a premium reward.*** Your enclosed *Open Forum* and ActiveHealth brochure provide more information.

### ***Transition of Care***

If you are changing claims administrators (for example, going from COVA Care/Anthem to COVA HealthAware/Aetna), be sure to confirm that your providers are in your new plan’s network. If you are receiving care that will extend beyond July 1 and you make a plan change, 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 and you change plans, contact your pharmacy and/or your new claims administrator to determine if a new prescription will be required.

**NOTE: the coverage information provided in this booklet is only a general overview of your plan options. If you have additional questions, plan to attend an informational meeting in your area, if available, or refer to the Resources provided on page 13.**

## Monthly Premium Rates Effective July 1, 2013

Following are your plan choices and monthly premiums starting July 1, 2013. If you enroll in either the COVA HealthAware or COVA Care Plan, the premiums in the chart below can be reduced by completing a Health Assessment during the Open Enrollment period and earning a premium reward. If only the Retiree, Survivor or LTD Participant completes the Assessment, the premium will be reduced by \$17 per month starting July 1. If you are covering a spouse, the spouse can also complete the Health Assessment and reduce the premium by \$17 per month. Total possible reduction is \$34 per month for a retiree and spouse. See your *Open Forum* for information about completing your Health Assessment.

**Example:** A participant in the COVA Care Plan (with preventive dental) could reduce a single premium from \$574 to \$557 per month by completing the Health Assessment. If your spouse is also enrolled and completes the Health Assessment, the reward would reduce your premium by another \$17 per month, lowering the two-person monthly premium from \$1,065 to \$1,031 or the family premium from \$1,541 to \$1,507. The retiree and/or spouse can participate. The annual premium reduction could be as much as \$204 for single and \$408 for two-person or family coverage. Additional requirements to maintain this premium reduction will be included in your Member Handbook, but you will also receive specific additional information after July 1.

	Single	Two- Person	Family
COVA Care (with preventive dental)	\$574	\$1,065	\$1,541
COVA Care + Out-of-Network	\$587	\$1,083	\$1,566
COVA Care + Expanded Dental	\$598	\$1,111	\$1,610
COVA Care + Out-of-Network + Expanded Dental	\$611	\$1,129	\$1,635
COVA Care + Expanded Dental + Vision and Hearing	\$612	\$1,135	\$1,642
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$625	\$1,153	\$1,667
<b>NEW!</b> COVA HealthAware (with preventive dental)	\$528	\$979	\$1,414
<b>NEW!</b> COVA HealthAware + Expanded Dental	\$552	\$1,025	\$1,483
<b>NEW!</b> COVA HealthAware + Expanded Dental & Vision	\$559	\$1,038	\$1,502
COVA HDHP (with preventive dental)	\$431	\$800	\$1,169
COVA HDHP + Expanded Dental	\$455	\$846	\$1,238
Kaiser Permanente HMO	\$522	\$961	\$1,401
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 13 of this booklet for contact information.

If you make an allowable coverage change that increases your monthly premium cost and your Virginia Retirement System (VRS) benefit is no longer sufficient to accommodate 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 occurs in advance of the coverage month, while VRS benefit-deducted premiums are collected in arrears. This means that you will generally be billed initially for a two-month premium should you need to transition from a retirement benefit deduction to direct billing. 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 reflect your new premium amount.

If your premium is billed, you will receive your monthly invoice as follows:

<i>If your plan is:</i>	<i>You will be billed by:</i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	Aetna
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
TRICARE Supplement	Association and Society Insurance Corp. (ASI)

## ***Making Changes***

***Open Enrollment Changes*** - If you wish to make a plan or membership change during Open Enrollment, you may use EmployeeDirect on line at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). To use *EmployeeDirect*, you must have a personal e-mail address listed in the state's eligibility system. (A state e-mail address will not allow *EmployeeDirect* access for retiree group participants.) If you do not already have an e-mail address in your eligibility file, you may contact your Benefits Administrator to update your record (see page 13 for Resources).

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 24, 2013. Forms are available at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or from your Benefits Administrator. If you need assistance identifying your Benefits Administrator, refer to *Resources* on page 13. Indicate "Open Enrollment" as the reason you are making the change.

**Enrollment Forms 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.

Use of an incorrect form can result in a delay in your requested changes. If you make a plan change, be sure that you understand the provisions of the plan that you choose. Once an election is made, 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 the eligibility of the new dependent. 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 shows the dependent listed as "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 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. Your Benefits Administrator can provide additional information regarding documentation. **Enrollees have 60 days to make a change based on a qualifying mid-year event.** Of course, retiree group participants may **decrease** membership prospectively (going forward) at any time. Any membership change due to a qualifying mid-year event will also allow a plan change.

### ***ID Cards and Member Handbooks***

**ID Cards** – All participants except those enrolled in the TRICARE supplement or Kaiser Permanente HMO will receive new ID cards to present for services starting July 1, 2013.

**Member Handbooks** – Except for the TRICARE Supplement, new Member Handbooks (or an Evidence of Coverage for Kaiser members) will be available for all plans to include benefit changes for July 1. These will be mailed to you as soon as possible.

### ***Other Retiree Group News and Information***

**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 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).

Even though the state program makes every effort to identify participants who become eligible for Medicare, it is ultimately the responsibility of the Enrollee to ensure that participants (Enrollees and their covered family members) 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. If you or a covered family member becomes eligible for Medicare and is not contacted by your Benefits Administrator, it is the responsibility of the Enrollee to notify the appropriate Benefits Administrator of Medicare eligibility.

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 (the Original Medicare Plan) 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 dependents.

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*.

**Becoming Eligible for Medicare During the Open Enrollment Period** - If you become eligible for Medicare during the Open Enrollment period, you may receive both an Open Enrollment package and a package notifying you of your Medicare eligibility. If you become eligible for Medicare prior to or on July 1, your Medicare plan election will supersede any Open Enrollment election. 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.

**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 their premium obligation 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.

If your billing administrator is Anthem Blue Cross and Blue Shield or Aetna, you may request automatic draft of your premium from your bank account. Contact Anthem or Aetna for more information.

**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 e-mail 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 communicating important information to retiree group participants is through the mail. Please let your Benefits Administrator know when you move! You may also change your address by using *EmployeeDirect* on the Web at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)—click on the *EmployeeDirect* link.

**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 13 for contact 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 page 13) or visit the DHRM web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) to obtain a copy of the privacy notice.

### ***Notice***

#### **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.

#### **Enclosures:**

Open Forum Newsletter  
Meeting Schedule  
Notice--Summary of Benefits and Coverage  
CHIP Notice  
ActiveHealth Management Brochure

## **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	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Anthem)</li> <li>• Behavioral Health, EAP (Anthem)</li> <li>• Dental (Delta Dental)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Optional Vision (Anthem)</li> <li>• Anthem Web Site</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682</li> <li>• 855-223-9277</li> <li>• 888-335-8296</li> <li>• 866-938-0349</li> <li>www.myactivehealth.com/cova</li> <li>• 800-552-2682</li> <li>• www.anthem.com/cova</li> </ul>
COVA HealthAware	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Aetna)</li> <li>• Behavioral Health, EAP (Aetna)</li> <li>• Total Population Health and Wellness (ActiveHealth Management)</li> <li>• Basic and Optional Routine Vision (Aetna)</li> <li>• Aetna Web Site</li> </ul>	<ul style="list-style-type: none"> <li>• 855-414-1901</li> <li>• 888-238-6232</li> <li>• 866-938-0349</li> <li>www.myactivehealth.com/cova</li> <li>• 855-414-1901</li> <li>• www.covahealthaware.com</li> </ul>
COVA HDHP	<ul style="list-style-type: none"> <li>• Medical, Dental, Prescription Drug (Anthem)</li> <li>• Behavioral Health, EAP (Anthem)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-552-2682</li> <li>• 855-223-9277</li> </ul>
Kaiser Permanente HMO	<ul style="list-style-type: none"> <li>• Medical, Prescription Drug (Kaiser)</li> <li>• Dental (Dominion Dental)</li> <li>• Behavioral Health/EAP (ValueOptions)</li> </ul>	<ul style="list-style-type: none"> <li>• 800-777-7902</li> <li>• 888-518-5338</li> <li>• 866-517-7042</li> </ul>
TRICARE Supplement	<ul style="list-style-type: none"> <li>• Association &amp; Society Insurance Corporation (ASI)</li> </ul>	<ul style="list-style-type: none"> <li>• 866-637-9911</li> </ul>

***If you have questions about eligibility and enrollment, contact:***

<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 also has information about the State Retiree Health Benefits Program. Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

**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.)***



# Open Forum

For Enrollees in the Commonwealth of Virginia Retiree Health Benefits Program

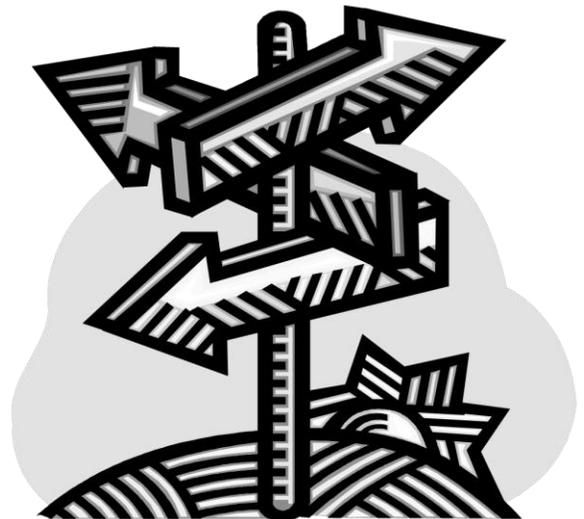
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Management for Non-Medicare-Eligible Participants

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## ***OPEN ENROLLMENT – NEW PLAN, NEW CHOICES, NEW OPPORTUNITIES!***

### **COVA Care and COVA HealthAware Enrollees for July 1—REDUCE YOUR PREMIUM—IT'S EASY!**

Non-Medicare-eligible Retirees, Survivors and Long-Term Disability Participants (Retiree Group Enrollees) and/or covered spouses in the State Retiree Health Benefits Program who will enroll or maintain coverage in COVA Care or COVA HealthAware for July 1 will be able to participate in an exciting new health and wellness program through ActiveHealth Management.



MyActiveHealth.com/COVA will provide you with tools to:

- Create your personal electronic health record
- Help you manage chronic conditions (including continuation of any current programs in which you are participating—such as diabetes management)
- Provide access to lifestyle coaching, health tips and other resources

***Your first step is taking a Health Assessment. By completing the Health Assessment during Open Enrollment, you will receive a premium reward that will reduce your cost starting with your July premium!***

#### **Here's how it works:**

- ✓ Login to www.MyActiveHealth.com/COVA and click on “Create Account” or call 1-866-938-0349
- ✓ You will be asked for the following information:
  - Your first and last name as they would appear on an ID card (no nicknames)
  - Your 9-digit identification number – this is the number that appears on your current non-Medicare health plan ID card (like COVA Care or COVA Connect)

except you will remove any leading and/or following letters and place 00 before the next seven digits. For example, if your current COVA Care ID card has an ID number of YTX1234567XU, your 9-digit ID number will be 001234567.

- Your date of birth in the format mm/dd/yyyy (for example, January 1, 1950, would be 01/01/1950)
- Your gender
- Your zip code (use your home zip code, which should match the information in the State Program's eligibility file—if not, you need to update your address through your Benefits Administrator—if you live outside of the United States, enter 00000)
- Set up a password, select and complete the Health Assessment.

The Health Assessment will ask for information such as your height, weight, diet and exercise habits. It only takes about 15—20 minutes, but ***the benefit of lowering your premium by completing the assessment will last for six months***, and it will be a step toward setting and achieving your health goals.

### **Who can participate in the Health Assessment?**

Any non-Medicare-eligible Retiree Group Enrollee or spouse who can enroll in COVA Care or COVA HealthAware can participate. If the Health Assessment is completed during the Open Enrollment period, and the enrollment into either plan takes place for July 1, the monthly premium for July will be reduced by \$17 per month for completion by either the Retiree Group Enrollee or enrolled spouse. If both complete the Health Assessment, the premium will be reduced by \$34 per month. Enrollees will receive additional information in July to explain how to maintain the premium reward from January through June 2014. Enrollees in either COVA Care or COVA HealthAware who do not complete the Health Assessment will pay the full premium provided in your enclosed Open Enrollment booklet.

### **If you don't have a computer, you can still participate!**

All ActiveHealth programs are available by phone as well as on-line—just call 1-866-938-0349. The enclosed ActiveHealth brochure has more information.

***DON'T MISS YOUR OPPORTUNITY TO TAKE AN ACTIVE ROLE IN IMPROVING YOUR HEALTH WHILE REDUCING YOUR MONTHLY PREMIUM!***



### **Health Reimbursement Arrangement (HRA)—A New Concept for Non-Medicare-Eligible Retiree Group Enrollees**

Retiree Group Enrollees in the new COVA HealthAware Plan will automatically have an HRA. This account will be funded with \$600 for an individual Retiree Group Enrollee and \$1,200 if the Enrollee covers his or her spouse. (Retiree Group Enrollees or their covered spouses who are eligible for Medicare are not eligible for the COVA HealthAware Plan and HRA.)

#### **How can you use these funds?**

Out-of-pocket expenses for covered services under the COVA HealthAware Plan will automatically be paid if there are funds in your HRA. For example, if your first covered service after July 1 results in a \$200 out-of-pocket expense (for example, \$200 that would be applied to your annual deductible), it would automatically be paid by your HRA. Your \$600 HRA balance would be reduced to \$400 that can be used later.

HRA balances can be carried over from one plan year to another as long as you remain in the plan; however, if you leave the program, you will lose any unused HRA balance. (In some circumstances, COBRA/Extended Coverage may offer an alternative for using any remaining balance.) Also, even though the HRA is funded based on the Retiree Group Enrollee and spouse, the HRA balance may be used for out-of-pocket expenses for any covered family member.

### **Increasing your HRA**

There will also be opportunities to increase the amount in your HRA by accomplishing certain “Do-Rights.” These healthy behaviors include having an annual physical, getting an annual dental exam, getting a flu shot, and using the MyActiveHealth portal ([www.MyActiveHealth.com/COVA](http://www.MyActiveHealth.com/COVA)) to track exercise, blood pressure or similar activities at least three times per month for three months in a quarter. More information will be available at the MyActiveHealth web site, in your new Member Handbook or by calling ActiveHealth. By accomplishing three of these goals, you can increase your HRA by up to \$150 for single coverage and up to \$300 for a Retiree Group Enrollee plus spouse. Completion of three “Do-Rights” will provide the maximum individual contribution. If you complete less than three, each completion will increase your HRA balance by \$50. That’s less out-of-pocket cost for you!

### **Is this a good plan for me?**

That’s a question only you can answer, but some things you may consider include:

- ✓ Review the [Basic Overview](#) for the COVA HealthAware Plan that is included in your enclosed Open Enrollment booklet.
- ✓ Compare those benefits to other available plans. Be sure to review the effects of a copayment or coinsurance structure and deductible amount.
- ✓ Review the services that you receive in a typical health plan year and apply each plan’s benefits to estimate your out-of-pocket costs. Using each plan’s benefit structure, estimate your coinsurance and/or copayment expense and the deductible cost—your Explanation of Benefits documents for the last year may be useful tools for helping you estimate costs.
- ✓ Consider the impact of the HRA on your estimated out-of-pocket expense.
- ✓ If you use many covered services, consider whether you are likely to meet the maximum out-of-pocket cost under one plan versus another, resulting in 100% coverage.
- ✓ Be sure to consider the difference in premium cost.

Reviewing this type of information can help you make the best decision for your individual health plan needs. More choices mean more flexibility—make an informed choice that will work for you!



Virginia Department of  
**HUMAN RESOURCE**  
MANAGEMENT