



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

SARA REDDING WILSON
DIRECTOR

James Monroe Building
101 N. 14th Street
Richmond, Virginia 23219

To: Extended Coverage/COBRA Qualified Beneficiaries in the Commonwealth of Virginia Health Benefits Program

From: Office of State and Local Health Benefits Programs

Date: April 25, 2014

Subject: OPEN ENROLLMENT

Annual Open Enrollment—May 1 through May 23, 2014
Effective July 1, 2014

Your annual Open Enrollment will take place from **May 1 through May 23** and provides your annual opportunity to make changes to your health plan and membership level. Changes will be effective July 1, 2014, if you continue to be eligible for coverage. This booklet includes information about coverage options in the new plan year, and the enclosed **2014 - BENEFITS AT A GLANCE** provides a benefit comparison to help you choose your plan.

Monthly Premium Costs Effective July 1, 2014*

***Premiums are subject to final approval of the state budget.**

Following are your plan choices and monthly premiums starting July 1, 2014. If you enroll in either the COVA Care or COVA HealthAware Plan, the premiums in the chart below can be reduced by completing the requirements to earn a premium reward (see shaded premiums). If you have already earned a premium reward, the COVA Care and COVA HealthAware premiums below will be immediately reduced, and you will continue to receive the reduction through the earlier of either June 30, 2015, or the end of your coverage period. See page 3 for more information about premium rewards.

18 or 36-Month Extended Coverage/COBRA Participants

	Single	Two-Person	Family
COVA Care (with preventive dental)	\$616	\$1,141	\$1,652
COVA Care + Out-of-Network	\$630	\$1,161	\$1,679
COVA Care + Expanded Dental	\$642	\$1,190	\$1,727
COVA Care + Out-of-Network + Expanded Dental	\$656	\$1,210	\$1,753
COVA Care + Expanded Dental + Vision and Hearing	\$657	\$1,216	\$1,762
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$671	\$1,235	\$1,788
COVA HealthAware (with preventive dental)	\$566	\$1,050	\$1,516
COVA HealthAware + Expanded Dental	\$592	\$1,099	\$1,590
COVA HealthAware + Expanded Dental & Vision	\$600	\$1,113	\$1,610
COVA HDHP (with preventive dental)	\$465	\$864	\$1,262
COVA HDHP + Expanded Dental	\$491	\$913	\$1,336
Kaiser Permanente HMO**	\$560	\$1,030	\$1,501

29-Month (Disability Extension) Extended Coverage/COBRA Participants

	Single	Two-Person	Family
COVA Care (with preventive dental)	\$906	\$1,679	\$2,430
COVA Care + Out-of-Network	\$927	\$1,707	\$2,469
COVA Care + Expanded Dental	\$944	\$1,751	\$2,540
COVA Care + Out-of-Network + Expanded Dental	\$965	\$1,779	\$2,579
COVA Care + Expanded Dental + Vision and Hearing	\$966	\$1,788	\$2,591
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$987	\$1,817	\$2,630
COVA HealthAware (with preventive dental)	\$833	\$1,544	\$2,229
COVA HealthAware + Expanded Dental	\$870	\$1,616	\$2,339
COVA HealthAware + Expanded Dental & Vision	\$882	\$1,637	\$2,367
COVA HDHP (with preventive dental)	\$684	\$1,271	\$1,856
COVA HDHP + Expanded Dental	\$722	\$1,343	\$1,965
Kaiser Permanente HMO**	\$824	\$1,515	\$2,208

**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 8 of this booklet for contact information.

Your billing administrator will be:

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

Have You Earned Your Premium Rewards?

If you are enrolled in either a COVA Care or COVA HealthAware Plan, you can reduce your monthly premium by completing two healthy actions:

- ✓ An online health assessment
- ✓ A biometric screening

Both you and your covered spouse (if applicable) are eligible to earn a premium reward of \$17 per month (maximum \$34 premium reduction if both you and your covered spouse complete the requirements).

If you are already receiving the maximum premium reward (\$17 each for you and your spouse, if enrolled), you will continue to receive the reward through June 30, 2015, as long as you remain in one of the COVA Care or COVA HealthAware Plans and continue to be eligible for coverage. If you are not receiving a reward, check out the following time limits so that you can reduce your premium!

- If you were enrolled in either COVA Care or COVA HealthAware on July 1, 2013, are still covered in one of the plans, and you are not receiving a premium reward, you have until May 31, 2014, to complete your two healthy actions, and your premium reward can start on July 1, 2014, as long as you continue to be eligible for coverage.
- If you enrolled in either COVA Care or COVA HealthAware on August 1, 2013, through March 1, 2014, you also have until May 31, 2014, to complete your two healthy actions, and your premium reward can start on July 1, 2014, as long as you continue to be eligible for coverage.
- If you enroll in COVA Care or COVA HealthAware on April 1, 2014, through July 1, 2014, you will have until August 31, 2014, to complete your two healthy actions as long as you continue to be eligible for coverage. The effective date of your premium reward will be based on the completion of your two requirements, as follows:

<i>If you complete both actions by:</i>	<i>Your premium reward will be effective:</i>
June 30, 2014	July 1, 2014
July 31, 2014	August 1, 2014
August 31, 2014	September 1, 2014

To complete your online health assessment and arrange for your biometric screening, register at www.myactivehealth.com/COVA. A few things to remember:

- You and your covered spouse (if applicable) need to register separately to complete your individual health assessments and arrange for your individual biometric screenings.
- Both requirements must be completed by the deadline based on the date of your enrollment.
- There are two ways to complete the biometric screening requirement—either print a Physician Form or a LabCorp authorization. Whether you choose to use your doctor or go to a convenient LabCorp location, specific instructions are included on the form.
- Biometric screening results measured between April 1, 2013, and your completion deadline will be acceptable.

Available Plans and Changes Effective July 1, 2014

The following plans continue to be available for July 1. All changes for each plan are also provided. In addition, to help you make a plan decision, the enclosed ***2014 - BENEFITS AT A GLANCE*** offers a side-by-side comparison of the benefits under each plan.

COVA Care

Claims Administrators: Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

Plan Changes effective July 1, 2014:

- New coverage for behavioral health residential treatment centers - \$300 in-network copayment per stay
- Prescription drug copayments in tiers 2—4 will increase as follows:

COVA Care Prescription Drug Copayments effective July 1, 2014

Drug Tier	Retail Copayment (up to 34-day supply)	Home Delivery Copayment (up to 90-day supply)
1	\$15	\$30
2	*\$30	*\$60
3	*\$45	*\$90
4	*\$55	*\$110

*Subject to final state budget approval

- New incentive programs for Asthma/COPD and Hypertension—see page 5-6 for more information

COVA HealthAware

Claims Administrator: Aetna (all coverage types)

Plan Changes effective July 1, 2014:

- New coverage for behavioral health residential treatment centers – 20% in-network coinsurance per stay (after deductible)
- Increased “Do-Right” opportunities to earn additional HRA contributions:
 - ✓ Annual routine physical exam
 - ✓ Routine dental exam
 - ✓ Annual flu shot
 - ✓ MyActiveHealth tracker
 - ✓ NEW! MyActiveHealth coaching module
 - ✓ NEW! Annual routine vision exam
- New incentive programs for Asthma/COPD and Hypertension—see below for more information

COVA High Deductible Health Plan (HDHP)

Plan Administrators: Anthem Blue Cross and Blue Shield (medical, behavioral health, prescription drugs) and Delta Dental (dental benefits)

Plan Change effective July 1, 2014:

- New coverage for behavioral health residential treatment centers – 20% in-network coinsurance per stay (after deductible)

Kaiser Permanente HMO

This plan continues to be available in the Northern Virginia Area. Contact Kaiser directly for additional information.

Plan Changes effective July 1, 2014:

- New pediatric eyewear coverage for select frames, lenses and contacts for \$0 copayment—includes eyewear from specific groups or lists—contact Kaiser for additional information.

ActiveHealth Management Health and Wellness Program

Enrollment in either COVA Care, COVA HealthAware, or COVA HDHP includes access to MyActiveHealth.com/COVA. Registration at this web site provides access to 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.

ActiveHealth programs include:

- Disease management programs that can provide certain drugs at no cost to the participant based on compliance with program requirements—and also help manage your chronic health condition (copayment/coinsurance incentives do not apply to the COVA HDHP):

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- ✓ Diabetes Management
- ✓ *NEW* – Asthma/COPD (chronic obstructive pulmonary disease) Management*
- ✓ *NEW* – Hypertension (high blood pressure) Management*

*subject to final approval of the state budget

- An opportunity to reduce your health plan premium (does not apply to COVA HDHP)
 - ✓ Premium rewards based on completion of two healthy actions—an online health assessment and a biometric screening
- For COVA HealthAware participants, opportunities to increase their Health Reimbursement Arrangement (HRA) contributions by completing healthy activities called “Do-Rights”
 - ✓ \$50 for one completed “Do-Right” up to \$150 for the retiree and enrolled spouse—see page 4 for a list of the “Do-Rights”
- Other Programs to help you improve and maintain your health (copayment/coinsurance/HRA incentives do not apply to the COVA HDHP):
 - ✓ **Healthy Beginnings** – help for expectant moms (copay waiver/HRA contribution)
 - ✓ **Healthy Insights** – helps you manage chronic conditions (see disease management programs listed above)
 - ✓ **Healthy Lifestyles** – tools and coaching to keep you on track for maintaining good health through good nutrition, exercise, stress management and quitting tobacco

A Reminder about Dental Benefits...

The COVA Care, COVA HealthAware and COVA HDHP basic plans (listed “with preventive dental”) 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). Expanded Dental coverage is available as an optional benefit and will include primary dental (such as fillings, extractions) covered at 80% after the deductible is met and complex restorative dental (such as crowns and bridges) covered at 50% after the deductible is met. 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 complex restorative services. Expanded dental also includes orthodontics covered at 50% with a \$2,000 lifetime maximum benefit (no deductible).

If you think you may need dental work other than preventive and diagnostic services during this plan year, consider selecting the Expanded Dental plan option. Premiums are listed on page 2.

Transition of Care

If you are changing claims administrators (for example, going from COVA Care/Anthem to COVA HealthAware/Aetna) and you are receiving care that will extend beyond July 1, contact your new plan's claims administrator for assistance to ensure a successful transition to your new coverage and provider network. If you have prescriptions with remaining refills, contact your pharmacy and/or your new claims administrator to determine if a new prescription will be required.

Making Changes

Open Enrollment Changes - If you wish to make a plan or membership change during Open Enrollment, your completed *Extended Coverage/COBRA Change Request* form must be mailed to the following address and postmarked no later than May 23, 2014: **Office of Health Benefits COBRA Administrator, 101 North 14th Street, 13th Floor, Richmond, VA 23219.**

Forms are available at the Department of Human Resource Management web site at www.dhrm.virginia.gov or by calling 1-888-642-4414. You may also make allowable changes on line by using *EmployeeDirect*, which is available at the same web site, no later than May 23, 2014. 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 submitting an *Extended Coverage/COBRA Change Request* form to make an Open Enrollment change to be effective July 1, 2014, be sure to check the *Open Enrollment* box as the reason for making the change. Certain changes are only allowed at Open Enrollment. However, some changes are allowed outside of Open Enrollment. If you check another reason for your requested change, it could result in an earlier effective date.

Making Changes After Open Enrollment - After the Open Enrollment period, membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage or birth of a child). The change must be made within 60 days of the event. Any increase in membership level will require documentation to support the addition of new family members.

Other News and Information

If You Become Entitled to Medicare or Start Coverage Under Another Group Health Plan... - The Extended Coverage/COBRA provisions of the Public Health Service Act provide that continuation coverage will be terminated before the end of the maximum coverage period if a

Qualified Beneficiary becomes covered under another group health plan that does not impose a pre-existing condition limitation or if a Qualified Beneficiary becomes entitled to Medicare benefits (under Part A, Part B or both) after electing continuation coverage. It is the obligation of the Qualified Beneficiary to notify the Office of Health Benefits (OHB) COBRA Administrator in writing within 30 days of the start of such coverage. Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination back to the date that coverage would have been terminated had it been reported on time.

Prompt Payment of Premiums – Extended Coverage premium payments are due on the first day of the coverage month; however, by law, participants are given a grace period of 30 days to make each periodic payment. If the premium payment is not received by the first day of the coverage month, coverage will be suspended and then retroactively reinstated when the premium is paid. This means that any claim you submit for benefits while your coverage is suspended may be denied, but it may be resubmitted once your coverage is reactivated upon receipt of payment. If you fail to make your premium payment by the end of the grace period, you will lose all rights to continuation coverage effective the first of the month for which payment was not received. Payments are considered made when mailed.

Address Changes - **Was this package forwarded to you from an old address?** If so, be sure to contact the Office of Health Benefits Extended Coverage/COBRA Administrator (see below) 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 Extended Coverage/COBRA qualified beneficiaries 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—click on the *EmployeeDirect* link.

If You Need Help... - Extended Coverage/COBRA qualified beneficiaries should contact the Office of Health Benefits Extended Coverage/COBRA Administrator with questions regarding Open Enrollment or about eligibility and administrative issues; however, questions regarding claims should be directed to the appropriate claims administrator (see page 8).

Office of Health Benefits Extended Coverage/COBRA Administrator
101 North 14th Street, 13th Floor
Richmond, VA 23219
888-642-4414

Enclosures:

Summary of Benefits and Coverage for your current plan
CHIP Notice
2014 – Benefits at a Glance

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 the Office of Health Benefits Extended Coverage/COBRA Administrator or visit the DHRM web site at 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.

RESOURCES FOR PLANS AND OPTIONAL BENEFITS

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

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