

Commonwealth of Virginia COVA Care and COVA HDHP Materials Order Form - April 2014

Allow ten days for delivery of materials.
Please destroy all prior order forms.

Fax Form To: (804) 780-0198

Name	Telephone	Date
Agency Number	Agency Name	
Shipping Address*		

*Orders cannot be delivered to P.O. Box addresses

Check here if you ordered materials on page 2.

Plan Information

Form #	Item	Quantity	Also available online at:
N/A	COVA Care and COVA HDHP Wallet Card		
T20913	COVA Care Program Overview		www.anthem.com/cova , select COVA Care under the Benefits tab
T20912	COVA HDHP Program Overview		www.anthem.com/cova , select COVA HDHP under the Benefits tab
T20781	COVA Care Member Handbook		www.dhrm.virginia.gov , select Employee Benefits
T20586	COVA HDHP Member Handbook		www.dhrm.virginia.gov , select Employee Benefits
T20716	Medicare Coordinating Plans Member Handbook		www.dhrm.virginia.gov , select Employee Benefits
T20895	Medicare Prescription Drug Benefits Insert		www.dhrm.virginia.gov , select Employee Benefits
T20729	Medicare Dental/Vision Benefits Insert		www.dhrm.virginia.gov , select Employee Benefits

See page 2 for Plan Information materials.

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Name _____

Agency Number and Name _____ / _____

Brochures/Forms

Form #	Item	Quantity	Also available online at:
T20922	Eligibility and Active Enrollment Form for Employees		www.dhrm.virginia.gov , select Employee Benefits
T20878	Extended Coverage/COBRA Change Request	PDF only	www.dhrm.virginia.gov , select Employee Benefits
T20879	Retiree and VSDP/LTD Enrollment Form		www.dhrm.virginia.gov , select Employee Benefits
T20876	About Your Benefits (under construction)	PDF only	www.dhrm.virginia.gov , select Employee Benefits
T20915	Flexible Benefits Sourcebook		www.anthem.com/cova
35717WPMENA	Anthem EAP Brochure		www.anthem.com/cova
10287ANMEN	Anthem BlueCard Program Brochure		www.anthem.com/cova
N/A	Prescription Drug List by Tier	PDF only	www.anthem.com/cova , select Pharmacy under the Benefits tab
JAB14348	COVA Care Pharmacy Home Delivery Order Form		www.anthem.com/cova
12-0684	Pharmacy Claim Form		www.anthem.com/cova
110602	Anthem Claim Form		www.anthem.com/cova
T20914	Anthem Provider Directory		www.anthem.com/cova , select Find a Doctor

**For questions about materials ordered on this form, call (804) 354-3904.
Be sure to fax both pages of the form to (804) 780-0198.**

**For Delta Dental of Virginia materials, fax your requests to Marketing Administration at 540-774-7574.
Please specify material type (COVA Care or COVA HDHP) and the quantity for each order.**