

Cost Alliance

Notification of Changes to Your Member Handbook Effective July 1, 2001

Commonwealth of Virginia
Department of Human Resource Management

On the above effective date the following changes become part of your Cost Alliance Member Handbook, #T20048 (6/00). Keep this notification with your Member Handbook. You or your Benefits Administrator may download an updated copy of this Member Handbook, including the changes shown here, from the Department of Human Resource Management's Web site at www.dhrm.state.va.us/hbenefit.htm or from Trigon Blue Cross Blue Shield's site at <http://state.trigon.com>.

1) Outpatient hospital Copayment, including emergency room, changes from \$50 per Visit to \$75 per Visit

Page 2 – Summary of Benefits
Page 12 – Outpatient services
Page 15 – Outpatient Hospital
Page 29 – Emergency room

2) Outpatient Prescription Drug Copayments change:

Network Retail Pharmacies

- Up to a 34-day supply Changes from \$18 to **\$20**
- A 35- to 90-day supply Changes from \$36 to **\$40**

Mail Service Pharmacy

- Up to a 90-day supply Changes from \$23 to **\$28**

Page 2 – Summary of Benefits
Page 30 – Copayments

3) The Enrollment and Plan or Membership Changes section, page 60, is replaced as follows:

Newly Hired Employee: Coverage for a newly hired employee is effective the first of the month following receipt of notice of an election. Employees hired on the first working day of the month who submit notice that day have coverage beginning the first of the month they were hired. Election to participate in the health benefits program must be made within 31 days from the date of hire.

Open Enrollment: An annual Open Enrollment period for Plan or membership changes has replaced the Floating Enrollment option. The last day for an employee to exercise a Floating Enrollment was May 15, 2001 for a June 1, 2001 effective date.

Certain Life Events: Notice of membership changes or enrolling for coverage due to certain life events must be given within 31 days of the event. Changes take effect the first of the month after notice of the election is received. The exceptions are birth, adoption, placement for adoption (changes are effective the first of the month of the event), and termination of ineligible members (changes are effective the last day of the month in which the Participant loses eligibility). Following is a summary of these life events. Contact your Benefits Administrator if you have questions.

Change in Employee's Employment Status

- Begins/ends full-time employment
- Begins/ends leave without pay
- Begins/ends family medical leave
- Begins Virginia Sickness and Disability Program long-term disability (not working)
- Begins retirement

Change in Employee's Marital Status

- Marriage, divorce or death of a spouse

Change in Employee's Number of Eligible Dependents

- Birth or adoption (Note: pre-adoptive placements may be approved under certain circumstances)
- Death of a covered child
- Covered child exceeds plan's age limit
- Covered child marries
- Court order to cover a child
- Spouse or covered child begins employment/spouse or eligible child ends employment
- Spouse or covered child begins/ends leave without pay
- Spouse or covered child begins/ends family medical leave
- Annual enrollment or change allowed under another employer's plan

Other Changes

- Moves in or out of a plan's service area
- Enrolls in single membership if previously waived coverage
- Gains or loses eligibility for Medicare or Medicaid
- Loses eligibility for another government-sponsored plan

Moving Out Of Your Plan's Service Area: You may change to another plan, but You may not change Your membership unless You also experience a life event.

Payment of Premiums: During Open Enrollment, employees may choose to pay their health benefits premiums on a pre-tax or after-tax basis. The election will be in effect during the fiscal year, from July 1 through the following June 30.

Retirement: State retiree coverage begins on the first day of the first full month of retirement, regardless of the date of enrollment, as long as enrollment is completed within 31 days of the retirement date. Coverage for a retiree returning from participation as a dependent under the State Health Benefits Program will begin on the first of the month after the loss of active coverage, if application is received within 31 days of the loss.

4) The Statutory Benefits section, which begins on page 62, includes the following benefits under the Code of Virginia, §2.1-20.1.

- O. Any plan established by the Department of Human Resource Management pursuant to this section shall provide that coverage under such plan for family members enrolled under a participating state employee's coverage shall continue for a period of at least thirty days following the death of such state employee.*
- 21. Include coverage for infant hearing screenings and all necessary audiological examinations provided pursuant to §32.1-64.1 using any technology approved by the United States Food and Drug Administration, and as recommended by the national Joint Committee on Infant Hearing in its most current position statement addressing early hearing detection and intervention programs. Such coverage shall include follow-up audiological examinations as recommended by a physician or audiologist and performed by a licensed audiologist to confirm the existence or absence of hearing loss.*

Member Handbook Clarifications

- 1) Colonoscopy does not require pre-authorization and is deleted from page 12, item 5).
- 2) Outpatient Prescription Drugs, page 30 -- Special Limits, item 8) e:

Prescription drugs prescribed for weight loss or as stop-smoking aids are excluded, except for weight loss drugs prescribed in conjunction with the treatment of Morbid Obesity when the patient meets the definition of Morbid Obesity.

The following table is an update to the Summary of Benefits on page 2 of Your Member Handbook.

SUMMARY OF COST ALLIANCE BENEFITS Effective July 1, 2001

	Covered Services	In-Network You Pay
Inpatient Hospital	Services and supplies while an Inpatient.	\$100 per day up to \$500 per admission
Outpatient Hospital	Facility charge for outpatient department of a Hospital or Hospital emergency room including diagnostic tests, x-rays, and laboratory services	\$100 per surgical Visit; \$75 per emergency Visit (waived if admitted); \$35 per diagnostic Visit
Skilled Nursing Facility	100 days per Calendar Year in Network Skilled Nursing Facility	\$0
Home Health Care	Nursing and other services in your home	\$0
Professional Services	<ul style="list-style-type: none"> • Inpatient physician care • Outpatient physician Visit in office or Hospital <ul style="list-style-type: none"> ▪ Primary care ▪ Specialty care ▪ Maternity Services (pre- and post-natal care and delivery) 	\$0 \$20 \$35 \$100 per delivery
Physical/Speech/Occupational Therapy	Services rendered by a licensed Physical, Speech, or Occupational therapist; lifetime maximum of up to 90 consecutive days for any illness or condition	\$35 per Visit
Diagnostic Tests and Laboratory Services	<ul style="list-style-type: none"> • Physician office • Clinical reference lab or Outpatient Hospital 	\$0 \$35
Outpatient Prescription Drugs (Mandatory generic)	<ul style="list-style-type: none"> • Retail up to 34-day supply • Retail 35-90-day supply • Mail service up to 90-day supply (If You choose the brand when a generic is available, You pay Copayment plus 100% of the difference between the generic drug AC* and the brand drug AC.)	<u>\$20</u> <u>\$40</u> <u>\$28</u>
Well Baby Care	Physician Visit, immunizations and screenings	\$20 per PCP Visit; \$35 per specialist Visit
Preventive Care and Immunizations	Includes periodic checkups, annual gynecological exam and Pap smear, and routine mammography	\$20 per PCP Visit; \$35 per specialist Visit
Emergency Services for Life-Threatening Conditions	<ul style="list-style-type: none"> • Hospital emergency room • Physician care 	<u>\$75</u> per Visit (waived if admitted) \$20 per PCP Visit; \$35 per specialist Visit

	Covered Services	In-Network You Pay
Mental Illness and Substance Abuse	<ul style="list-style-type: none"> • Outpatient Visit – authorized in advance of care; up to 50 Visits for non-biologically based mental illness • Outpatient Hospital • Inpatient and partial days of care; up to 30 days per benefit period; 90-day lifetime maximum for non-biologically based mental illness 	\$35 per Visit \$75 per Emergency room Visit (waived if admitted); \$35 per diagnostic Visit \$100 per day up to \$500 per admission
Annual Copayment Limit	Plan pays 100% AC once Copayment limit is reached for covered services. (This does not include Copayments for Outpatient prescription drugs.)	\$2,500 per covered person

*Allowable Charge (AC): See Definitions section.

This is only a summary of the benefits available to You through the health benefits plan You selected. Complete information on each covered service may be found in the appropriate section of the Cost Alliance Member Handbook.

The most current edition of the Cost Alliance Member Handbook may be printed at any time from the following Web sites: www.dhrm.state.va.us/hbenefit.htm or <http://state.trigon.com>.