

# COVA Care

Notification of Changes and Clarifications to Your Member Handbook  
Effective July 1, 2007  
Commonwealth of Virginia Health Benefits Program

**Keep this notification with your COVA Care Member Handbook.** This notification and your member handbook constitute a full and complete description of your coverage. You also may obtain the most current COVA Care Member Handbook from the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

**1) The medical benefit covers diabetic equipment including insulin pumps, lancet devices, calibrator solution and education.**

- You pay 20% coinsurance after the deductible for insulin pumps and associated supplies, lancet devices and calibrator solution.
- Outpatient self-management training and education are covered at no cost to you.
- Amounts you pay under the medical benefit for diabetic equipment and supplies may apply to your out-of-pocket expense limit.

Page 1 - Summary of Benefits, Diabetic equipment, Diabetic education

Page 22 - What is covered - Diabetic equipment and education

**2) Under Routine Wellness services (age 7 and older), the \$500 per plan year limit for routine immunizations, lab and x-ray services is eliminated.**

Page 4 - Summary of Benefits, Routine Wellness

**3) The outpatient prescription drug benefit covers diabetic blood glucose test strips and blood glucose meters:**

- You pay 20% coinsurance with no deductible at retail and mail order pharmacies. A prescription is required at the pharmacy for purchase of these supplies.
- You continue to pay the applicable prescription drug tier copayment for insulin, syringes and lancets.

Page 5 - Summary of Benefits, Prescription Drugs (outpatient)

Page 28 - What is covered - Prescription drugs

**4) The following language applies to covered dental services (non-routine medical).**

Injury as a result of chewing or biting is not considered an accidental injury.

Page 21 - What is covered - Dental services (non-routine medical)

**5) Prescription drugs for smoking cessation are now covered under your outpatient prescription drug benefit. Your medical benefits continue to exclude stop smoking services, including stop smoking aids and clinics.**

Page 28 - What is covered - Prescription drugs

**6) The following language applies to your coverage for skilled nursing facility stays.**

Your health plan will cover the private room charge if you need a private room because you have a highly contagious condition or are at greater risk of contracting an infectious disease because of

your medical condition. Otherwise, your inpatient benefits would cover the skilled nursing facility's charges for a semi-private room. If you choose to occupy a private room, you will be responsible for paying the daily differences between the semi-private and private room rates in addition to your copayment and coinsurance (if any).

Page 29 - What is covered - Skilled nursing facility stays

**7) The exclusion relating to obesity services is replaced as follows:**

Your coverage does not include benefits for services and supplies related to obesity or services related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem. Notwithstanding provisions of other exclusions involving cosmetic surgery to the contrary, services rendered to improve appearance (such as abdominoplasties, panniculectomies, and lipectomies), are not covered services even though the services may be required to correct deformity after a previous therapeutic process involving gastric bypass surgery.

The exception to this exclusion is for morbid obesity as set forth in the “**Surgery**” paragraph of the “**What is covered**” section.

Page 41 - What is not covered - Obesity

**8) The following language applies to what is not covered for skilled nursing facility stays.**

- a private room unless it is medically necessary.

Page 43 - What is not covered - Skilled nursing facility stays

**9) The following exception no longer applies under your Coordination of benefits (COB).**

There is an exception for those in family membership who may retain coverage under this plan with Medicare as the primary coverage for any Medicare-eligible family member.

Page 51 - Primary and secondary coverage

**10) Occupational Therapist has been added as a provider who may give care under your health plan.**

Page 85 - Definitions - Providers

**11) The 24/7 NurseLine and AudioHealth Library services have been added to your plan.**

You may call 24/7 NurseLine at 1-800-337-4770 any time, day or night, to speak to a nurse about medical questions. You also may listen to recorded messages about hundreds of health-related topics by using the AudioHealth Library. Both services are confidential, free of charge, and require no registration.

Page 89 - Special Features and Programs

**12) The Baby Benefits prenatal program and Better Prepared disease management programs have been renamed Future Moms and ConditionCare.**

Page 89 - Special Features and Programs

Page 27 - Future Moms