



# COMMONWEALTH OF VIRGINIA

## DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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To: State Extended Coverage Participants Who Are Not Eligible for Medicare

From: Commonwealth of Virginia, State and Local Health Benefits Programs

Date: April 3, 2007

Re:

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### ***Open Enrollment***

From April 16 through May 16, you have the opportunity to make changes to your health plan and membership (how many people you are covering) to be effective July 1, 2007. This package includes information about benefit changes that will go into effect on July 1 so that you can decide if you wish to make any changes. You will find information about how to make changes on page 4 of this letter, and a brief overview of plan choices is provided on pages 5 and 6. All Extended Coverage qualified beneficiaries have independent rights to make a coverage change.

***If you wish to maintain your current plan and membership level, you do not need to take any action.*** If you continue to be eligible for coverage, your new monthly premium will automatically be reflected in your June bill.

### ***Benefit Changes for July 1, 2007***

**Enhanced COVA Care Wellness Benefits** - Effective July 1, 2007, the \$500 limit on wellness benefits under the COVA Care Plan will be removed. This means that participants will be covered at 100% of the allowable charge for well-child services (through age 6), one annual routine wellness visit (ages 7 and older) and routine wellness lab, immunizations and x-rays with no dollar limitation (ages 7 and older). Preventive care will continue to be covered at 100% of the allowable charge for one screening per plan year, including pap tests, mammograms, prostate specific antigen (PSA) tests and colorectal cancer screenings. However, if these tests are associated with a diagnosis, the benefit will be paid as a medical service, and the appropriate deductible, copayment or coinsurance will apply. Other plan provisions (e.g., exclusion for experimental/investigative procedures) will apply to this benefit. If your health care provider or you have any questions about covered wellness or preventive care services, contact Anthem Blue Cross and Blue Shield Member Services at 1-800-552-2682.

**(Benefit Changes for July 1, 2007- continued)**

**COVA Care Coverage for Diabetic Test Strips and Glucose Monitors** - Effective July 1, diabetic test strips and glucose monitors will be covered under your prescription drug benefit and administered by Medco. (They will no longer be covered under your medical plan by Anthem Blue Cross and Blue Shield.) You will pay 20% coinsurance, **with no deductible**, at Medco participating pharmacies. You may purchase test strips either at a Medco-participating retail pharmacy or through Medco's mail order pharmacy, and **you will get your benefit at the point of sale—no more claims to submit**. (However, if you use a non-participating pharmacy, you will have to submit a paper claim form to Medco and be reimbursed at the appropriate benefit level.) Amounts you pay for test strips and monitors will not count toward your plan year out-of-pocket expense limit. **NOTE—Starting July 1, a prescription from your doctor is required at the pharmacy in order to get test strips and glucose monitors under the program.**

Insulin, syringes and lancets will continue to be covered at the designated copayment level through your Medco prescription drug benefit. Insulin pumps and allowable diabetic education will continue to be covered under your medical benefit through Anthem Blue Cross and Blue Shield.

If there is currently a record of your diabetic diagnosis and/or claims for test strips or diabetic drugs, you will receive additional information directly from Medco that will provide all details you will need to make this transition, including how to obtain a new blood glucose monitor at no cost to you. Be sure to look for this information in late May. If you are not identified as a recipient of the letter but need additional information about the new administration of this benefit, consult the Member Handbook *Notification of Changes* that is attached (see page 8).

**NEW! – 24/7 NurseLine** – Effective July 1, 2007, COVA Care members will be able to use the Anthem Blue Cross and Blue Shield 24/7 NurseLine. This service provides access to a registered nurse who can answer general health-related questions, assist with assessing symptoms, and increase your understanding of medical conditions or prescribed courses of treatment. All 24/7 NurseLine nurses have 7+ years of experience and are available 24 hours a day, 7 days a week. If you want to get information confidentially, without talking to a nurse, you may also choose to listen to pre-recorded information on hundreds of health-related topics by choosing the AudioHealth Library. Starting July 1, call 1-800-337-4770 to use this service, and go to **[www.anthem.com/cova](http://www.anthem.com/cova)** to get a list of AudioHealth Library topics.

24/7 NurseLine will not be able to provide information about your plan benefits—contact Member Services if you need benefit information—see page 7. This service does not replace assistance that you can obtain through your Employee Assistance Plan/EAP benefit which is administered by ValueOptions. Consult your COVA Care Member Handbook or contact ValueOptions for more information about EAP services.

**COVA HDHP (High Deductible Health Plan)** - For those maintaining COVA HDHP coverage for the upcoming plan year starting July 1, there are no changes to the plan's benefits. The plan continues to be Health Savings Account (HSA) compatible, but, if you wish to participate in an HSA, you must do so outside of the state program; the state program does not offer an HSA. If you are interested in enrolling in the COVA HDHP, a brief summary of benefits is provided on pages 5 and 6. However, if you would like additional information, please consult Retiree Fact Sheet #6 or the Member Handbook, both of which are available at **[www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)**. Be sure that you understand all of the provisions of this consumer-driven health plan before enrolling.

**Kaiser Permanente Members** - Other than the change in premium, there will be no changes under the Kaiser Permanente Plan, which is available only to participants who live in its Northern Virginia service area.

**Monthly Premium Rates Effective July 1, 2007**

**Extended Coverage 18 & 36-Month Premiums**

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$446	\$825	\$1,206
COVA Care + Out-of-Network	\$456	\$839	\$1,225
COVA Care + Expanded Dental	\$459	\$851	\$1,244
COVA Care + Vision, Hearing and Expanded Dental	\$468	\$868	\$1,267
COVA Care + Out-of-Network and Expanded Dental	\$469	\$865	\$1,263
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$478	\$881	\$1,284
COVA HDHP	\$357	\$661	\$966
Kaiser Permanente HMO*	\$443	\$819	\$1,195

**Extended Coverage 29-Month Premiums**

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$656	\$1,214	\$1,773
COVA Care + Out-of-Network	\$671	\$1,235	\$1,802
COVA Care + Expanded Dental	\$675	\$1,251	\$1,830
COVA Care + Vision, Hearing and Expanded Dental	\$689	\$1,277	\$1,863
COVA Care + Out-of-Network and Expanded Dental	\$690	\$1,272	\$1,857
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$704	\$1,296	\$1,889
COVA HDHP	\$525	\$972	\$1,421
Kaiser Permanente HMO*	\$651	\$1,205	\$1,758

**Extended Coverage Premiums for Participants on Military Leave Without Pay (formerly full-time employment)**

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$42	\$103	\$147
COVA Care + Out-of-Network	\$52	\$117	\$166
COVA Care + Expanded Dental	\$55	\$128	\$185
COVA Care + Vision, Hearing and Expanded Dental	\$64	\$145	\$207
COVA Care + Out-of-Network and Expanded Dental	\$65	\$142	\$203
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$74	\$158	\$224
COVA HDHP	\$0	\$0	\$0
Kaiser Permanente HMO*	\$42	\$102	\$146

\*Kaiser Permanente HMO is only available to participants who live in the Kaiser service area in Northern Virginia. 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 or going to the Kaiser Web site—see the *Resources* on page 7 of this correspondence.

## ***Making Changes***

**Open Enrollment Changes** - If you wish to make a plan or membership change during Open Enrollment, your completed Enrollment Form must be **received** by May 16, 2007, at the following address:

OHB Extended Coverage Administrator  
101 North 14<sup>th</sup> Street, 13<sup>th</sup> Floor  
Richmond, VA 23219

To obtain an enrollment form, go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or contact the Retiree Helpline at 1-888-695-3466 and leave a message identifying yourself as an Extended Coverage participant who wishes to obtain an Enrollment Form. Be sure to provide your ID number so that a form will be sent to your address of record. You may also make an allowable change by using EmployeeDirect on line at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) and clicking on the EmployeeDirect link. 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. That policy does not allow changing your plan election simply because you changed your mind after the Open Enrollment period ends or you checked the wrong box on the form.

After Open Enrollment, membership and plan changes for Extended Coverage participants are allowed based on the same program provisions governing similarly-situated non-Extended Coverage participants or as provided by law.

## ***Additional Information***

**ID Cards** - Unless you make a plan change that will affect the information on your current ID card (e.g., changing from COVA Care to the COVA HDHP or from COVA Care to Kaiser Permanente HMO), you will not receive a new ID card for July 1.

**Member Handbooks** - COVA Care and COVA HDHP members who remain in those plans will not receive a new Member Handbook at this time. However, a *Notification of Changes* for the COVA Care Member Handbook is attached (page 8). COVA Care members should maintain this information with their COVA Care Member Handbook. There are no changes to the COVA HDHP handbook. If you change plans (e.g., from COVA Care to COVA HDHP), you will get a new Member Handbook and a new ID card. Kaiser Permanente HMO Members will receive a new Evidence of Coverage.

**COVA Care Flu Shot Program** - Did you know that COVA Care members can get a free flu shot? Not only can they use their wellness benefit to get a flu shot with no copayment or coinsurance, they can also take advantage of a program during flu season under the Medco prescription drug benefit at participating pharmacies. If your Extended Coverage is still active in the fall, be sure to check the Department of Human Resource Management's Web site ([www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)) to get more information about this program.

**If You Become Entitled to Medicare or Start Coverage Under Another Group Health Plan...** - The Extended Coverage 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 exclusion or if a qualified beneficiary becomes entitled to Medicare benefits (under Part

**(Additional Information – continued)**

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) Extended Coverage Administrator within 30 days of the start of such coverage by sending notification in writing to the address listed on page 2. Upon reporting these events, coverage will be terminated. Failure to report other coverage within the 30-day time limit will not preclude termination retrospectively 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.

Attachments:

- Resources (page 7)
- Women’s Health and Cancer Rights Notice (page 7)
- Notification of Changes (page 8)

**Overview of Benefit Plan Choices  
July 2007—June 2008**

<b>Benefit</b>	<b>COVA Care <i>You pay</i></b>	<b>COVA HDHP <i>You Pay</i></b>	<b>Kaiser Permanente <i>You pay</i></b>
Deductible – per plan year • One person • Two or more persons	\$200 \$400	\$1,200 \$2,400	None None
Out-of-pocket expense limit – per plan year • One person • Two or more persons	\$1,500 \$3,000	\$5,000 \$10,000	None None
Doctor’s visits • Primary care physician • Specialist	\$25 \$35	20% after deductible 20% after deductible	\$10 \$10
Hospital services (including surgery) • Inpatient • Outpatient	\$300 per stay \$100 per visit	20% after deductible 20% after deductible	\$100 per admission \$10 per visit
Emergency room visits	\$100 per visit (waived if admitted)	20% after deductible	\$50 per visit (waived if admitted)
Outpatient diagnostic lab, tests, shots, x-rays (includes physician’s office)	10% after deductible	20% after deductible	<ul style="list-style-type: none"> <li>• \$10 for physician, x-ray and diagnostic services</li> <li>• \$0 for lab, pathology, radiology, diagnostic testing</li> </ul>

<b>Benefit</b>	<b>COVA Care You pay</b>	<b>COVA HDHP You Pay</b>	<b>Kaiser Permanente You pay</b>
<b>Wellness Services</b> Well child – through age 6 <ul style="list-style-type: none"> <li>Office visits at specified intervals, immunizations, lab, x-rays</li> </ul> Routine wellness – age 7 and older <ul style="list-style-type: none"> <li>Annual checkup visit               <ul style="list-style-type: none"> <li>Primary care physician \$0</li> <li>Specialist \$0</li> </ul> </li> <li>Immunizations, lab, x-rays \$0</li> <li>Preventive care – one of each approved screening per plan year (age limits apply) \$0</li> </ul>	\$0	\$0	\$0
<b>Outpatient Prescription Drugs</b> <ul style="list-style-type: none"> <li>Retail Pharmacy               <ul style="list-style-type: none"> <li>Up to 34-day supply \$15/\$20/\$35</li> </ul> </li> <li>Home Delivery Pharmacy               <ul style="list-style-type: none"> <li>Up to 90-day supply \$30/\$40/\$70</li> </ul> </li> <li>Diabetic test strips and glucose monitors               <ul style="list-style-type: none"> <li>20% (no deductible)</li> </ul> </li> </ul>	Up to 34-day supply \$15/\$20/\$35  Up to 90-day supply \$30/\$40/\$70  20% (no deductible)	20% after deductible  20% after deductible  20% after deductible	Up to 60-day supply <ul style="list-style-type: none"> <li>Kaiser On-Site Pharmacy \$10</li> <li>Community Pharmacy \$20</li> </ul> Up to 90-day supply <ul style="list-style-type: none"> <li>Mail Service \$8</li> </ul> Test strips 20% (no deductible) Glucose monitors \$10
<b>Dental benefits</b>	<b>Basic</b> <ul style="list-style-type: none"> <li>No deductible</li> <li>Plan pays up to \$1,200 per member</li> </ul>	<b>Expanded</b> <ul style="list-style-type: none"> <li>\$25 deductible per member, up to \$75 per family</li> <li>Plan pays up to \$1,500 per member</li> </ul>	<b>Expanded</b> <ul style="list-style-type: none"> <li>In-plan-\$25 deductible per member; plan pays \$1,000 per member</li> <li>Out-of-plan-\$50 deductible per member; plan pays up to \$500 per member</li> </ul>
<b>Optional benefits</b> <ul style="list-style-type: none"> <li>Out-of-Network</li> <li>Expanded Dental</li> <li>Vision and Hearing</li> </ul>	<ul style="list-style-type: none"> <li>Option available</li> <li>Option available</li> <li>Option available</li> </ul>	<ul style="list-style-type: none"> <li>Not available</li> <li>Included</li> <li>Not available</li> </ul>	<ul style="list-style-type: none"> <li>Not available</li> <li>Included</li> <li>Vision included/hearing not available</li> </ul>

**IMPORTANT!** This chart is just a general overview of plan benefits. To obtain complete information and plan provisions, consult the Member Handbook (available at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)) or contact the Claims Administrator.

**RESOURCES**

***If you have questions regarding claims or participating providers, contact:***

<b><i>Benefit</i></b>	<b><i>Contact This Administrator</i></b>
<ul style="list-style-type: none"> <li>• <b>COVA Care Medical</b></li> <li>• <b>COVA Care Optional Vision and Hearing</b></li> <li>• <b>COVA HDHP (all benefits)</b></li> </ul>	<p><u>Anthem Blue Cross and Blue Shield Member Svcs.</u> 1-800-552-2682 Hearing impaired: Contact your state's relay service by dialing 711. Web site: <a href="http://www.anthem.com">www.anthem.com</a> <u>BlueCard Worldwide</u> (for assistance outside of the US) 1-800-810-BLUE (2583) Web site: <a href="http://www.bcbs.com">www.bcbs.com</a></p>
<ul style="list-style-type: none"> <li>• <b>COVA Care Behavioral Health or Employee Assistance Program</b></li> </ul>	<p>ValueOptions, Inc. 1-866-725-0602 Web site: <a href="http://www.achievesolutions.net/covacare">www.achievesolutions.net/covacare</a></p>
<ul style="list-style-type: none"> <li>• <b>COVA Care Dental</b></li> </ul>	<p>Delta Dental Plan of Virginia 1-888-335-8296 Web site: <a href="http://www.deltadentalva.com">www.deltadentalva.com</a></p>
<ul style="list-style-type: none"> <li>• <b>COVA Care Prescription Drugs</b></li> </ul>	<p>Medco Health Solutions, Inc. 1-800-355-8279 Web site: <a href="http://www.medco.com">www.medco.com</a></p>
<ul style="list-style-type: none"> <li>• <b>Kaiser Permanente HMO</b></li> </ul>	<p>Kaiser Foundation Health Plan of the Mid-Atlantic States 1-800-777-7902 or 1-301-468-6000 (in Washington, DC) Web site: <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia/">http://my.kaiserpermanente.org/mida/commonwealthofvirginia/</a></p>

***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 1-888-827-3847 <a href="http://www.varetire.org">www.varetire.org</a>
<b>Local or Optional Retirement Plan Retiree or Survivor</b>	Your Pre-Retirement Agency Benefits Administrator

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).

**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.

## **COVA Care**

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

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**1) Under Routine Wellness (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

**2) The outpatient prescription drug benefit through Medco covers:**

- Diabetic blood glucose test strips and monitors (glucometers): You pay 20% coinsurance with no deductible at Medco pharmacies.
  - A prescription from your physician is required at the pharmacy for the purchase of blood glucose tests strips and monitors.
- Insulin, syringes and lancets: You pay applicable prescription drug tier copayment.
- Amounts you pay for blood glucose test strips, monitors, insulin, syringes and lancets do not apply to your annual out-of-pocket expense limit.

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

Page 28 – Prescription drugs

**3) The medical plan through Anthem covers:**

- Insulin pumps (and associated supplies): You pay 20% after the deductible. The deductible and coinsurance apply to your out-of-pocket expense limit.
- Outpatient self-management training and education: No deductible, coinsurance or copayment is required.

Page 22 – Diabetic equipment and education

- This notification and your member handbook constitute a full and complete description of your coverage. Keep this notification with your member handbook.
- Beginning July 1, 2007, the COVA Care 2007 Member Handbook which incorporates these changes will be available on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).