

To: Extended Coverage Participants

From: Charles Reed, Associate Director
State and Local Health Benefits Programs

CC: All OHB

Date: April 18, 2001

Open Enrollment and Health Benefit Changes for July 1

- ***Open Enrollment is May 1 – May 31 . . .*** This is the period when you may change plans or membership type. To make a change, complete and mail the enclosed Enrollment/Waiver form prior to May 31 to the health plan you have selected. If you are changing plans, you may also wish to notify the current plan of the change. Changes will be effective July 1. If enrolled in Key Advantage or Cost Alliance, you will receive a new plan ID card even if you take no action during Open Enrollment. That is because some copayments will change effective July 1. The copayment changes are described on page 2.
- ***Open Enrollment Replaces Floating Enrollment . . .*** New Internal Revenue Service (IRS) regulations for making health benefits changes during the year will offer advantages similar to Floating Enrollment. The last day to exercise your Floating Enrollment option will be May 15 for an effective date of June 1, 2001. Open Enrollment will occur once each year for plan and membership changes. In addition you will have the opportunity to make other changes during the year within 31 days of certain life events (see page 4).
- ***Compare the Plans . . .*** See the enclosed Comparison of Benefits brochure for a summary of benefits for each plan offered. Note that under regional plans, Optimum Choice, Inc. (MAMSI) has added a new Standard HMO for July 1.

- **Select a Primary Care Physician (PCP) if you change plans . . .** You must select a new PCP if you change plans. Use the appropriate PCP Selection Form in this package to make your selection, and mail or fax the form to the plan. You may also call the plan directly to select your PCP. A list of plan telephone numbers and Web sites is on page 3.
- **New Premiums . . .** Enclosed are monthly premiums effective July 1, 2001.

What's Different Starting July 1?

Key Advantage and Cost Alliance Copayment Changes

Key Advantage Medical Benefits

- . PCP office visit copayment changes from \$13 to \$15
- . Outpatient hospital copayment, including emergency room, changes from \$50 to \$75

Cost Alliance Medical Benefits

- . Outpatient hospital copayment for urgent care or life-threatening emergency changes from \$50 to \$75

Key Advantage and Cost Alliance Prescription Drug Copayments

		<u>Today</u>	<u>New 7/1/01</u>
<i>Retail Pharmacy (up to 34-day supply)</i>	<i>Key Advantage</i>	\$13	\$15
	<i>Cost Alliance</i>	\$18	\$20
<i>Retail Pharmacy (35-90 day supply)</i>	<i>Key Advantage</i>	\$26	\$30
	<i>Cost Alliance</i>	\$36	\$40
<i>Mail Service (up to 90-day supply)</i>	<i>Key Advantage</i>	\$18	\$23
	<i>Cost Alliance</i>	\$23	\$28

Amendments to the Key Advantage and Cost Alliance Member Handbooks – The new plan copayments will be reflected in amendments to your Member Handbook. The amendments will be mailed to you this summer. You also may download Member Handbooks from the Web at www.dhrm.state.va.us/hbenefit.htm, or from Trigon's state Web site at <http://state.trigon.com>.

New Regional HMO

Optimum Choice, Inc. (MAMSI) will offer a Standard HMO plan. For service areas and other information, see the Optimum Choice Standard HMO Plan Guide, available directly from the plan by calling 1-800-605-8202, or on the Optimum Choice Web site at www.mamsi.com.

Visit the Web Sites or Call the Plans Directly for More Information

You may download plan information from the DHRM Web site, including the new monthly premiums, Enrollment/Waiver form, and Comparison of Benefits brochure at www.dhrm.state.va.us/hbenefit.htm.

Call these companies or visit their Web sites to obtain more information about the plans.

AETNA U.S. HEALTHCARE, INC.

1-800-323-9930

www.aetnaushc.com/custom/cwva

PIEDMONT COMMUNITY HEALTHCARE INC.

1-888-674-3368

www.pchp.net

CIGNA HEALTHCARE OF VIRGINIA, INC.

1-800-832-3211

<http://provider.healthcare.cigna.com/va.html>

TRIGON BLUE CROSS BLUE SHIELD

(804) 355-8506 OR 1-800-552-2682

<http://state.trigon.com>

KAISER FOUNDATION HEALTH PLANS OF THE MID-ATLANTIC STATES, INC.

(301) 468-6000 or 1-800-777-7902

www.kaiserpermanente.org

MAGELLAN BEHAVIORAL HEALTH

(Mental health and substance abuse services for Key Advantage and Cost Alliance)

1-800-775-5138

www.magellanassist.com

OPTIMUM CHOICE, INC.

5138.)

(301) 360-8077 or 1-800-605-8202

www.mamsi.com

(Access the site, then enter 800-775-

A Special Note About Moving Out of State...

Key Advantage is the only plan available to participants outside of Virginia. While other plans may offer coverage for emergency care only outside of their network areas, Key Advantage offers the full range of benefits that are provided to in-state participants.

If you move out of state, please keep in mind that you will no longer have a network primary care physician (PCP). The \$25 copayment level will apply when you receive care. All other services will be covered by Key Advantage at the in-network level without the requirement of a PCP referral; however, certain services (e.g., hospital admissions, certain procedures or prescription drugs) will require prior authorization. Remember, if you receive services out of the network, you may be subject to balance billing. When you present your ID card to an out-of-state provider or hospital, ask if they participate with the local Blue Cross Blue Shield. If they do, they will file your medical claim for you, and in most states you will not be subject to balance billing.

These provisions also are available to eligible dependents (e.g., out-of-state college students) not living in the state of Virginia, or participants who have a Virginia address but may temporarily reside outside of Virginia. Please contact Trigon if you need additional information or to obtain a Claims Exception form to notify the plan of a member's out of state address.

New Rules For Making Changes During The Year

New Internal Revenue Service (IRS) rules define certain life events that allow you to make an election change during the year outside of the Open Enrollment period. When you make a new election during the year based on a certain life event, the new election must be on account of, and consistent with, the event involved. You may decrease membership at any time. However, you may only increase membership during Open Enrollment or within 31 days of a qualifying life event. If you waive coverage, you will not be allowed to re-enroll at a later date.

Certain life events which permit changes outside Open Enrollment are listed below.

- When you move into or out of a plan's service area, you may change your plan within 31 days.
- All other life events allow only changes in membership, within 31 days.

Life Events

Change in employee's marital status

Marriage, divorce or death of spouse

Change in employee's number of covered dependents

Birth or adoption*

Court order to cover a child

Lose eligibility for government-sponsored plan

Spouse or covered child ends employment

Spouse or covered child begins leave without pay

Spouse or covered child begins family medical leave

Annual enrollment or change allowed under another employer's plan

*Pre-adoptive placements may be approved under certain circumstances.

Other Changes

Move in or out of plan's service area

Extended Coverage (COBRA)

The Women's Health and Cancer Rights Act of 1998 – Public Notice

Under this law, which was part of the 1999 Omnibus Consolidation and Emergency Supplemental Appropriations Act passed by Congress, coverage is required for the following services as part of medical/surgical benefits for mastectomies:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications during all stages of the mastectomy

Enclosures: Monthly Premiums for 7/1/01
Enrollment/Waiver Form
Comparison of Benefits brochure
PCP Selection Forms