



**COMMONWEALTH OF VIRGINIA**  
**DEPARTMENT OF HUMAN RESOURCE MANAGEMENT**

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To: State Extended Coverage Participants Not Eligible for Medicare

From: Mary P. Habel, Director  
 State and Local Health Benefits Programs

Date: April 9, 2004

Re: 

- Your Monthly Premium Rates and Plan Choices Effective July 1, 2004
- Open Enrollment
- Important News and Updates

***What's New for July 1, 2004***

- *Open Enrollment* -- From April 14 to May 14, 2004 is your opportunity to review your current health plan coverage and make changes based on your needs for the new plan year that is effective on July 1, 2004. See more about Open Enrollment beginning on page 4.
- *Plan Year* – The COVA Care plan benefit year changes from the calendar to the fiscal year (July 1 – June 30). See page 2.
- *Plan Administrators* – Although coverage will remain the same, COVA Care will have four separate administrators of benefits. See page 3.
- *New Premium Rates* -- Following are monthly premium costs that will become effective on July 1, 2004:

**Premiums for 18 and 36-month Extended Coverage participants:**

<i>Plan</i>	<i>Single Premium</i>	<i>Two-Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	<b>\$341</b>	<b>\$631</b>	<b>\$921</b>
COVA Care + Out-of-Network	<b>\$349</b>	<b>\$643</b>	<b>\$935</b>
COVA Care + Expanded Dental	<b>\$351</b>	<b>\$651</b>	<b>\$952</b>
COVA Care + Vision, Hearing and Expanded Dental	<b>\$358</b>	<b>\$664</b>	<b>\$968</b>
COVA Care + Out-of-Network and Expanded Dental	<b>\$359</b>	<b>\$662</b>	<b>\$966</b>
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	<b>\$366</b>	<b>\$675</b>	<b>\$982</b>
Kaiser Permanente HMO	<b>\$344</b>	<b>\$635</b>	<b>\$928</b>

**Premium Contributions for participants on Military Leave Without Pay:**

<i>Plan</i>	<i>Single Premium</i>	<i>Two- Person Premium</i>	<i>Family Premium</i>
COVA Care Basic	\$32	\$80	\$113
COVA Care + Out-of-Network	\$40	\$91	\$127
COVA Care + Expanded Dental	\$42	\$99	\$143
COVA Care + Vision, Hearing and Expanded Dental	\$49	\$112	\$159
COVA Care + Out-of-Network and Expanded Dental	\$50	\$110	\$157
COVA Care + Out-of-Network and Vision, Hearing and Expanded Dental	\$57	\$123	\$173
Kaiser Permanente HMO	\$35	\$84	\$120

**Available Plans**

- *COVA Care Plan* -- There will be no changes to COVA Care plan covered services, deductibles, copayments or coinsurance on July 1. However, there are changes in administration of some benefits under COVA Care. ***Please read all materials carefully. Be sure that you are using the correct provider network and that you direct questions (starting now) and claims (starting July 1) to the appropriate administrator.*** See more about COVA Care below.
- *Kaiser Permanente HMO* – **This plan is available only to participants who live in the Kaiser service area in Northern Virginia.** If you live in Northern Virginia and are interested in Kaiser coverage, contact Kaiser directly. If you are a current Kaiser member and do not live in its service area, you must make another plan selection. Contact Kaiser directly or visit its Web site to determine if your home address is in the Kaiser service area. See the Plan Contact Summary on page 5.

**COVA Care Benefit Plan Year** Beginning July 1, COVA Care’s benefit year will change from January 1—December 31 to **July 1—June 30**. To help you with this transition, any portion of your medical and/or behavioral health deductible or out-of-pocket limit that you have met by June 30 will not have to be satisfied again once the new benefit year begins on July 1. This expands by six months the amount of time you have to meet your deductible or out-of-pocket limit.

- Plan maximums for medical services such as routine wellness and chiropractic care will start over with the new benefit year effective July 1.
- Dental care maximums (\$1200 under COVA Care, and \$1500 under COVA Care with Expanded Dental) will start over again on July 1. The \$1200 orthodontic lifetime maximum under the Expanded Dental option will not start again on July 1.
- Those participants with routine vision coverage will still be limited to benefits once every 24 months.

**COVA Care Plan Administrators** Effective July 1, four administrators will administer your COVA Care benefits. See page 5 for a list of administrators and contact information.

- You will have **four separate identification cards** to use for the appropriate COVA Care benefit. Present your new cards to your provider (your doctor, dentist, mental health professional or pharmacist) for services beginning July 1.
- **Using a provider who participates in the new administrators' networks is important to your coverage under COVA Care:**
  - Except for those with a behavioral health transition benefit (see below), COVA Care members who use providers outside the networks after June 30 for medical or behavioral health benefits will have no coverage unless they have elected the out-of-network benefit option; and
  - Using a non-participating provider for dental, vision, hearing or prescription drug benefits may result in higher out-of-pocket expenses. You may need to file the claim yourself.

**COVA Care Behavioral Health Transition Period** COVA Care participants who are in outpatient behavioral health treatment prior to July 1, 2004 will have a transition period of up to three months (July 1 through September 30, 2004) or 10 visits, whichever comes first.

- This will allow continued coverage for services from a provider who does not participate with ValueOptions, the new administrator for behavioral health benefits. However, be sure to contact ValueOptions as soon as possible to identify a provider who participates in the ValueOptions network.
- If you continue to receive treatment from a non-ValueOptions network provider during the transition period, you will be responsible for any amount over the allowable charge.
- **After you have exhausted the transition benefit, you will have no coverage if you use a non-ValueOptions provider** (unless you have purchased the out-of-network optional benefit).

If you have the Out-of-Network option, you may use any provider after the transition benefit has been exhausted, as long as the services are covered and medically necessary. However, your benefit will be reduced by 25% of the allowable charge, and you may experience balance billing since non-participating providers are not restricted to the plan's allowable charge.

Did you know that the Employee Assistance Program (EAP) is available to COVA Care Extended Coverage participants? Consult your Member Handbook to see what types of services are available, or, starting July 1, contact ValueOptions at 1-866-725-0602. Kaiser Permanente HMO Extended Coverage participants also have EAP benefits. More information on Kaiser EAP benefits may be obtained directly from Kaiser at (703) 873-1503.

**COVA Care ID Cards** You will receive **four new ID cards** for use starting July 1. Be sure to present the appropriate card to your medical (including vision and hearing, if you have chosen that option), dental, behavioral health and prescription drug providers.

**COVA Care Member Handbooks** All COVA Care Extended Coverage group enrollees will receive a new Member Handbook along with their Anthem ID card. This Member Handbook describes all COVA Care benefits, even those administered by Delta Dental, ValueOptions and Medco Health. Even though you will receive four different ID cards, you will receive only one Member Handbook, and it will come to you from Anthem prior to July 1.

**Open Enrollment** During Open Enrollment, Extended Coverage participants who will still be eligible for coverage on July 1, 2004, may review and make changes to their health plan; add or remove dependents, making any appropriate change to their health plan membership; add or remove a COVA Care optional benefit. Those in the Kaiser Permanente HMO service area may also elect Kaiser coverage.

**To maintain your current plan and membership level, take no action.** Your new monthly premium will automatically be billed in the usual way.

**Making Allowable Changes** If you wish to make an allowable change in your coverage during Open Enrollment, your completed enrollment form must be **received** by your plan carrier (Anthem or Kaiser) between April 14 and May 14, 2004. Contact the carrier directly (see page 5) for the correct mailing address. After the enrollment period, plan or membership changes will only be allowed based on the occurrence of a consistent qualifying mid-year event (such as marriage, birth of a child, etc.). Open Enrollment provides a great opportunity to review your current health plan coverage and make changes based on your needs for the new plan year (or until your eligibility is exhausted).

For more information about COVA Care optional benefits, see your COVA Care Member Handbook. If you do not have a member handbook, please contact Anthem for more information. For more information about the Kaiser Permanente HMO, contact Kaiser directly. Plan contact information is located on page 5.

**Entitlement to Medicare** Extended Coverage will be terminated for qualified beneficiaries who become entitled to Medicare after their Extended Coverage election.

**Prompt Payment of Premiums** After the initial Extended Coverage premium payment, Extended Coverage participants' monthly premium payments are due by the first day of the coverage month. There is a 31-day grace period; however, claims submitted during the grace period, but prior to receipt of the premium payment, will be denied until payment is received. This includes prescription drug benefits. Resubmission of any claims denied during the grace period may be required. Premium payments sent after the grace period will result in termination of coverage.

**Resources for Qualified Beneficiaries** Please refer to the Plan Contact Summary on page 5 to identify your resources when you have questions regarding your State Health Benefits Program coverage.

Enclosures and Attachments:

- Extended Coverage Enrollment Form
- Plan Contact Summary (attached)
- Women's Health and Cancer Rights Information (attached)

## Plan Contact Summary

*If you have a question regarding benefits or claims, or to check on a participating provider:*

<b>Benefit</b>	<b>Contact This Administrator</b>
<ul style="list-style-type: none"> <li>• <b>Medical</b></li> <li>• <b>Optional Vision and Hearing</b></li> </ul>	Anthem Blue Cross and Blue Shield 1-804-355-8506 (in Richmond) 1-800-552-2682 (outside of Richmond) Web site: <a href="http://www.anthem.com">www.anthem.com</a> BlueCard Worldwide 1-800-810-BLUE (2583) Web site: <a href="http://www.bcbs.com">www.bcbs.com</a>
<ul style="list-style-type: none"> <li>• <b>Behavioral Health or Employee Assistance Program</b></li> </ul>	Value Options, Inc. 1-866-725-0602 Web site: <a href="http://www.achievesolutions.net/covacare">www.achievesolutions.net/covacare</a> (available now to current participants or after 6/30 for new members)
<ul style="list-style-type: none"> <li>• <b>Dental</b></li> </ul>	Delta Dental Plan of Virginia 1-888-335-8296 Web site: <a href="http://www.deltadentalva.com">www.deltadentalva.com</a>
<ul style="list-style-type: none"> <li>• <b>Prescription Drugs</b></li> </ul>	Medco Health Solutions, Inc. 1-800-355-8279 Web site: <a href="http://www.medcohealth.com">www.medcohealth.com</a>
<ul style="list-style-type: none"> <li>• <b>Kaiser Permanente HMO Participants</b></li> </ul>	1-301-468-6000 or 1-800-777-7902 Web site: <a href="http://my.kaiserpermanente.org/mida/commonwealthofvirginia/">http://my.kaiserpermanente.org/mida/commonwealthofvirginia/</a>

*If you have questions regarding eligibility issues, contact your former Agency's Benefits Administrator. The Department of Human Resource Management Web site also has information about the State Health Benefits Program. Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).*

### Notice

#### Women's Health and Cancer Rights

**In the case of a participant who is receiving benefits under the state's health benefits plan in connection with a mastectomy and elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient for:**

- **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 physical complications during all stages of the mastectomy**