HEALTH BENEFITS E-NEWS

Department of Human Resource Management
Office of Health Benefits

December 18, 2009

New Design Introduced for Medical Explanation of Benefits

COVA Care and COVA HDHP members will notice a new look for the Explanation of Benefits (EOB) claims summary mailed to them after they receive medical services from a provider. Office of Health Benefits staff members revamped the Commonwealth's medical EOB to make it easier for plan members to understand their benefits. Anthem started using the newly-designed EOB on December 15. Here are highlights of the new format:

- Members can now see more clearly what the plan paid for a covered medical service and the amount the member is responsible for paying.
- A new section shows total out-of-pocket expenses to date, and the amount applied to the deductible.
- For some benefits with a plan limit, such as chiropractic services, members can see the amount the plan has paid so far.
- Another new section shows how much of the medical deductible incurred from April 1 to June 30 of the old plan year is carried over to the new plan year beginning July 1. This 4th quarter carryover is a standard feature of most Commonwealth health plans and helps lessen the member's financial burden in meeting the deductible that begins again in July.
- Finally, a detailed glossary explains in simple language the terms used in the claims statement.

A sample of the redesigned EOB is attached for your information.

Coverage Review Required for Some Blood Pressure Medications

Beginning February 1, 2010, COVA Care will no longer cover prescription medications called angiotensin II receptor blockers (ARBs) without approval in advance through a coverage review. ARBs are used to treat blood pressure and various other conditions. The brand drugs *Atacand, Atacand HCT, Avapro, Avalide, Benicar, Benicar HCT, Teveten* and *Teveten HCT* will require a coverage review to be covered by the plan. Members will save money by choosing the covered preferred drug brands *Cozaar, Hyzaar, Diovan, Diovan HCT, Micardis* and *Micardis HCT*. For additional information, see the attached sample letter mailed to members on December 14, 2009 who currently purchase ARB medications.

Membership for Two Married State Employees

Two state employees enrolled in Family membership with one covered family member must reduce to an Employee Plus One membership if the dependent loses eligibility for health coverage. Each individual will have the opportunity to enroll in a Single membership at the next Open Enrollment or with a consistent qualifying mid-year event. IRS regulations specify that when a dependent loses eligibility, coverage can only decrease to a level consistent with loss of eligibility. Section 125 of the IRS Code governs our program's ability to allow employees to pay premiums before taxes and to offer Flexible Reimbursement Accounts (FRAs).

Reminder on Health Benefit Effective Dates for January 2010

The first official work day for the Commonwealth in January 2010 is Monday, January 4. Newly eligible employees who report to work on January 4 and submit their election request on or before that day, will have a January 1, 2010, effective date of coverage. Be sure to tell your newly eligible employees that once an enrollment form is submitted it is binding and may not be changed after coverage takes effect. Please submit any questions you may have to ohb@dhrm.virginia.gov.