



Open Forum

For Retiree Group Members in the Commonwealth of Virginia's Health Benefits Program

Published by the Virginia Department of Human Resource Management for Non-Medicare Eligible Participants

April 2004

Open Enrollment – Four Administrators for COVA Care

It's that time of year again—Open Enrollment for State Retiree Health Benefits Program participants who are not eligible for Medicare!

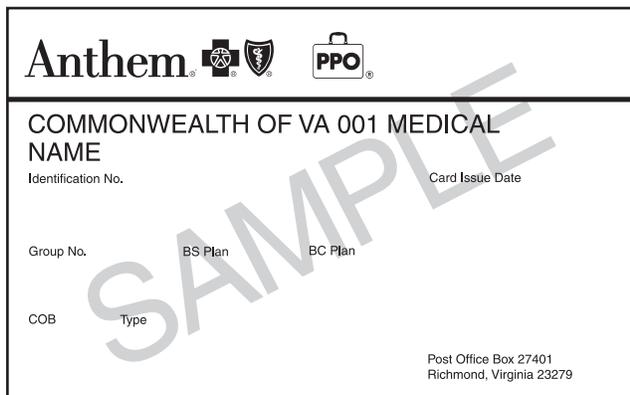
For the new plan year beginning July 1, there will be no benefit, copayment or coinsurance changes for the COVA Care Plan. However, in addition to the new monthly premium rates, which were outlined in your annual notification letter (included in this package), there will be some administrative changes. Beginning July 1, 2004, COVA Care plan benefits will be handled by four separate administrators.

What does this mean to you?

- It means that you will have four separate health plan ID cards to present to your medical (and vision and hearing, if elected), mental/behavioral health, dental, and prescription drug providers for services starting July 1, 2004.
- It means that you may need to change to a provider who participates in the new administrators' networks.

To help you understand the new structure of your benefits, below is a brief description of each administrator, including samples of each new ID card.

Medical (and Vision and Hearing, if elected) – Administered by Anthem Blue Cross and Blue Shield



Current COVA Care participants may continue using the same **Anthem and BlueCard PPO** network of providers after June 30 that you are using now. Your identification card will look slightly different since it will reflect only the benefits administered by Anthem. You may use a non-participating provider for vision or hearing benefits, if elected, but your benefit payment will be limited to the Anthem/BlueCard PPO allowable charge level, and you may be balance billed by a non-participating provider.

Dental - Administered by Delta Dental Plan of Virginia



Dental benefits for COVA Care participants are currently administered by Anthem Blue Cross and Blue Shield. Beginning July 1, these benefits will be administered by **Delta Dental Plan of Virginia**. This means that it is in your financial best interest to use a Delta participating provider in the **DeltaPremier** program for any covered dental services after June 30. You may use a non-Delta participating provider, but your benefit will be limited to the Delta allowable charge level, and you may be balance billed.

**Prescription Drug Benefits - Administered by
Medco Health Solutions, Inc.**

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www.medcohealth.com
medcohealth
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The Commonwealth of Virginia
RxBin:
RxGrp:
ID No.:
Name:

Prescription drug benefits for COVA Care participants are currently administered by Medco through a contract with Anthem Blue Cross and Blue Shield. Beginning July 1, these benefits will be administered directly by **Medco**. If you are a current COVA Care participant, you may continue to use the same network of participating pharmacies after June 30 that you are using today, including the home delivery pharmacy. Any prior authorizations in effect on June 30 will carry forward until their expiration.



**Where to Go For Assistance...On
the Phone or Online**

If you need any additional information about your COVA Care benefits beginning July 1, or you need to identify participating providers who participate in any administrator's network, please contact the appropriate administrator directly or visit its Web site. Contact information for each administrator is included in your Plan Contact Summary, which is attached to your annual notification letter. Questions regarding benefits or claims for services prior to July 1 should be directed to your current administrator.

**Behavioral Health and Employee Assistance
Program Benefits -Administered by
ValueOptions**

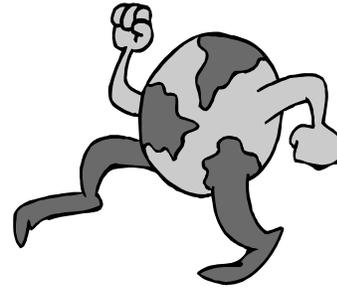
ValueOptions The Commonwealth of Virginia
Member Name:
Member ID#:
Mental Health/Substance Abuse Benefits and EAP
Member Services and Referrals: 1-866-725-0602
Mental Health/Substance Abuse Claims Address:
PO Box 1347, Latham, NY 12110-1347
Website: www.achievesolutions.net/covacare

Behavioral Health and EAP benefits for COVA Care participants are currently administered by Magellan Behavioral Care. Beginning July 1, these benefits will be administered by **ValueOptions**. This means that you should use the ValueOptions network of providers for any services after June 30. If you are currently under the care of a Magellan provider, you may be entitled to a transition benefit for a period of three months starting July 1 (see your notification letter for more information). However, in general, you must obtain covered, medically necessary care from a ValueOptions participating provider for any behavioral health services starting July 1.

A Note on the Out-of-Network Option

Participants who have elected the COVA Care out-of-network optional benefit may use non-participating providers for **covered, medically necessary medical and behavioral health services**, but the amount of the benefit will be reduced by 25% of the administrator's allowable charge level, and, in addition, balance billing may occur for charges greater than the allowable charge. Except for those who qualify for the behavioral health transition period, participants without the out-of-network option who use a non-participating provider will receive NO BENEFITS.

Retirees On The Go— Keep in Mind...



Refilling Prescriptions Before You Travel

Are you planning travel on vacation or leaving home for an extended period of time? If so, you may need to get several refills of your maintenance medications. Under the COVA Care plan, you may request an early refill up to a 34 or 90-day supply (as appropriate) at participating retail pharmacies or through the Home Delivery Pharmacy Service. However, DHRM must approve any refills that exceed these amounts. Send refill requests that exceed the 34 or 90-day limit to:

The Department of Human Resource Management
(DHRM)
Office of Health Benefits
Attn: Retiree Health Benefits Program
101 North 14th Street, 13th Floor
Richmond, VA 23219
E-mail: hbp@dhrm.virginia.gov

Please include documentation of your dates of travel, the names of any prescriptions that you wish to request, and the number of refills that you will need. DHRM will evaluate your needs and approve all valid requests. If at all possible, please allow at least two to three weeks for processing your request. Also, please keep in mind that you will never be allowed to obtain more refills than you have been prescribed. That is, if your one-year prescription runs out in six months, you cannot get more than six one-month refills.

Have a Computer? It's Easy to Find What You Need Online!

Visit the Compensation and Benefits page on the DHRM Web site at www.dhrm.virginia.gov/compandbenefits.html 24 hours a day, seven days a week for links to Health Benefits. You can find:

- Available plans for Retiree Group participants not eligible for Medicare
- Available Medicare-coordinating plans for Retiree Group participants eligible for Medicare
- Member Handbooks
- Frequently Asked Questions on the plans
- Retiree Fact Sheets
- An Enrollment Form for Retiree Group Members and VSDP/LTD Participants

To Elect Or Not To Elect The Out of Network Option—That Is The Question!

Some retiree group participants, particularly those who live or travel outside of Virginia, have expressed concern about their decision whether or not to elect the COVA Care out-of-network optional benefit.

The good news is that all COVA Care participants may use any medical provider or facility that participates in the *BlueCard* PPO network, a national network that includes 85% of all hospitals and physicians practicing in all 50 states. (In addition, you have access to *BlueCard Worldwide* while traveling out of the country.) As long as you use a *BlueCard* PPO participating provider, you will get in-network medical benefits, and all claims should be filed for you—no claim forms. *BlueCard* PPO participating providers recognize your access to this network based on the PPO suitcase logo on your Anthem ID card.

Despite this high level of participation, some providers are not a part of the *BlueCard* PPO network. If COVA Care participants who do not have the out-of-network optional

benefit use a non-participating provider for medical services, they will receive NO BENEFITS under the COVA Care plan. If you have purchased the out-of-network optional benefit, you may use a non-participating provider for covered medical services, but your claim will be paid with a 25% reduction to the allowable charge. Also, balance billing for charges greater than the allowable charge level may apply, and you will likely need to file your own claim.

(The out-of-network optional benefit may also be applied to your behavioral health benefits if you use providers outside of the ValueOptions national network of providers.)

The choice is yours. If you wish to have complete flexibility in selecting a provider, the out-of-network option may be for you. However, if you feel that the Anthem/*BlueCard* PPO (or ValueOptions) network provides you with sufficient provider choice, you may wish to decline the option. COVA Care allows you flexibility in tailoring your coverage to meet your individual needs through the choice of optional benefit elections.

Use EmployeeDirect on the Web to enroll or make changes beginning April 14, 2004!

EMPLOYEE DIRECT

<http://edirect.virginia.gov>



Virginia Department of
HUMAN RESOURCE
MANAGEMENT