



# Open Forum

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

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**Open Enrollment is a great time to review your current health benefit plan provisions and other options that are available to you. Following is a brief overview of plans offered to non-Medicare-eligible participants in the State Retiree Health Benefits Program. Take a few moments to see if there are options that might better meet your health plan needs. At Open Enrollment, as long as you are eligible for coverage, you can make a plan change for you and your covered dependents. If you need more information, consult the appropriate Member Handbook. (Remember—the Kaiser Permanente HMO is only available in its Northern Virginia Service area.)**

## Benefit Plan Choices July 2007—June 2008

Benefit	COVA Care You pay	COVA HDHP You Pay	Kaiser Permanente You pay
Deductible – per plan year <ul style="list-style-type: none"> <li>One person</li> <li>Two or more persons</li> </ul>	\$200 \$400	\$1,200 \$2,400	None None
Out-of-pocket expense limit – per plan year <ul style="list-style-type: none"> <li>One person</li> <li>Two or more persons</li> </ul>	\$1,500 \$3,000	\$5,000 \$10,000	None None
Doctor's visits <ul style="list-style-type: none"> <li>Primary care physician</li> <li>Specialist</li> </ul>	\$25 \$35	20% after deductible 20% after deductible	\$10 \$10
Hospital services (including surgery) <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	\$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</b> <i>You pay</i>	<b>COVA HDHP</b> <i>You Pay</i>	<b>Kaiser Permanente</b> <i>You pay</i>
<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</li> <li>Specialist</li> </ul> </li> <li>Immunizations, lab, x-rays</li> <li>Preventive care – one of each approved screening per plan year (age limits apply)</li> </ul>	\$0  \$0 \$0 \$0 \$0	\$0  \$0 \$0 \$0 \$0	\$0  \$10 \$10 \$0 \$0
<b>Outpatient Prescription Drugs</b> <ul style="list-style-type: none"> <li>Retail Pharmacy</li> <li>Home Delivery Pharmacy</li> <li>Diabetic test strips and glucose monitors</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>	Basic <ul style="list-style-type: none"> <li>No deductible</li> <li>Plan pays up to \$1,200 per member</li> </ul>	Expanded <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>	Expanded <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.



*Making an Open Enrollment change?  
Need to review your health benefits profile?*

**Use EmployeeDirect on line—no paper enrollment form!**

- Go to [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov)
- Click on the EmployeeDirect link