

Answers to COVA Connect Questions

Here is a list of answers to some frequently asked questions on COVA Connect received by the Office of Health Benefits.

You can find additional FAQs on the DHRM Web site at

www.dhrm.virginia.gov/hbenefits/cova/covaconnect.html.

Q1. Why did the Commonwealth decide to offer COVA Connect?

A1. COVA Connect is a public-private health care initiative that resulted from an inquiry to the Commonwealth under the Public Private Education Act (PPEA) passed by the General Assembly. The Commonwealth issued an RFP and 10 companies responded to the proposal, including both Anthem and Optima Health. The Commonwealth wanted to offer, and then evaluate, a pilot initiative to help employees become more engaged in their health care, improve employee health and help reduce costs to both employees and the health benefits program.

Q2: If the Commonwealth determines benefits, what is Optima Health's role in COVA Connect?

A2: The Commonwealth's health benefits program is self-insured. That means that the health benefits program collects your premiums and pays claims. Just as Anthem processes claims for COVA Care, Optima processes claims for COVA Connect, and is considered a third party administrator.

Q3. How long will COVA Connect continue?

A3. The health benefits program has contracts with all its health care vendors. Optima Health's contract is for two years with three one-year renewals. Just as for the other contracts, the vendor must meet specific performance criteria.

Q4. Are my costs higher because I am enrolled in COVA Connect?

A4. No. Costs for COVA Care and COVA Connect premiums, deductibles, copayments and coinsurance are the same. There are no increases this year in these out-of-pocket expenses for COVA Care or COVA Connect.

Q5. Why do I have a 4-tier prescription drug program?

A5. A 4th tier was added last July for high-cost specialty drugs under COVA Connect and COVA Care. COVA Connect tier copayments are the same as for COVA Care. Because Optima's drug formulary differs from Medco's, some drugs may fall into a different tier.

Q6. Are charges for lab work different for COVA Connect than for COVA Care?

A6. COVA Connect and COVA Care charge the same for lab work. During an annual wellness visit, lab work is free. For other lab work, remember that you must first meet your plan deductible before the plan pays for these services. Lab work outside your wellness visit is also more expensive for both plans because the coinsurance increased last July to 20 percent from 10 percent. The time of year you have lab work done may also impact the cost. If you have a lab visit in July, you likely have not yet met the deductible, while a visit in April may be cheaper since you have probably already paid your deductible. For COVA Connect, some lab work may be done in a doctor's office and some may be sent to a reference lab. You may be charged a doctor's visit copayment and coinsurance for lab work done in a doctor's office.



Q7. Is the chiropractic benefit the same for COVA Connect as for COVA Care?

A7. COVA Connect in-network chiropractors are part of the American Specialty Health Network (ASHN). You must go to an ASHN chiropractor to be covered unless you have the out-of-network option. In the same way, COVA Care members must visit an Anthem in-network chiropractor to have full benefits. The copayments are the same for both plans.

Q8. Does COVA Connect have a prenatal program similar to COVA Care's Future Moms?

A8. Yes, COVA Connect offers the *Partners in Pregnancy* program as a free benefit to help mothers-to-be have healthy pregnancies and to help prevent premature births. Just as in COVA Care, the inpatient hospital maternity copayment is waived for expectant mothers who enroll in *Partners in Pregnancy* during the first trimester and meet program requirements. Call Optima Member Services for more information or visit www.optimahealth.com/cova.

Q9. My son goes to Virginia Tech. How is his health care covered?

A9. Just as COVA Care has the *Blue Card* network, COVA Connect is part of the large, nationwide "Travel and Out-of-Area" network in all 50 states. This network consists of more than 5,000 hospitals and 625,000 providers in the Private Health Care System (PHCS) and Multiplan. The PHCS logo is on the back of your current ID card. If a doctor is part of the nationwide network and is outside the Optima service area, services are paid in-network. Remember that you and your family are always covered in an emergency. See your member handbook for more details.

Q10. My doctor is not in the Optima network or in the "Travel and Out-of-Area" network. Is there any way I can still have the visit covered?

A10. Yes, the visit will be covered if you have the out-of-network benefit option. You will pay more for care, and you may be billed for the difference between the charges Optima allows and what your doctor charges for services. If your doctor is not in the network, call Optima Health Member Services so that Optima Health may attempt to recruit your physician into its network.

Q11. I will be travelling out of the country this summer. What happens if I get sick when I am abroad?

A11. If you become ill when out of the country, your medical services are covered. Do your homework before you travel. Notify Optima Health that you are leaving the country by calling International Claims at **757-552-8890** or **877-822-7503** toll free. If you need care once you arrive at your destination, call toll free **877-822-7503**. You will be given instructions for completing an International Claim Form. Fax the completed form to **757-552-7538** or mail it to Optima. You may also send an e-mail on the COVA Connect Web site. For additional information, see the COVA Connect Member Handbook at www.dhrm.virginia.gov.

Q12. If I have a concern or question about COVA Connect, who may I contact with the Commonwealth?

A12. You may send an e-mail to COVACONNECT@dhrm.virginia.gov, a special mailbox just for COVA Connect members, or call the Help Line number at 1-888-642-4414.