

Spotlight

on Your Benefits

Spring 2008

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Open Enrollment is April 16 – May 16

Health and Flexible Benefits

Spring Open Enrollment is the period each year to make decisions about your health benefits and flexible reimbursement accounts (FRAs). Be sure to base your choices on what's best for you and your family. **You may:**

- **Take no action.** Your current health plan and membership will remain the same. Your current FRA participation will end.
- **Make changes to your health care.** Enroll in or change your plan, and/or add or remove family members.
- **Enroll in a Medical and/or Dependent Care FRA.** Enrollment in an FRA is not automatic. You have to enroll each year.

All changes you make will be in effect from **July 1, 2008 – June 30, 2009.**

IMPORTANT!

Submit all Open Enrollment actions by Friday, May 16.

What's Coming in July

Premiums

- **Employee Premium Increase Credit (EPIC):** Employees in all plans will receive a credit this year on their health care premiums. See page 2.

COVA Care and COVA HDHP

- **Plans pay higher dental maximum:** The annual maximum dental benefit increases to \$2,000, paying \$800 more for basic dental and \$500 more for expanded dental coverage. See page 4.
- **Plans include dental deductible:** Preventive and orthodontic services still have no deductible. However, both plans now have a dental deductible of \$50 per member up to \$150 per family that you pay before the plan pays for certain other services. See page 4.
- **Plans pay higher orthodontic maximum:** The lifetime benefit for orthodontics under expanded dental coverage increases to \$2,000, paying \$800 more. See page 4.
- **Copayment removed with COVA Care Future Moms enrollment:** The plan will pay the inpatient hospital copayment for delivery when expectant mothers enroll in the *Future Moms* prenatal program during the first trimester and complete the full program. Does not apply to COVA HDHP or Kaiser. See page 6.
- **New member handbooks provided:** You will receive a new plan member handbook from your agency Benefits Administrator before July 1.

Kaiser Permanente HMO

- **The plan will pay 100%** for the cost of preventive services. See page 4.
- **Diabetic supplies will be covered** under the medical plan at 20 percent coinsurance rather than under prescription drugs.

Plan ID Cards

- **An ID card is issued** when you first enroll in a plan or when information on the card changes, such as your name. A new ID card is not issued every year.
- **ID cards are mailed** to your home mailing address. If your address has changed, be sure to contact your agency Benefits Administrator or visit Employee Direct to update your address, e-mail address and other personal information.

Prepare for Open Enrollment

- **Check important information:** Review *Spotlight*, the COVA Knowledge Center at <https://covkc.virginia.gov> and the DHRM Web site at www.dhrm.virginia.gov.
- **Review the eligibility rules:** Find out if you and your family members can still be covered.
- **Decide to make changes or take no action:** Look at your health care plan premiums, benefits and out-of-pocket costs. If you take no action, your health elections remain the same.
- **Consider your tax savings:** Enroll in a Medical or Dependent Care FRA. FRAs do not automatically renew. See the tax savings calculator at www.myFBMC.com.
- **Visit Employee Direct:** Review your current elections and enroll or make changes online.

Health Benefits Enrollment
and Information Online!

Visit *EmployeeDirect*
on the Web 24/7

It's secure, quick and easy!

April 16 – May 16, 2008

www.dhrm.virginia.gov

Click on **Employee Direct**, then register and select **"Health Benefits Enrollment and Information."**

Plans and Monthly Premiums | Effective July 1, 2008

EPIC: This year employees will receive an *Employee Premium Increase Credit (EPIC)* in order to offset increased health plan premium costs.

Premiums:

- Full-time employees, employees on military leave and VSDP short-term disability participants pay what is shown on the "employee pays" line.
- Part-time classified employees and employees on certain types of leave pay the total premium.

Premiums		You Only	You + One	You + Two or More
COVA HDHP – High Deductible Health Plan	Employee Pays	\$0	\$0	\$0
	Total Premium	\$365	\$676	\$988
COVA Care (with basic dental)	Employee Monthly Premium	\$44	\$107	\$153
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$41	\$101	\$144
	Total Premium	\$455	\$842	\$1,231
COVA Care + Out-of-Network	Employee Monthly Premium	\$55	\$122	\$173
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$52	\$116	\$164
	Total Premium	\$466	\$857	\$1,251
COVA Care + Expanded Dental	Employee Monthly Premium	\$58	\$134	\$193
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$55	\$128	\$184
	Total Premium	\$469	\$869	\$1,271
COVA Care + Out-of-Network + Expanded Dental	Employee Monthly Premium	\$68	\$148	\$212
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$65	\$142	\$203
	Total Premium	\$479	\$883	\$1,290
COVA Care + Expanded Dental + Vision & Hearing	Employee Monthly Premium	\$67	\$152	\$217
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$64	\$146	\$208
	Total Premium	\$478	\$887	\$1,295
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Monthly Premium	\$78	\$165	\$235
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$75	\$159	\$226
	Total Premium	\$489	\$900	\$1,313
Kaiser Permanente HMO – available only in Northern Virginia	Employee Monthly Premium	\$43	\$105	\$149
	- EPIC	-\$3	-\$6	-\$9
	Employee Pays	\$40	\$99	\$140
	Total Premium	\$445	\$822	\$1,200

Focus on Wellness

Have you scheduled your annual wellness check-up this year? Your health plan pays 100% for routine wellness, preventive (often life-saving) screenings, dental preventive care and employee assistance.

Medical Benefits (one each per plan year)

- **Routine Wellness** - annual check-up plus immunizations, lab work and x-rays
- **Preventive Care** - gynecological exam and Pap test; routine mammogram (35+); prostate/digital rectal exam and PSA test (40+); colorectal cancer screening/colonoscopy (40+)

Other Benefits

- **Dental Preventive & Diagnostic Visits** - two per plan year
- **Employee Assistance Program (EAP)** - up to four free visits

2008 Benefits At A Glance

In-Network Benefits	COVA Care You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Deductible – per plan year			
• One person	\$200	\$1,200	None
• Two or more persons	\$400	\$2,400	None
Out-of-pocket expense limit – per plan year			
• One person	\$1,500	\$5,000	None
• Two or more persons	\$3,000	\$10,000	None
Doctor's visits			
• Primary Care Physician	\$25	20% after deductible	\$10
• Specialist	\$35	20% after deductible	\$10
Hospital services			
• Inpatient	\$300 per stay	20% after deductible	\$100 per admission
• Outpatient	\$100 per visit	20% after deductible	\$10 per visit
Emergency room visits	\$100 per visit (waived if admitted)	20% after deductible	\$50 per visit (waived if admitted)
Outpatient diagnostic laboratory, tests, shots and x-rays	10% after deductible	20% after deductible	\$10 physician, x-ray and diagnostic services \$0 lab, pathology, radiology, diagnostic testing
Prescription drugs – mandatory generic			
• Retail Pharmacy	<i>Up to 34-day supply:</i> \$15/\$20/\$35	20% after deductible	<i>Up to 60-day supply</i> • Kaiser On-Site Pharmacy - \$10 • Community Pharmacy - \$20
• Home Delivery Pharmacy	<i>Up to 90-day supply:</i> \$30/\$40/\$70	20% after deductible	<i>Up to 90-day supply</i> • Mail Service - \$8

In-Network Benefits	COVA Care You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Wellness & Preventive Services			
• Through age 6	Office visits at specified intervals, immunizations, lab and x-rays \$0	\$0	\$0
• Age 7 and older	Annual checkup visit (Primary Care Physician or Specialist) \$0	\$0	\$0
	Immunizations, lab and x-rays \$0	\$0	\$0
• Specified ages	Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen test (PSA), and colorectal cancer screening. \$0	\$0	\$0
Basic Dental			
	Plan year deductible: \$50 single \$100 dual, \$150 family	Plan year deductible: \$50 single \$100 dual, \$150 family	Plan year deductible: \$25 per member
<i>Plan Year Maximum Per Member</i>	Balance after plan pays \$2,000	Balance after plan pays \$2,000	Balance after plan pays \$1,000
<i>Diagnostic and Preventive</i>	\$0, no deductible	\$0, no deductible	See fee schedule
<i>Primary (Basic) Care</i>	20% after deductible	20% after deductible	See fee schedule
Expanded Dental			
<i>Complex Restorative (inlays, onlays, crowns, dentures, bridgework)</i>	Optional*: 50% after deductible	Included: 50% after deductible	Included: See fee schedule
<i>Orthodontic</i>	50%, no deductible	50%, no deductible	See fee schedule
• Lifetime Maximum Per Member	Balance after plan pays \$2,000	Balance after plan pays \$2,000	Balance after plan pays \$1,000 (age 19 and under)
Out-of-Network Option*			
	Plan payment is reduced by 25%. Provider may balance bill for amount above allowable charge.	Not available	Not available
Vision & Hearing Options*			
<i>Vision (once every 24 months)</i>		Not available	
• Routine eye exam	\$35		\$10 per visit
• Eyeglass frames	Balance after plan pays \$75		25% discount
• Lenses			
• One pair single lenses, or	Balance after plan pays \$50		
• One pair bifocal lenses, or	Balance after plan pays \$75		
• One pair trifocal lenses, or	Balance after plan pays \$100		
• Contact lenses (any kind)	Balance after plan pays \$100		15% discount on initial pair
<i>Hearing (once every 48 months)</i>		Not available	Not available
• Routine hearing exam	\$35		
• Hearing aids and other hearing aid related services	\$0		
• Benefit Maximum	Balance after plan pays \$1,200		

* Options are offered for an additional premium.

This is an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or visit www.dhrm.virginia.gov



Weight Watchers is Waiting for You!

Want to lose weight and save money? You may be able to save half the cost of services under certain conditions. Check to see if there is an at-work program at your agency.

Go to www.dhrm.virginia.gov/weightwatchers.html and learn more about this new pilot program for state employees, spouses and adult dependents.

Flexible Reimbursement Accounts

As health care costs continue to rise, minimize the impact on your pocketbook by paying for eligible medical or dependent care expenses with pre-tax dollars. Medical and Dependent Care FRAs are an excellent way to save money and manage your out-of-pocket expenses.

Making FRA Contributions

- **You may contribute \$10 or more each pay period** to both a Medical and Dependent Care FRA, up a total of \$5,000 per plan year. Contributions must be in whole dollars.
- **Important!** There is an Internal Revenue Service calendar year limit for Dependent Care FRAs. If you enroll in a Dependent Care FRA for the plan year beginning July 1, carefully evaluate your elections to be sure they remain within the IRS limits. You cannot exceed the calendar year maximum set by the IRS.
- **Use It or Lose It!** You must file for reimbursement **on time** or lose the remaining money in your accounts. File for reimbursement by:
 - Sept. 30, 2008**, for an FRA ending June 30, 2008.
 - Sept. 30, 2009**, for an FRA ending June 30, 2009.

See the *Flexible Benefits Program Sourcebook* for more information.

IMPORTANT! You must enroll each year in an FRA. Current FRAs will end on June 30.

Want an EZ REIMBURSE MasterCard®?

To receive a card or continue to use your current card, complete the card enrollment form and fax it to Fringe Benefits Management Company (FBMC), the Flexible Benefits program administrator, at the number provided. The form may be found at www.dhrm.virginia.gov under Flexible Benefits Program, or contact your Benefits Administrator.

Important Guidelines

Certain Internal Revenue Service (IRS) rules apply when you enroll in a Medical FRA and choose to receive the *EZ REIMBURSE MasterCard* to pay for medical expenses upfront.

First, you must document that the claim expense may be reimbursed from your Medical FRA. That's not an issue if the card is used with a provider, such as a doctor or hospital, and the charge is exactly equal to your copayment amount. The charge will also be accepted automatically if non-health care merchants, such as grocery and drug stores, use an inventory information approval system (IIAS). For a list of stores with an IIAS, visit www.myFBMC.com.

When there is no matching copayment or IIAS in place, you need to submit documentation after you use the card. Complete an EZ REIMBURSE Card Transmittal Sheet and send it to Fringe Benefits Management Company (FBMC), the Flexible Benefits plan administrator. If you don't submit supporting documentation, your card will be deactivated. See the *Flexible Benefits Program Sourcebook* for additional details.

For more information, visit the DHRM Web site at www.dhrm.virginia.gov, Employee Benefits, Flexible Benefits Program; www.myFBMC.com or call FBMC at **1-800-342-8017**.



**Commonwealth of Virginia
Department of Human Resource Management**

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*Visit www.dhrm.virginia.gov
for more Open Enrollment
and benefits information.*

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Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.



Calling All Moms-to-Be in COVA Care!

Make an investment in the health of your baby. Save \$300 when you enroll in the Future Moms prenatal program. You need to: enroll in Future Moms during the first trimester of pregnancy, deliver your baby on or after July 1, 2008, actively participate and complete the program. The plan will then waive the \$300 maternity hospital stay copayment. All other charges will apply.

Call **1-800-828-5891** to enroll. You'll receive a letter with more information. Also visit www.dhrm.virginia.gov.

REMEMBER:

You have 31 days from birth to add your newborn to your state health coverage. Since you'll have your hands full when the baby comes, add contacting your Benefits Administrator to your checklist while you are still in the hospital.