Spotlight on Your Benefits

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Open Enrollment is Decision Time! April 16 – May 17, 2010

Open Enrollment is the time to make decisions about your **health care coverage and flexible reimbursement accounts** for the plan year starting on July 1. Consider your choices carefully based on what's best for you and your family.

Be sure to read all Open Enrollment information. A quick way to review your current elections is to visit EmployeeDirect. Questions? Contact your Benefits Administrator.

During Open Enrollment, you may:

- **Enroll in or change your health plan** to one available in your area. Includes adding or removing health plan optional buy-ups. See pages 4 and 5.
- **Add or remove dependents** from your coverage. Be sure to provide documentation that dependents you add are eligible. See page 2.
- **Waive your health care coverage** under the state program.
- **Enroll in a Medical and/or Dependent Care FRA** for tax savings. See page 7.

Remember! Submit your Open Enrollment actions by May 17, 2010.

They will be in effect for plan year July 1, 2010 – June 30, 2011.

If you take no action during Open Enrollment:

- **COVA HDHP, Kaiser Permanente HMO or waived coverage:** Remain in the same plan and membership or waived.
- **COVA Care or COVA Connect:** Remain in the same plan unless you moved during the year. Includes your current buy-up option. See page 3.
- **Medical and/or Dependent Care Flexible Reimbursement Accounts:** You will not have an FRA. Enrollment is required each year.

Need more details? See your Plan Member Handbook or the new About Your Benefits booklet at www.dhrm.virginia.gov.

IMPORTANT!

National health care reform passed in March. Your Medical FRA cannot be used for over-the-counter drug expenses starting Jan. 1, 2011. Legislation permitting children up to age 26 to remain on their parents' health plan is not effective until after fall 2010. We will share updates as information is available.

Making Changes to Your Membership

You may add or remove dependents from your coverage at Open Enrollment. **When you add eligible dependents**, you must submit proof by the end of Open Enrollment that your dependents qualify for coverage. See the chart below for who is eligible and the documents required. Remember that at other times during the year documentation is required within 31 days of a change based on a qualifying mid-year event.

Thanks to all employees who participated in the recent dependent eligibility audit. **If you had dependents removed during the audit process**, your membership will be adjusted automatically effective July 1, 2010 based on the number of dependents covered on your record.

Who May Be Added to Your Coverage

Dependents	Eligibility Definition	Documentation Required Before Request is Approved
Spouse	The marriage must be recognized as legal in the Commonwealth of Virginia. **Note: Ex-spouses will not be eligible, even with a court order.**	• Photocopy of marriage certificate, **and** • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Natural or Adopted Son/Daughter	A son or daughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if the child: • lives at home or is away at school • is not married, **and** • receives more than one-half of his or her support from the employee. In cases where the natural (or adoptive) parents are living apart, the child may live with the other parent but must receive more than one-half of his or her support from either parent or a combination from both parents.	• Photocopy of birth certificate showing employee's name **or** • In the case of adoption, photocopy of a legal pre-adoptive or adoptive agreement.
Stepson or Stepdaughter	Unmarried stepson or stepdaughter may be covered to the end of the year in which he or she turns age 23* regardless of student status if: • they are living with the employee in a parent-child relationship; • the principal place of residence is with the employee; • they are a member of the employee's household; **and** • they receive over one-half of their support from the employee.	• Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and • Photocopy of marriage certificate showing the employee and parent's name **and** • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers should be redacted.
Other Female or Male Child	An unmarried, minor child in which a court has ordered the employee to assume sole permanent custody may be covered until the end of the year in which he or she turns age 23*. If joint custody, it must be with the employee and the employee's legal spouse. • The principal place of residence is with the employee; • they are a member of the employee's household; **and** • they receive over one-half of their support from the employee.	• Photocopy of birth certificate **and** • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.
Other Female or Male Child - Exception	If the employee (or employee's spouse) shares custody with a minor child who is the parent of an "other female or male child", then that "other child" may also be covered if • the other child, • the minor child** (who is the parent), **and** • the employee's spouse (if applicable) all live in the same household as the employee.	• Photocopy of the other child's birth certificate showing the name of the minor child** as the parent of the other child **and** • Photocopy of the Final Court Order with presiding judge's signature.

* When approved as an adult dependent who is incapacitated due to a physical or mental health condition, the child may be covered beyond the age of 23.

**The minor child must meet all of the eligibility requirements for a dependent child.

Monthly Premiums for July 1, 2010 – June 30, 2011

The state health benefits program's expenses continue to rise. Higher costs for the upcoming plan year are reflected in premiums rather than in out-of-pocket costs for services. Premiums will increase 3 percent and program reserves will absorb the remaining 1.1 percent of expense.

Employee, Employee on Military Leave, VSDP Short-Term Disability: Pays Full-time Employee amount
Part-time Salaried Employee: Pays Part-time Employee amount

Health Care Plans	Employee	You Only	You Plus One	You Plus Two or More
COVA HDHP - High Deductible Health Plan	Full-time	$0	$0	$0
	Part-time	$401	$743	$1,086
COVA Care/COVA Connect (with basic dental)	Full-time	$43	$102	$150
	Part-time	$500	$925	$1,352
COVA Care/COVA Connect Plus Out-of-Network	Full-time	$55	$118	$172
	Part-time	$512	$941	$1,374
COVA Care/COVA Connect Plus Expanded Dental	Full-time	$58	$132	$194
	Part-time	$515	$955	$1,396
COVA Care/COVA Connect Plus Out-of-Network & Expanded Dental	Full-time	$70	$147	$215
	Part-time	$527	$970	$1,417
COVA Care/COVA Connect Plus Expanded Dental Plus Vision & Hearing	Full-time	$69	$151	$220
	Part-time	$526	$974	$1,422
COVA Care/COVA Connect Plus Out-of-Network Plus Expanded Dental Plus Vision & Hearing	Full-time	$80	$166	$240
	Part-time	$537	$989	$1,442
Kaiser Permanente HMO – available in Fredericksburg area and Northern Virginia	Full-time	$42	$100	$146
	Part-time	$518	$955	$1,393

In COVA Connect or COVA Care?

Over the course of the year, employees moved into and out of the COVA Connect zip code area. Beginning July 1, all employees who moved before April 1, 2010 will be placed in the plan appropriate to their zip code. If you move on or after April 1, you may:

- Remain in your current plan, or
- Elect another plan within 31 days of the move, as long as you live within the new plan's service area.

Each year prior to Open Enrollment, the program will automatically adjust employees' plan enrollment for the upcoming plan year to be consistent with the area in which they live.

Why Not "Go Green" This Year?

EmployeeDirect is online 24/7!

- **Check your current health benefits profile**
- **Update your personal information**
- **Make your Open Enrollment elections**

www.dhrm.virginia.gov

2010 Benefits At A Glance

In-Network Benefits - per plan year (unless otherwise stated)	**COVA Care/ COVA Connect** You Pay	**COVA HDHP** You Pay	**Kaiser Permanente** You Pay
Deductible			
• One person	$225	$1,750	None
• Two or more persons	$450	$3,500	None
Out-of-pocket expense limit			
• One person	$1,500	$5,000	$3,500
• Two or more persons	$3,000	$10,000	$9,400
Doctor's visits			
• Primary Care Physician	$25	20% after deductible	$10
• Specialist	$40	20% after deductible	$20
Hospital services			
• Inpatient	$300 per stay	20% after deductible	$100 per admission
• Outpatient	$125 per visit	20% after deductible	$50 per visit
Emergency room visits	$125 per visit (waived if admitted)	20% after deductible	$75 per visit (waived if admitted)
Outpatient diagnostic, lab tests, shots and x-rays	20% after deductible	20% after deductible	• $0 lab, pathology, radiology, diagnostic testing • $75 specialty lab and imaging
Infusion Services	20% after deductible	20% after deductible	$10
Outpatient therapy visits			
• Occupational, physical and speech therapy	$35	20% after deductible	$20
• Chiropractic	$35	20% after deductible	$20
Behavioral Health visits			
• Non-medical professional*	$25	20% after deductible	$20
• Medical professional	$40	20% after deductible	$20
Employee Assistance Program (EAP) *Up to 4 visits per incident*	$0	$0	$0
Prescription drugs – mandatory generic			
• Retail Pharmacy	*Up to 34-day supply:* $15/$25/$40/$50	*Up to 34-day supply:* 20% after deductible	*Up to 60-day supply* • Medical Center Pharmacy: $10/$20/$35 • Community participating pharmacy: $20/$40/$55
• Home Delivery Pharmacy (Mail Service)	*Up to 90-day supply* $30/$50/$80/$100	*Up to 90-day supply* 20% after deductible	*Up to 90-day supply* $8 /$18/$33

*Includes licensed professionals with a master's or PhD degree.

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
Wellness & Preventive Services	$0	$0	$0
• Through age 6	• Office visits at specified intervals, immunizations, lab and x-rays		
• Age 7 and older	• Annual check-up visit (primary care or specialist), immunizations, lab and x-rays		
• Adult	• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening.		
Basic Dental			
Maximum Benefit - per member (except Orthodontic)	$2,000	$2,000	$1,000
Deductible	$50/$100/$150	$50/$100/$150	$25 per person
Diagnostic and preventive	$0, no deductible	$0, no deductible	See fee schedule
Primary (basic) care	20% after deductible	20% after deductible	See fee schedule
COVA Care and COVA Connect			
Optional Buy-Ups for Additional Premium – See Plan Member Handbook or visit www.dhrm.virginia.gov			
• Expanded Dental	Available	Included	Included
• Out-of-Network	Available	Not available	Not available
• Vision & Hearing	Available	Not available	Routine vision only

For more information about your health benefits, visit www.dhrm.virginia.gov or contact your agency Benefits Administrator.

Plan Changes Starting July 1

Category	COVA Care/ COVA Connect	COVA HDHP	Kaiser Permanente HMO
Out-of-Pocket Costs	**No change.**	**Deductible increases** to $1,750 from $1,200 for one person and to $3,500 from $2,400 for two or more persons. The higher deductible complies with IRS guidelines.	**Copayment decreases** to $10 from $20 for behavioral health group therapy, non-medical professional visit (licensed professional with a master's or PhD degree). No change to individual therapy copayment.
Other Benefits	**Education program required before bariatric or lap band surgery:** Launched Feb. 15 and continues for the new plan year. **New COVA Connect ID cards:** Include national "Travel and Out-of-Area" logos (PHCS and Multiplan). Mailed before July 1 to all covered members.		

A Better Chance for Successful Weight Loss Surgery

Losing weight is a constant battle for many Americans, including state employees and their families. As waistlines expand, so do health issues related to being overweight or obese.

The state health benefits program has covered bariatric surgery for obesity for many years. A new education program launched in early 2010 will enhance the chances for successful surgery and improved health outcomes.

At the heart of the program is a powerful support system – a personal weight management coach. Why a coach? Provider and employee focus groups recommended support before and after surgery to help patients understand the lifestyle changes needed for ultimate success.

Program Highlights

Here are the basic components:

- **Who it's for:** COVA Care and COVA Connect members actively seeking bariatric surgery to treat obesity.
- **Goal:** Help surgery candidates break through personal barriers to achieve safe and effective long-term weight loss.
- **Weight coach:** Once you enroll, a weight management coach will provide 12 months of one-on-one goal-oriented support. Your weight coach will help you understand the emotional and behavioral issues that are often linked to weight problems, and work with you toward nutrition and exercise goals.
- **Weight loss program:** You'll be required to participate in 12 months of a weight loss program such as Weight Watchers to help you make the best possible food and nutrition choices, and reach your weight loss goals.
- **Getting started:** Your bariatric surgeon will contact your health plan to request prior authorization for your surgery. If you meet the surgery criteria, you'll enroll in the 12 month pre-surgery program. After completing the program, you, your surgeon and your health plan case manager will determine if bariatric surgery is the right choice for you.
- **After surgery:** You'll continue coaching support for 24 months once your surgery is over. Why continue? It will help you transition to the changes in your life required for a long-term successful outcome of your surgery. Plus, if you remain in the coaching program for 12 months, the plan will refund half of your $300 inpatient hospital copayment or $125 outpatient hospital copayment. If you stay in the program for a full two years, you will get a refund of the remaining amount.

For more information on the education program, including Frequently Asked Questions, go to the DHRM Web site at **www.dhrm.virginia.gov**.

Put Dollars Aside in a Flexible Reimbursement Account

Put extra money in your pocket! Enroll in a Medical or Dependent Care FRA to save on your out-of-pocket costs for health care or child care. You save money because you pay for your eligible medical or dependent care expenses with pre-tax dollars. **New this year:** Over-the-counter drug expenses can no longer be reimbursed starting Jan. 1, 2011 based on national health care reform legislation.

FRA Contribution Guidelines

- **You may contribute $10 or more each pay period** to both a Medical and Dependent Care FRA, up to $5,000 per account per plan year. Make your contributions in whole dollars.
- **A monthly administrative fee applies.** The total fee is $3.67 for all FRA accounts, and is deducted on a pre-tax basis.
- **A calendar year maximum** applies to Dependent Care FRAs. You cannot exceed this annual amount. 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 IRS limits.
- **Use It or Lose It!** File for reimbursement on time or you will lose the remaining money in your accounts. File for reimbursement by:

  Sept. 30, 2010, for an FRA ending June 30, 2010.
  Sept. 30, 2011, for an FRA ending June 30, 2011.

See the Flexible Benefits Program Sourcebook for more information.

ENROLL NOW! You must enroll every year in an FRA. Current FRAs will end on June 30.

Use a Convenient myFBMC Card℠ Visa® Card!

Pay for medical expenses upfront! Employees enrolled in a medical FRA receive the ***myFBMC Card*** **Visa card** from Fringe Benefits Management Company (FBMC), the Flexible Benefits plan administrator. It is your decision whether to use the card. Certain IRS rules will apply to the card's usage. You may still file a paper claims reimbursement form.

Keep your cards to use each plan year until their expiration date.

Medical FRA Reimbursement Cards and the IRS

When you use the ***myFBMC Card*** Visa card, there are certain IRS rules to follow regarding the validation of claims expenses. In certain cases, you must complete an FRA Claim Form, attach supporting documents, and send it to FBMC. **Your card will be deactivated if you fail to take this step.**

For more information:

- See the ***Flexible Benefits Program Sourcebook***
- Visit the DHRM Web site at **www.dhrm.virginia.gov**, Employee Benefits, Flexible Benefits Program
- Go to **www.myFBMC.com** or call FBMC at 1-800-342-8017.

File FRA Claims Online!

Go "green" and file your claims reimbursement form on the Web! Simply scan your form into a computer and submit the scanned documents on the FBMC Web site. Acceptable document formats are **.pdf**, **.jpg**, **.bmp** or **.gif**. Instructions may be found at **www.myFBMC.com**.

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.

Special Enrollment Opportunity

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created two new Special Enrollment rights for certain eligible employees and dependents **who lose coverage or become eligible for premium assistance** under a Medicaid or state children's health insurance program. Employees must request coverage changes within 60 days of the eligibility determination. A notice will be included with your Open Enrollment materials containing additional information about the opportunity to enroll in the premium assistance programs.

How To Contact Your Plan

COVA Care	
• Medical, vision and hearing	**Anthem 800-552-2682**
• Behavioral Health and EAP	**ValueOptions 866-725-0602**
• Prescription Drug	**Medco 800-355-8279**
• Dental	**Delta Dental 888-335-8296**
COVA Connect	
• Medical, vision, hearing • Behavioral Health and EAP • Prescription Drug	**Optima Health 866-846-COVA (2682) or (757) 687-6350**
• Dental	**Delta Dental 888-335-8296**
COVA HDHP	
• For all benefits	**Anthem 800-552-2682**
Kaiser Permanente HMO	
• Medical and vision	**800-777-7902 or 301-468-6000 in Washington, D.C.**
• Behavioral Health and EAP	**866-517-7042**
• Dental	**888-518-5338**

State Health Benefits Program plan design changes and premiums are accurate as of April 16, 2010, the first day of Open Enrollment. All published information is subject to change pending final approval of the state budget by the General Assembly veto session on April 21, 2010. We will notify you immediately if Open Enrollment information changes.