

Health Benefits Plan Rollout For July 1

This issue of Spotlight focuses on the new plans available for a July 1, 2000 effective date. See page 3 for a list of the plans offered. Determine if you need to take any enrollment action. The action you need to take depends on the plan you currently have.

1. If you are enrolled in...

- Key Advantage or Key Advantage With Expanded Benefits
- Cost Alliance or Cost Alliance With Dental
- Kaiser Permanente HMO
- Piedmont Community HMO

and want to remain in your plan — do nothing!

The Floating Enrollment rule applies if you decide to change plans. That is, you may choose a new plan if 12 months have passed since you last made a Floating Enrollment change. Remember to select a PCP if you change plans.

2. If you are enrolled in...

- Trigon HealthKeepers HMO
- QualChoice One HMO
- Sentara HMO
- Key Advantage With SmileKeepers*

you may select another plan during May, or your enrollment will automatically default to standard Key Advantage!

Select a PCP for your plan, even if it is the same PCP you had in your previous plan. See page 4 for instructions.

Your plan change will not count as a Floating Enrollment selection, unless you are also changing membership.

*If you select a plan other than Key Advantage (which includes a standard dental benefit) or Key Advantage With Expanded Benefits, it will count as a Floating Enrollment selection.

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What's Changed For July 1?

Following are highlights of plan changes beginning July 1.

Many new plans will join the program...

Aetna U.S. Healthcare Inc. HMO and QPOS, CIGNA HealthCare of Virginia, Inc. HMO, and Optimum Choice, Inc. Standard Option POS and High Option POS.

These plans will continue...

Key Advantage, Key Advantage With Expanded Benefits, Cost Alliance, Cost Alliance With Dental, Kaiser Permanente HMO, and Piedmont Community HMO.

Several plans will be discontinued...

Trigon HealthKeepers, Key Advantage With SmileKeepers, Sentara HMO, and QualChoice One HMO.

KATY is not currently available...

To enroll or change plans, use the Enrollment/Waiver form, available from your agency Benefits Administrator or from the DPT web site. Submit your completed form to your agency's Benefits Administrator for a July 1 effective date.

Key Advantage medical benefits will change as follows...

- PCP office visit copayment – \$13
- Specialist copayment introduced – \$25
- You may no longer select an OB/GYN as your PCP. Select a new PCP by June 15 if this affects you.
- Routine mammograms – Payments will be based on 10% of the allowable charge; \$50 plan payment limit eliminated.
- Chiropractic services – No 26-visit maximum or \$540 calendar year maximum; plan will pay up to \$500 per year for spinal manipulation; \$25 specialist copayment will apply
- Speech and occupational therapy will be covered as a basic benefit, rather than a Major Medical benefit; \$25 specialist copayment will apply
- Expanded Benefits vision \$40 routine eye exam payment limit eliminated; \$25 specialist copayment will apply



Cost Alliance medical benefits will change as follows...

- Diagnostic services copayment eliminated except when service is received in an outpatient facility
- You may no longer select an OB/GYN as your PCP. Select a new PCP by June 15 if this affects you.

Both Key Advantage and Cost Alliance prescription drug benefits will change...

- New copayments as shown below

	Key Advantage	Cost Alliance
Retail pharmacy—up to 34-day supply	\$13	\$18
Retail pharmacy—35-90 day supply	\$26	\$36
Mail service—up to 90-day supply	\$18	\$23

Both Key Advantage and Cost Alliance dental benefits will change...

- Calendar year maximum that plan pays will increase to \$1,200
- Orthodontics lifetime maximum that plan pays will increase to \$1,200 for Key Advantage With Expanded Benefits and Cost Alliance With Dental
- Orthodontics age restriction (19 and younger) will be eliminated under Key Advantage With Expanded Benefits and Cost Alliance With Dental, and new orthodontics waiting period guidelines will apply as described in the new Member Handbooks.

Sourcebooks will be replaced...

New individual plan Guides will take the place of the Sourcebooks until a new overview document is prepared. Your agency Benefits Administrator will supply you with these new booklets. Each Guide describes how the plan works and presents a summary of plan benefits. In addition, the Guides will be available from each plan's web site beginning April 15.

Eligibility rules will be consistent across all plans...

Each plan will have the same dependent age rule. As an example, a dependent child who is not self-supporting or married may remain in the plan until the end of the calendar year in which the child turns 23. All eligibility rules will apply uniformly no matter which plan you choose.

Plans Available July 1

Statewide Plans

Administered by Trigon Blue Cross Blue Shield

<ul style="list-style-type: none"> • Key Advantage 	<ul style="list-style-type: none"> • Key Advantage With Expanded Benefits 	<ul style="list-style-type: none"> • Cost Alliance 	<ul style="list-style-type: none"> • Cost Alliance With Dental
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Regional HMO And POS Plans

<p>Northern Virginia <i>(includes Washington, D.C. and parts of Maryland)</i></p> <ul style="list-style-type: none"> • Aetna HMO • Aetna QPOS • Kaiser Permanente HMO • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS 	<p>Central Virginia</p> <ul style="list-style-type: none"> • Aetna HMO • Aetna QPOS • CIGNA HMO • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS 	<p>Eastern Virginia</p> <ul style="list-style-type: none"> • CIGNA HMO • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS 	<p>Western Virginia</p> <ul style="list-style-type: none"> • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS • Piedmont Community HMO-POS
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Contact each plan directly for a detailed description of the service area.

HMO=Health Maintenance Organization

POS=Point Of Service plan

QPOS=Quality Point Of Service plan

How To Contact The Plans

Want to know more about the plans and the companies behind them? Call or visit their web sites for more information.

Aetna U. S. HealthCare Inc. – HMO and QPOS

Members Services: 1-800-323-9930
www.aetnaushc.com/custom/cwva

CIGNA HealthCare of Virginia, Inc. – HMO

Member Services: 1-800-832-3211
www.cigna.com

Kaiser Foundation Health Plans of The Mid-Atlantic States, Inc. – HMO

Member Services: (301) 468-6000 or 1-800-777-7902
www.kaiserpermanente.org

Optimum Choice, Inc. –

High Option and Standard Option POS
Member Services: (301) 360-8077 or 1-800-605-8202
www.mamsi.com

Piedmont Community HealthCare, Inc. – HMO-POS

Member Services: 1-888-674-3368
www.pchp.net

Trigon Blue Cross Blue Shield –

Key Advantage, Key Advantage With Expanded Benefits, Cost Alliance, Cost Alliance With Dental
Member Services: (804) 355-8506 in Richmond or 1-800-552-2682 outside Richmond
http://state.trigon.com

How To Choose A Plan During The Special Enrollment Period May 1 – May 31

The special enrollment period is for those members whose plan is being discontinued **July 1**. You will need to enroll in another plan and choose a PCP for your new plan by May 31. Choosing another plan will not count as a Floating Enrollment election, as long as you are changing plans *but not type of membership*.

1 Complete the *Enrollment/Waiver form*. It's available from your agency Benefits Administrator, or from the DPT web site at www.dpt.state.va.us/hbenefit.htm.

Tips:
Enroll early. This is the best way to ensure that your change goes through smoothly for a July 1 effective date.

If you do not enroll by May 31...you will automatically be enrolled in Key Advantage. You will still need to select a PCP in order to receive full benefits.

2 Return the *Enrollment/Waiver form* by **May 31**. Your agency Benefits Administrator will enroll you in the new plan for a July 1, 2000 effective date.

3 Select a *PCP*. Call the plan directly to select your PCP, or see your agency Benefits Administrator. Be sure to let the plan know that you are selecting the PCP for a July 1 effective date.

4 You will receive a new *plan ID card*. Once you've enrolled in a new plan, you will receive a new medical ID card with a July 1 effective date. Expect to receive your card in mid- to late-June.

Changing Plans? You Must Select A PCP To Receive Benefits—Even If It's The Same PCP You Had In Your Previous Plan.

If you are changing plans, or have decided to default into Key Advantage, you must select a PCP. Do this before May 31 for your July 1 effective date. Don't leave yourself without coverage, or with reduced coverage. **Choosing a PCP is a crucial enrollment step!**



Q "My HMO plan is being discontinued. However, the PCP I had is in the network under the new plan I'm selecting for July 1. Do I still have to select a PCP?"

A "Yes! You must select your PCP with your new plan—even though it's the same doctor. Make your selection right away."

Attend The Employee Health Plan Meeting In Your Area

State employees will have an opportunity in April and May to find out more about the health plans that take effect on July 1. All sessions begin at 4:00 p.m. If possible, please send your questions in advance to this e-mail address: hbp@dpt.state.va.us. Include in your e-mail the meeting you will be attending so that an answer may be provided at that time.

Date	City	Location	Date	City	Location
April 19	Richmond	Virginia Department of Transportation 1221 East Broad Street Auditorium	April 27	Richmond	J. Sargeant Reynolds Community College 1651 Parham Road Building B-101, Auditorium
April 20	Richmond	Virginia Department of Transportation 1221 East Broad Street Auditorium	May 1	Harrisonburg	James Madison University 181 Patterson Street University Services Building Room 111-113
April 24	Portsmouth	Tidewater Community College 7000 College Drive Beasley Building The Theater, Room 222	May 2	Roanoke	Virginia Western Community College 3095 Colonial Avenue Business Science Building, Auditorium
April 25	Annandale	Northern Virginia Community College 8333 Little River Turnpike Cultural Center Theater	May 3	Abingdon	Virginia Highlands Community College Learning Resources Center Room 605, Auditorium

Important Dates To Remember

April 10	Materials available for plans effective July 1. Contact your agency Benefits Administrator or the plan directly.	June 15	Last day to submit an Enrollment/Waiver form for those exercising a Floating Enrollment to change plans or membership for July 1.
April 19– May 3	Employee meetings around the state.	July 1	New contract year begins.
May 1– May 31	Special Enrollment for those whose plan discontinues July 1. Does not count as a floating enrollment election unless also changing membership. Enrollment/Waiver form must be submitted by May 31. Remember to select a PCP!		

Comparison Of Benefits

Benefit	Key Advantage You Pay	Cost Alliance You Pay	Aetna QPOS You Pay	Aetna HMO You Pay	CIGNA HMO You Pay
PCP Office Visit Copayment	\$13	\$20	\$20	\$10	\$10
Specialist Visit Copayment	\$25	\$35	\$25	\$10	\$10
Inpatient Hospital Care Copayment	\$200 per confinement	\$100 per day up to \$500 per admission	\$100 per day (up to 5 days)	\$200 per admission	No copayment
Outpatient Hospital Visit for Urgent Care or Life-Threatening Emergency	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (emergency copayment waived if admitted)	\$50 per hospital emergency room visit (waived if admitted); \$10 physician office services
Outpatient Diagnostic Tests and Lab Services	10% allowable charge	No copayment in physician office; \$35 in outpatient facility	\$25 copayment	\$10 copayment	No copayment
Routine Gynecological Annual Exam	\$13 per PCP visit; \$25 per specialist visit	\$20 per PCP visit; \$35 per specialist visit	\$20 per PCP visit; \$25 per specialist visit	\$10 per visit	\$10 copayment
Per Prescription Copayment at Participating Retail Pharmacy	\$13 for up to 34-day supply* \$26 for 35-90 supply*	\$18 for up to 34-day supply* \$36 for 35-90 supply*	\$10 for 34 days	\$10 for 34 days*	\$5, \$10, or \$25 for 30 days*
Mail Service Pharmacy	\$18 for up to 90-day supply	\$23 for up to 90-day supply	\$20 for 90 days	\$20 for 90 days	2 times applicable copay for 90 days
Dental Program	Yes	No	Yes	Yes	Yes
Vision Program	No	No	Yes	Yes	Yes
Employee Assistance Program	Yes	Yes	Yes	Yes	Yes
Optional Benefits	Expanded benefits including vision, preventive care and expanded dental	Dental benefits, including preventive primary, restorative, and orthodontics	No	No	No

*Additional costs apply for brand name drugs when generic drugs are available.

This chart is only a brief comparison of in-network plan benefits. Refer to the plan's Guide for a more detailed description of benefits, PCP referral and prior authorization requirements, etc. For a complete plan description, including benefits, limits, and exclusions, see the appropriate plan Member Handbook.

Comparison Of Benefits

Benefit	Kaiser Permanente You Pay	Optimum Choice, Inc. (OCI) High Option POS You Pay	Optimum Choice, Inc. (OCI) Standard Option POS You Pay	Piedmont Community HMO-POS You Pay
PCP Office Visit Copayment	\$5	\$10	\$15	\$10
Specialist Visit Copayment	\$5	\$10	\$30	\$10
Inpatient Hospital Care Copayment	No copayment	No copayment	\$250 per confinement	10% allowable charge
Outpatient Hospital Visit for Urgent Care or Life-Threatening Emergency	\$35 copayment per emergency room visit (waived if admitted); \$5 copayment for urgent care center	\$50 per hospital emergency room visit (waived if admitted); \$15 per urgent care center	\$60 per hospital emergency room visit (\$250 per confinement if admitted); \$30 per urgent care center	\$50 per hospital emergency room visit (waived if admitted); \$10 copayment per visit to urgent care center
Outpatient Diagnostic Tests and Lab Services	No copayment	\$25 copayment	\$60 copayment	10% allowable charge at hospital; \$10 per office visit
Routine Gynecological Annual Exam	\$5	\$10 per PCP visit; \$10 per specialist visit	\$15 per PCP visit; \$30 per specialist visit	\$10 per visit
Per Prescription Copayment at Participating Retail Pharmacy	\$5 at Kaiser on-site pharmacy*; \$15 at participating community pharmacy (both up to a 60-day supply)	\$15 for up to 34-day supply*	\$15 for up to a 34 day supply*	\$5 per generic and \$15 per brand name for 31 days
Mail Service Pharmacy	\$3 for up to 90-day supply	\$40 for up to 90-day supply	\$40 for up to 90-day supply	\$10 per generic and \$30 per brand name for 90 days
Dental Program	Yes	Yes	Yes	Yes
Vision Program	Yes	Yes	Yes	Yes
Employee Assistance Program	Yes	Yes	Yes	Yes
Optional Benefits	No	No	No	No

*Additional costs apply for brand name drugs when generic drugs are available.

This chart is only a brief comparison of in-network plan benefits. Refer to the plan's Guide for a more detailed description of benefits, PCP referral and prior authorization requirements, etc. For a complete plan description, including benefits, limits, and exclusions, see the appropriate plan Member Handbook.

Commonwealth Of Virginia Health Benefits Program

Active Employees

Monthly Costs Effective July 1, 2000

STATEWIDE PLANS

TYPE POLICY	Key Advantage	Key Advantage w/Expanded Benefits	Cost Alliance	Cost Alliance w/Dental
Employee Single				
<i>You pay</i>	\$18	\$28	\$0	\$25
<i>State pays</i>	\$220	\$220	\$422	\$422
<i>Total Premium</i>	\$238	\$248	\$422	\$447
Employee Plus One				
<i>You pay</i>	\$112	\$131	\$0	\$46
<i>State pays</i>	\$328	\$328	\$422	\$422
<i>Total Premium</i>	\$440	\$459	\$422	\$468
Family Coverage				
<i>You pay</i>	\$207	\$234	\$0	\$68
<i>State pays</i>	\$436	\$436	\$422	\$422
<i>Total Premium</i>	\$643	\$670	\$422	\$490
Family Coverage, Both Spouses State Employees				
<i>You pay</i>	\$114	\$141	\$0	\$68
<i>State pays</i>	\$529	\$529	\$422	\$422
<i>Total Premium</i>	\$643	\$670	\$422	\$490

REGIONAL PLANS

TYPE POLICY	Aetna HMO	Aetna QPOS	CIGNA HMO	Kaiser Permanente HMO	Optimum Choice High Option POS	Optimum Choice Standard Option POS	Piedmont Community HMO-POS
Employee Single							
<i>You pay</i>	\$72	\$84	\$39	\$16	\$89	\$66	\$28
<i>State pays</i>	\$220	\$220	\$220	\$198	\$220	\$220	\$220
<i>Total Premium</i>	\$292	\$304	\$259	\$214	\$309	\$286	\$248
Employee Plus One							
<i>You pay</i>	\$212	\$234	\$151	\$101	\$244	\$201	\$131
<i>State pays</i>	\$328	\$328	\$328	\$295	\$328	\$328	\$328
<i>Total Premium</i>	\$540	\$562	\$479	\$396	\$572	\$529	\$459
Family Coverage							
<i>You pay</i>	\$352	\$385	\$263	\$186	\$398	\$336	\$234
<i>State pays</i>	\$436	\$436	\$436	\$392	\$436	\$436	\$436
<i>Total Premium</i>	\$788	\$821	\$699	\$578	\$834	\$772	\$670
Family Coverage, Both Spouses State Employees							
<i>You pay</i>	\$259	\$292	\$170	\$102	\$305	\$243	\$141
<i>State pays</i>	\$529	\$529	\$529	\$476	\$529	\$529	\$529
<i>Total Premium</i>	\$788	\$821	\$699	\$578	\$834	\$772	\$670

Say Goodbye For Now To KATY

KATY is taking a break until the new interactive benefits system under development is up and running. The new system will be much more efficient and worth the wait! See the article below.

What does this mean for you?

KATY will continue to accept address changes and routine health benefits changes until June 14. **However, the current KATY system will shut down as of June 30.**



Any benefits change with an effective date of July 1 or later will require filling out an Enrollment/Waiver form and sending it to your Benefits Administrator. This includes the special enrollment for those who prefer to choose a plan besides Key Advantage, or who want to make a Floating Enrollment election for July 1.

Interactive Benefits System Delayed

The timeline will be revised for implementing a "self-service" system that can be accessed on the Internet and also by telephone. Under the proposed system, you will be able to view or alter certain health benefits information online, or through an upgraded, KATY-like interactive voice response system, without relying on your Benefits Administrator.

Unfortunately, the contractor selected for this project was unable to deliver an acceptable product by the scheduled spring implementation date. The contract was terminated for default; however, a new request for proposals has been published. Watch for further updates as this process continues.

Long-Term Care Insurance Coming This Summer

A debilitating illness could strike you or a family member at any time. While many of us may require long-term care as we age, the necessity for such care also could result from injuries sustained in an automobile accident or even sports activities.



options ranging from \$75 to \$200. Those who qualify include employees and their spouses, parents, parents-in-law, and retirees and their spouses. Employees are guaranteed acceptance into the plan provided they are actively at work and apply in a timely manner. Other eligible family members, including retirees, will be required to complete an application that

That's why you may want to consider the long-term care insurance benefit available this summer and offered to state employees and retirees by Aetna U.S. Healthcare. An enrollment period will be announced. Watch for enrollment information from Aetna mailed to your home soon, including a toll-free number to call to speak with an Aetna Long Term Care specialist. You also will receive information on enrollment meetings to be held throughout Virginia.

includes a medical questionnaire.

Benefit levels will vary according to where the services are performed (see chart). To receive benefits, the participant

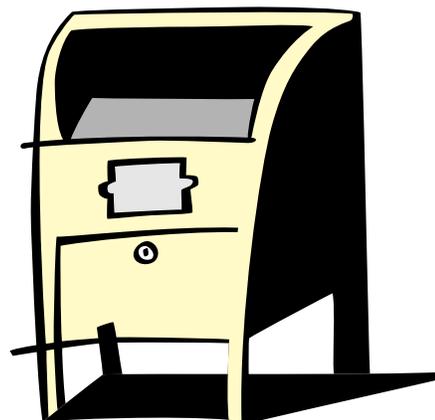
must be unable to perform two of six activities of daily living (such as bathing, eating, dressing or getting in and out of bed) or have a severe cognitive impairment.

Long-Term Care Benefit Summary	
Benefit	Coverage
Nursing Home Care	100% of daily benefit amount
Care at Assisted Living Facilities	100% of daily benefit amount
Home Health Care	50% of daily benefit amount
Waiting Period	90 days

If eligible for long-term care insurance, you will be able to choose among several daily benefit

We Get Mail – Yours!

Don't miss out on important, time-sensitive mailings to your home! Only you know when your name or address changes. Please tell us, too! If you've had a recent name or address change, complete the form on page 11 and send it to your local Human Resources Department.



**Important Benefits
Information Inside**
Read Immediately

Address Service Requested

Commonwealth of Virginia
Department of Personnel and Training
C/O Trigon Blue Cross Blue Shield
P. O. Box 27401, Mail Drop 03P
Richmond, VA 23279

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
RICHMOND, VA
PERMIT NO. 1948

On The Web

Visit the Department of Personnel and Training's web site at <http://www.dpt.state.va.us/hbenefit.htm> to:

- Download an Enrollment/Waiver Form (under Statewide Plans)
- Obtain more information about the health benefits program, and much more!

For nearly the same price as a single-color newsletter, we've added a little color to Spotlight to improve readability. While adding another color makes Spotlight easier to read, it only adds approximately .007 cents per issue!