

Introducing Commonwealth of Virginia Care (COVA Care)

Health Benefits Open Enrollment April 15 - May 16

Open Enrollment is the time each year when you may make changes to your plan or membership effective July 1. Read the Open Enrollment information carefully. There are major health benefits changes this year that will impact coverage for you and your family.

What's New For July 1

The COVA Care statewide plan replaces the Key Advantage and Cost Alliance plans. See the chart on page 8 for a summary of benefits. Here are some of the key features of this new plan:

- An expanded network of Blue Cross PPO providers worldwide, including current Anthem providers and others in all 50 states. Except in emergencies, you will have no coverage outside the networks unless you purchase the Out-of-Network option.
- Greater access to specialists and no requirement to designate a primary care physician (PCP).
- All employees pay monthly premiums.



- An annual routine wellness check-up and an annual mammogram (age 35 and older).
- An annual deductible applies to most services requiring coinsurance.
- A three-tier copayment system for the prescription drug program.
- Basic dental benefits covering twice a year visits to the dentist and primary services such as fillings and root canals. You may add more dental coverage with the Expanded Dental Benefits option.
- A Vision, Hearing and Expanded Dental benefits package as an additional coverage option.

Kaiser Continues To Serve As HMO

One regional plan, Kaiser Permanente, will be offered in the Northern Virginia area. The Aetna HMO, Aetna POS and Piedmont Community HealthCare HMO are leaving the program effective July 1.

Three Types Of Membership Offered

Three types of membership will be offered: Employee Single, Employee Plus One and Family coverage. The membership category that provides a special premium for two state employees married to each other (Married Double State) will be eliminated.

This issue of Spotlight is structured in a question and answer format to help you understand changes in your health benefits and the actions you need to take during Open Enrollment.

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All About Enrollment and Membership in COVA Care and Kaiser Permanente

Enrollment

Q. How do I change my plan or membership?

A. You may make changes in one of two ways during the April 15 through May 16 Open Enrollment for the plans effective July 1:

- Visit the EmployeeDirect health benefits enrollment and information system on the Web at <http://edirect.state.va.us>. You will need your personal identification number (Social Security number) and passcode to login. Once you are logged in, EmployeeDirect will provide step-by-step instructions. See more information on page 4. Or . . .
- Submit an Enrollment Form to your agency Benefits Administrator during Open Enrollment. Ask for the most current form or download and print a copy from the health benefits section of the DHRM Web site at www.dhrm.state.va.us/hbenefit.htm.

Q. What are my options now that the Key Advantage and Cost Alliance plans will no longer be offered?

A. You may:

- **Do nothing** and be enrolled automatically in the basic COVA Care health plan. Additional coverage options are not automatic (see below). Your current membership level will remain the same, unless you are in Married Double State. See page 3.
- Add one or more coverage options if you select COVA Care:
 - Out-of-Network benefits
 - Expanded Dental benefits
 - Vision, Hearing and Expanded Dental benefits
- Choose another available plan: COVA Care or Kaiser Permanente (in Northern Virginia).
- Choose another membership.
- Waive coverage in the program.

Q. What can I do if I am enrolled in the Aetna HMO, Aetna POS or Piedmont Community HealthCare HMO-POS regional plans leaving the program?

A. You may:

- **Do nothing** and be enrolled automatically in the basic COVA Care health plan with no additional coverage options. Your current membership level will remain the same, unless you are in Married Double State. See page 3.
- Select another available plan (COVA Care or Kaiser Permanente).
- Choose another membership.
- Waive coverage in the program.



Important Enrollment Notes

What's New!

- All employees enrolled in a plan offered by the State Health Benefits Program will automatically have their monthly premiums payroll deducted on a pre-tax basis. Because your taxes are less, you take home more.
- Enrolling in Employee Single coverage will be permitted only during Open Enrollment or with a qualifying mid-year event. See the Eligibility Rules on the DHRM Web site for a list of these events at www.dhrm.state.va.us/hbenefit.htm or contact your Benefits Administrator.
- Changes to your Flexible Reimbursement Account (FRA) contribution(s) are allowed only at the next Annual FRA Enrollment unless you experience a qualifying mid-year event.
- New ID cards will be mailed in June. COVA Care members will receive a new Member Handbook from their Benefits Administrator.

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Membership

Q. What are my membership choices?

A. The membership categories are Employee Single, Employee Plus One and Family. Married Double State membership has been eliminated. If you are enrolled in Married Double State, you will be moved automatically to Family Coverage unless you choose another type of membership.

Example: Joe and Mary are state employees in Married Double State membership and enrolled in the Kaiser Permanente HMO. During Open Enrollment they can either change to another membership type or do nothing and default to Family coverage.

Q. I have a daughter who is going away to school full-time. Can she be covered under my plan?

A. Yes. Your daughter may be covered to the end of the year in which she turns 23 if she lives away from home while attending college or boarding school. She must also be unmarried and eligible to be claimed as a dependent on your federal income tax return. Generally, a child must live at home to be eligible. But there are exceptions such as a child attending school full-time away from home, or living with the other parent if the employee is divorced.



Important Membership Note!

Change in Family Members Eligible for Coverage

Any biological or adopted child may be covered to the end of the year he or she turns 23, provided the child is:

- Unmarried
- Lives at home, and
- Eligible to be claimed on his or her parents' federal income tax return.

There are exceptions — please see question 2 in this section. If you have a child or children who meet the new eligibility requirements, you may add them to your health plan during Open Enrollment. Visit EmployeeDirect at <http://edirect.state.va.us> to add your child to coverage, or submit the change on an Enrollment Form to your Benefits Administrator.

If you now have a covered family member who is no longer eligible under the new rules, you will have until July 1, 2003 to remove them from your coverage and reduce your membership if appropriate.

HIPAA Privacy

Along with your Spotlight, you should receive a copy of the Department of Human Resource Management's Office of Health Benefits Programs policy on the privacy of your protected health information. These regulations are set forth by the U.S. Department of Health and Human Services, Office for Civil Rights. You should have received two separate documents — a Privacy Notice and a member handbook amendment. Contact your agency Benefits Administrator if you have not received these materials. The new regulations limit who can inquire about your protected health information. Only you or an individual involved in your care, or payment of your care, can ask directly about your protected health information. ***This is very important because it restricts how your agency Benefits Administrator can assist you when you have questions about your specific medical, drug, dental or mental health and substance abuse claim determinations.***

See the Privacy Notice and amendment for details.

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Use EmployeeDirect To Enroll

Q. What is EmployeeDirect and How Do I Use It?

A. EmployeeDirect is a do-it-yourself online service that enables state employees to make changes to their health benefits and personal information online. Having employees key in information themselves is convenient and improves accuracy. EmployeeDirect also helps state agencies save time and money while preserving the integrity of personal health benefits information. You may make Open Enrollment changes by visiting EmployeeDirect at <http://edirect.state.va.us> any time, from any computer! Join the several thousand employees who last year used EmployeeDirect during Open Enrollment.



Q. How do I get my EmployeeDirect passcode?

A. You must have an e-mail address on file to receive your EmployeeDirect passcode. If it is missing or incorrect, EmployeeDirect will refer you to your Benefits Administrator. Once your Benefits Administrator corrects your e-mail address, you can immediately return to EmployeeDirect and request your passcode again. It will be sent to the corrected e-mail address within an hour of your request.

Q. What information do I need to make Open Enrollment changes using EmployeeDirect?

A. Be sure to verify that your telephone number, mailing and e-mail address are correct on your Health Benefits Profile. Decide the health coverage and type of membership you prefer. Also be sure to have with you the names, birth dates and social security numbers of any family members you may want to cover.



Q. Where can I find instructions for using EmployeeDirect during Open Enrollment?

A. The Welcome page on EmployeeDirect has a link to the printer-friendly step-by-step instructions you need to make changes during Open Enrollment. Simply print the instructions and make your changes online. You will need a passcode to log on to EmployeeDirect.

Q. How do I know my Open Enrollment changes have been made?

A. EmployeeDirect approves and confirms your Open Enrollment changes right away with a link to your updated Health Benefits Profile that becomes effective July 1. You may immediately view your confirmed changes on the screen and print them for future reference.

Forget paper!...Use EmployeeDirect to enroll at <http://edirect.state.va.us>.

All About COVA Care

More information about COVA Care may be found on the DHRM Web site at www.dhrm.state.va.us, from your Benefits Administrator, or at one of the upcoming employee meetings in your area. See pages 14-15 for the meeting schedules.

Provider Networks

Q. What is the COVA Care provider network?

A. You will have the same Anthem network plus access to a worldwide network of Blue Cross and Blue Shield company providers through the BlueCard® PPO program.

You and covered family members may visit any provider who participates in the BlueCard® PPO network and receive the highest level of benefits. To locate a BlueCard®

PPO physician or hospital, call 1-800-810-BLUE (2583). When you visit a provider, show your ID card with the PPO in the suitcase emblem. Unless you purchase the Out-of-Network option, you do not have coverage outside of the Anthem or BlueCard® PPO networks except in an emergency.

Q. Will I be able to obtain care outside of the network?

A. It depends on whether you enroll in basic COVA Care or COVA Care with the Out-of-Network option. Under basic COVA Care, you have coverage in your Anthem network and the BlueCard® PPO network. If you purchase

the Out-of-Network option, you also will have coverage outside the Anthem or BlueCard® PPO network, but at a lower level of benefits. See the COVA Care Options Q & A on page 7 for more details.

PCPs and Specialist Referrals

Q. Will I still need a primary care physician (PCP) and referrals to specialists?

A. No. You are not required to designate a PCP and you are not required to obtain a referral to see a specialist. We still encourage you to seek care from a primary care

physician (a general or family practitioner, internist or pediatrician) for your routine medical care.

Annual Deductible and Out-of-Pocket Limit

Q. Is there an annual deductible under the plan?

A. Yes. This is the amount you must pay for certain covered services requiring coinsurance before the plan pays its share. The deductible applies to covered services such as ambulance travel, private duty nursing, durable medical

equipment, and diagnostic laboratory, tests, shots and x-rays. There is no deductible for preventive, wellness, dental, or drug benefits.

Q. Is there an out-of-pocket expense limit?

A. Yes. This is the most you pay every year, and then the plan pays 100%. Your annual deductible, copayments and coinsurance for in-network medical services and authorized mental health services count toward the out-of-pocket limit. Prescription drug, dental, vision and hearing

copayments and coinsurance do not apply. If you purchase the Out-of-Network option, the deductible, copayments and coinsurance for services outside of the Anthem and BlueCard® PPO networks will also apply.

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Wellness and Preventive Care

Q. What type of wellness care is included under the plan?

A. Wellness care is covered for both adults and children. Members age 7 and older have coverage for an annual check-up and routine laboratory tests, shots and

x-rays. For children under age 7, immunizations and screening tests are covered.

Q. Will preventive care be included in the plan?

A. Yes. An annual gynecological exam and a prostate exam (age 40 and older) are covered. Coverage for mammograms has been enhanced to an *annual* screening

for women starting at age 35. Coverage also includes a Pap test, prostate specific antigen test (age 40 and older) and colorectal cancer screening (age 40 and older).

Three-Tier Drug Benefit

Q. How does the new three-tier drug benefit work?

A. You still have a retail pharmacy and home delivery (mail service) prescription drug program. However, covered drugs are divided into three tiers or categories, with corresponding copayments. In general, the first tier covers generic drugs which are usually the least expensive drugs.

The second tier is low to mid-cost brand name drugs. The third tier is higher cost brand name drugs and may include newly introduced drugs. You may still purchase up to a 90-day supply of drugs at a participating retail pharmacy.

Q. How can I determine the tier assignment for a specific drug?

A. For a detailed listing go to www.anthem.com. Select Members and Consumers, and click on Virginia. Select the link to Commonwealth of Virginia and The Local Choice on the home page. Then select the Prescription Drug

Program link. You may also contact Anthem Member Services for assistance at (804) 355-8506 in Richmond, or 1-800-552-2682 outside Richmond.

Mental Health And Substance Abuse Benefit

Your mental health and substance abuse benefits under the COVA Care health plan are administered by Magellan Behavioral Health. To access these benefits or ask questions relating to the plan, call Magellan at 1-800-775-5138.

You must call Magellan for pre-authorization before receiving care. Treatment must be medically necessary. Magellan will refer you to the appropriate mental health provider and review your treatment plan. If you receive care without prior approval, Magellan will pay the claim if the services were medically necessary and you sought care from a provider who participates in the Magellan network. However, if the provider does not participate with Magellan, the claim will not be paid. If you add the Out-of-Network option to your COVA Care plan, Magellan will pay medically necessary claims, but at a lower level of benefits. Magellan's payment will be reduced by 25 percent.

Employee Assistance Program (EAP)

The EAP provides up to four counseling sessions free of charge. Services are easy to use and confidential. EAP counselors are professionals trained to assist employees with problems in a variety of areas, including alcohol and drug abuse, mental health, legal and financial difficulties, child and elder care, and family, grief and career-related issues. Contact Magellan Behavioral Health at 1-800-775-5138 for more information.

COVA Care Options

Out-of-Network

Q. How does the Out-of-Network option work, and why should I consider it?

A. This option gives you access to providers who are not in the network, but the payment for covered services is generally reduced by 25 percent. You are still responsible for any applicable deductible, copayment or coinsurance, and any balance above the allowable charge. Payments for out-of-network claims are made directly to you rather than to the provider. Consider this option if you anticipate a need for care from a provider who is not in the network.

Here is an example of how the Out-of-Network option works for diagnostic tests:

Plan or Option	In-Network	Out-of-Network
Basic COVA Care	You Pay... 10% coinsurance after deductible	No coverage
COVA Care With Out-of-Network Option	You Pay... 10% coinsurance after deductible	You Pay... 10% coinsurance plus an additional 25% reduction after deductible. You also pay any amount the provider charges over the allowable charge.

Expanded Dental

Q. What does the Expanded Dental option cover?

A. It covers complex restorative and orthodontic services, with 50% coinsurance and no deductible. These services are in addition to the basic COVA Care dental benefits. Complex restorative dental services include inlays, onlays, crowns, dentures, bridges, and implants. The plan will pay

up to \$1,500 per member each year for the preventive, diagnostic, primary and complex restorative dental services under this option—a \$300 increase over the basic plan. Orthodontic services are covered up to \$1,200 per member per lifetime.

Vision, Hearing and Expanded Dental

Q. What does the Vision, Hearing and Expanded Dental option cover?

A. This option provides you with the same vision coverage that was available under Key Advantage Expanded. The new hearing benefit pays up to \$1,200 every 48 months toward hearing aids. It also covers a routine hearing exam

every 48 months and the \$35 specialist copayment applies. The Expanded Dental Option as described in the Q & A above completes this benefit package.

Q. Can I select more than one option?

A. Yes. There are five possible choices:

- 1) COVA Care with Out-of-Network
- 2) COVA Care with Expanded Dental
- 3) COVA Care with Out-of-Network and Expanded Dental
- 4) COVA Care with Vision, Hearing and Expanded Dental
- 5) COVA Care with Out-of-Network and Vision, Hearing and Expanded Dental benefits

COVA Care Summary Of Benefits

Annual Deductible

\$200 per person;
\$400 per family

Applies to certain services requiring coinsurance, including diagnostic laboratory, tests, shots and x-rays, ambulance travel, and durable medical equipment. See third column below.

Out-of-Pocket Expense Limit

\$1,500 per member
\$3,000 per family

Annual deductible, copayments and coinsurance for in-network medical and mental health services count toward the limit. Prescription drug, dental, vision and hearing copayments and coinsurance do not apply.

Covered Services (in alphabetical order)

You Pay In-Network Copayment Per Visit

You Pay In-Network Coinsurance

Dental basic services *(Plan pays up to \$1,200 per member per year)*

- Diagnostic and preventive (oral exam, cleanings, etc.)
- Primary (fillings, periodontal, root canals, etc.)

\$0

0%

\$0

20%, no deductible

Diagnostic laboratory, tests, shots and x-rays

\$0

10% after deductible

Doctor's visits

Outpatient

- Primary care physicians
- Specialists

\$25

0%

\$35

0%

Inpatient

- Primary care physicians
- Specialists

\$0

0%

\$0

0%

Emergency room visits

- Facility services
- Professional provider services:
 - Primary care physicians
 - Specialists

\$100

0%

\$25

0%

\$35

0%

Hospital services

- Inpatient facility
- Outpatient facility

\$300 per stay

0%

\$100

0%

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

COVA Care Summary Of Benefits

Covered Services (in alphabetical order)	You Pay In-Network Copayment Per Visit	You Pay In-Network Coinsurance
Maternity		
<ul style="list-style-type: none"> Prenatal, delivery and postnatal care <i>(There is only one copayment if the provider submits one bill for all the mother's routine pre- and postnatal care and the delivery of the child)</i> 	\$35	0%
<ul style="list-style-type: none"> Hospital services for delivery (delivery room, anesthesia, nursing care for newborn) 	\$300 per stay	0%
<ul style="list-style-type: none"> Outpatient diagnostic tests 	\$0	10% after deductible
Medical equipment, appliances and supplies	\$0	20% after deductible
Mental health and substance abuse treatment		
<ul style="list-style-type: none"> Inpatient facility 	\$300 per stay	0%
<ul style="list-style-type: none"> Outpatient facility 	\$100	0%
<ul style="list-style-type: none"> Outpatient professional services 	\$35	0%
Prescription drugs – three-tier*		
<i>Retail pharmacy – per 34-day supply</i>		
<ul style="list-style-type: none"> Tier 1 	\$15	0%
<ul style="list-style-type: none"> Tier 2 	\$20	0%
<ul style="list-style-type: none"> Tier 3 	\$35	0%
<i>Home delivery service – per 90-day supply</i>		
<ul style="list-style-type: none"> Tier 1 	\$30	0%
<ul style="list-style-type: none"> Tier 2 	\$40	0%
<ul style="list-style-type: none"> Tier 3 	\$70	0%
Spinal manipulations and other manual medical interventions		
<i>(Plan pays up to \$500 per year)</i>		
<ul style="list-style-type: none"> Primary care physicians 	\$25	0%
<ul style="list-style-type: none"> Specialists 	\$35	0%
Therapy services		
<i>Chemotherapy, Infusion, Radiation, and Respiratory therapy</i>		
<ul style="list-style-type: none"> Outpatient facility services 	\$0	0%
<ul style="list-style-type: none"> Professional provider services 	\$0	0%
<i>Occupational, Physical, and Speech therapy</i>		
<ul style="list-style-type: none"> Outpatient facility services 	\$35	0%
<ul style="list-style-type: none"> Professional provider services: <ul style="list-style-type: none"> Primary care physicians Specialists 	\$25 \$35	0% 0%

*See page 6 for more information about the tiers.

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

COVA Care Summary Of Benefits

Covered Services (in alphabetical order)	You Pay In-Network Copayment Per Visit	You Pay In-Network Coinsurance
Wellness and Preventive Services		
<i>Well child care (under age 7)</i>		
• Office visits:		
• Primary care physicians	\$25	0%
• Specialists	\$35	0%
• Immunizations	\$0	0%
• Screening tests	\$0	10%, <u>no</u> deductible
<i>Routine wellness care (age 7 and older)</i>		
• Annual check-up visit		
• Primary care physicians	\$25	0%
• Specialists	\$35	0%
• Routine laboratory, tests, shots, and x-rays (Note: Plan pays up to \$200 per member per year)	\$0	10%, <u>no</u> deductible
<i>Preventive care (one of each per year)</i>		
• Annual gynecological exam		
• Primary care physicians	\$25	0%
• Specialists	\$35	0%
• Prostate exam (age 40 and older)		
• Primary care physicians	\$25	0%
• Specialists	\$35	0%
• Pap test	\$0	10%, <u>no</u> deductible
• Mammography screening (age 35 and older)	\$0	10%, <u>no</u> deductible
• Prostate specific antigen test (age 40 and older)	\$0	10%, <u>no</u> deductible
• Colorectal cancer screening (age 40 and older)	\$0	10%, <u>no</u> deductible

Has Your Address Changed?

Be sure to update any changes to your address or other personal information by using EmployeeDirect!



Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Kaiser Permanente Summary Of Benefits

YOU MUST SELECT A PRIMARY CARE PHYSICIAN (PCP) FOR CARE AND TO RECEIVE A REFERRAL TO A SPECIALIST.

	Covered Services	You Pay
Outpatient Primary Care Physician (PCP) Visits	<ul style="list-style-type: none"> Physician, x-ray, and other diagnostic services Immunizations Pre-admission testing Voluntary family planning Laboratory, pathology, radiology, and diagnostic testing 	\$10 \$10 \$10 \$10 \$0
Preventive Services	<ul style="list-style-type: none"> Periodic checkups Routine gynecological exam (Pap smear, pelvic exam, and breast exam — no referral needed) Well baby care (children under 5) 	\$10 \$10 \$0
Specialty Care Physician Visits	<ul style="list-style-type: none"> Includes physician and outpatient facility services PCP referral required 	\$10
Outpatient Surgery	Free-standing ambulatory surgery center or hospital outpatient facility	\$10
Inpatient Hospital Services <i>(For admissions arranged through your PCP and authorized by the HMO)</i>	<ul style="list-style-type: none"> Includes semi-private room, intensive or coronary care unit (no maximum number of days) Private room—if ordered by participating physician and approved by the HMO as medically necessary Physician services Surgery Anesthesia Diagnostic services such as lab and x-ray Blood transfusion procedures, drugs Physical therapy, chemotherapy, radiation therapy 	\$100 per admission
Maternity Care	<ul style="list-style-type: none"> All routine outpatient pre- and postnatal care of the mother rendered by the OB/GYN Diagnostic testing (such as ultrasounds and fetal monitor procedures) Hospital care of mother and child 	\$0 \$0 \$100 per admission
Emergency Services For Life-Threatening Conditions	<i>Such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions</i> <ul style="list-style-type: none"> Hospital emergency room No referral required 	\$50 (waived if admitted) \$10 for urgent care center
Mental Health And Substance Abuse Services	<i>You must contact the plan, and not your primary care physician, to coordinate care except in a life-threatening situation.</i> <ul style="list-style-type: none"> Outpatient visits when medically necessary Inpatient treatment when medically necessary Detoxification 	\$10 \$100 per admission \$100 per admission
Complementary Alternative Medicine	<ul style="list-style-type: none"> Includes chiropractic and acupuncture services when medically necessary (up to 20 visits) 	\$15

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Kaiser Permanente Summary Of Benefits

	Covered Services	You Pay
Therapy Services	• Physical therapy (limited to maximum of 20 visits during a 16-week period)	\$10
	• Chemotherapy and radiation therapy	\$10
Durable Medical Equipment	• Rental or purchase of plan approved durable medical equipment	\$0
Prescription Drugs	Generic program (up to 60-day supply). Brand name drugs are covered only when a generic equivalent is not available, or when prescribed by a physician. (\$15 surcharge applies to brand name drugs requested by the member and not required by the physician.)	\$10 per prescription at a Kaiser Permanente on-site pharmacy
	When prescriptions are filled at a network pharmacy, your program covers the following: <ul style="list-style-type: none"> • Medically necessary drugs and medications prescribed by a participating physician • Any medication which requires a prescription 	\$20 per prescription at a participating community pharmacy
Mail Service Pharmacy Benefit	• Maintenance drug prescription (up to 90-day supply for medications prescribed for 6 months or more) filled through the mail service pharmacy	\$8 per prescription
Dental Benefits	<i>Plan pays an annual maximum of \$1,000 per person for in-network services, and \$500 for out-of-network services, with the exception of orthodontics. Plan pays a lifetime maximum of \$1,000 per person for orthodontics.</i>	
• Annual deductible	• DHMO (in-network) • Out-of-network	\$25 per person \$50 per person
• Diagnostic and preventive services	• DHMO • Out-of-network	0%* 25%*
• Basic services	• DHMO • Out-of-network	20%* 40%*
• Major services	• DHMO • Out-of-network	50%* 60%*
• Orthodontics (age 19 and under)	• DHMO • Out-of-network	50%* Not covered
Out-Of-Area Urgent Care	<i>For unexpected conditions requiring immediate attention such as high fever, vomiting, or sprains — no referral needed</i> <ul style="list-style-type: none"> • Physician's office visit • Kaiser Permanente urgent care center/after hours care center 	\$10 \$10
Additional Information	<ul style="list-style-type: none"> • Lifetime maximum • Annual deductibles • Benefits administered • Annual maximum out-of-pocket expense (does not include copayments for prescription drugs or dental benefits) 	None None Per contract year Two times the total annual premium

*Based on fee schedule. See Member Handbook for details.

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

COVA Care Monthly Premiums

Coverage Option	Employee Single	Employee Plus One	Family
COVA Care Health Plan Basic Plan – No Options			
You pay	\$28	\$70	\$99
State pays	<u>\$264</u>	<u>\$471</u>	<u>\$690</u>
Total Premium	\$292	\$541	\$789

Additional Coverage Options

You may elect additional coverage. You pay your basic COVA Care premium *plus* the additional premium shown below. Select *one* from Options A through E.

Coverage Option	Employee Single	Employee Plus One	Family
A Out-of-Network You pay	\$7	\$9	\$11
B Expanded Dental You pay	\$9	\$17	\$26
C Vision, Hearing and Expanded Dental You pay	\$15	\$28	\$40
D Out-of-Network and Expanded Dental You pay	\$16	\$26	\$37
E Out-of-Network and Vision, Hearing and Expanded Dental You pay	\$22	\$37	\$51

Kaiser Permanente Monthly Premiums

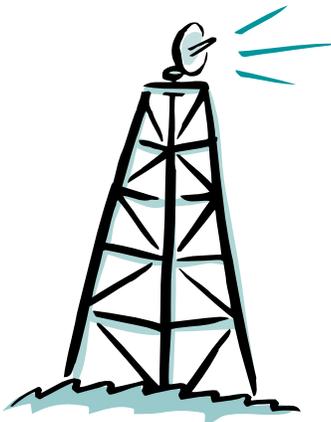
Coverage Option	Employee Single	Employee Plus One	Family
You Pay	\$28	\$70	\$99
State Pays	\$263	\$468	\$687
Total Premium	\$291	\$538	\$786

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

Attend An Employee Meeting Near You: March-April 2003

Date	Location	Address	Time
March 21	Richmond	J. Sargeant Reynolds Community College Building "B" Room 101 Parham Road Campus 1651 Parham Road	1:00 p.m.
March 24	Norfolk	Norfolk State University L. Douglas Wilder Performing Arts Center Theater 700 Park Avenue	3:00 p.m.
March 25	Annandale	Northern Virginia Community College Ernst Community Cultural Center The Forum 8333 Little River Turnpike	3:00 p.m.
March 26	Harrisonburg	James Madison University University Services Building Rooms 111-113 181 Patterson Street	1:00 p.m.
March 28	Richmond	James Monroe Building 101 North 14th Street Conference C & D (1st Floor)	11:00 a.m.
April 9	Roanoke	Virginia Western Community College Whitman Auditorium Business Science Building 3095 Colonial Avenue, SW	3:00 p.m.
April 10	Abingdon	Virginia Highlands Community College Auditorium – Room 605 Learning Resources Center	1:00 p.m.

For more information, please see your agency Benefits Administrator.



It's There On The Web!

To learn more about your health benefits, visit the DHRM Web site at www.dhrm.state.va.us/hbenefit.htm. Link to EmployeeDirect, download the new and improved Health Benefits Guide, view Enrolling and Making Changes, Frequently Asked Questions about COVA Care, and more!

Enroll the Easy Way...Visit EmployeeDirect at <http://edirect.state.va.us>.

State Employee Videoconferences On Health Benefit Changes — April 2003

Date	Originating From:	Time
Tuesday, April 1	VDOT Auditorium 1221 E. Broad Street Richmond	2:00 p.m.
Monday, April 7	VDOT Auditorium 1221 E. Broad Street Richmond	2:00 p.m.

Transmitted To The Following VDOT Locations:

Culpeper District Office
1601 Orange Road

Fredericksburg District Office
87 Deacon Road

Hampton Roads District Office
Suffolk
1700 N. Main Street

Lynchburg District Office
4219 Campbell Avenue

Richmond District Office
Colonial Heights
2430 Pine Forest Drive

Salem District Office (April 1 only)
731 Harrison Avenue

Staunton District Office
Commerce Road

The videoconference locations are open to all state employees and faculty. Registration is required. Contact hbp@dhrm.state.va.us or Marie Easley at (804) 371-8458.

Still Have Questions?

You have the chance at employee meetings to ask questions about changes to your health benefits effective July 1, 2003. You may also email your questions to hbp@dhrm.state.va.us or see your Benefits Administrator.

To Contact The Plans

COVA Care – Statewide Plan
Anthem Blue Cross and Blue Shield
Medical Services
(804)355-8506 in Richmond
1-800-552-2682 outside Richmond
www.anthem.com

Magellan Behavioral Health
Mental Health Services
1-800-775-5138
www.magellanassist.com

Kaiser Permanente – Northern Virginia HMO
Kaiser Foundation Health Plans
of the Mid-Atlantic States, Inc.
Medical Services
(301)468-6000
1-800-777-7902 outside
Washington, D.C.

Dental Services
1-800-445-9090
[www.kp.org/ehealth/mida/
commonwealthofvirginia](http://www.kp.org/ehealth/mida/commonwealthofvirginia)

Enroll the Easy Way...

Visit EmployeeDirect at <http://edirect.state.va.us>.



Virginia Department of
**HUMAN RESOURCE
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