

Spotlight

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Health Benefits Open Enrollment Starts This Spring

Open Enrollment will be offered this spring for all state employees who participate in the State Health Benefits Program. Floating Enrollment will be discontinued. The last day to exercise a Floating Enrollment will be May 15 for an effective date of June 1, 2001. Changes made during Open Enrollment will take effect on July 1, the beginning of the

Open Enrollment Dates

Colleges and Universities

April 1 – May 1

All Other State Agencies

May 1 – May 31

plan year. Two “windows” for changing health plans or membership will occur this spring — during April for employees at colleges and universities, and in May for employees at all other state agencies. Instructions for Open Enrollment, and an explanation of when changes may be made during the plan year outside of Open Enrollment, are found on pages 2 and 10.

Remember that during Open Enrollment:

You May...

- Change your health plan (for example, from Key Advantage to Cost Alliance)
- Change your membership (for example, from Single to Employee Plus One)

You May Not...

- Waive health care coverage if you participate in Premium Conversion

While changes related to health care plans may be made during Open Enrollment, the Annual Enrollment period

for Flexible Benefits will continue to be held during the month of November.

Amnesty Period To Remove Ineligible Dependents

There is a stiff penalty for failure to remove ineligible individuals from your health care coverage. During Open Enrollment, the State Health Benefits Program will offer amnesty, or no penalty, to those who carry ineligible dependents but remove them during this period. If you are in this category, this is your chance to act! See page 11.

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Open Enrollment Is Near!

Open Enrollment is the time you may enroll in another health care plan, enroll for the first time, add or remove dependents, or *do nothing if you do not wish to make any changes*. If enrolled in Key Advantage or Cost Alliance, you will receive a new plan ID card for July 1 even if you take no action during Open Enrollment. That's because some copayments will change effective July 1. Your card should arrive in mid- to late-June.

Open Enrollment Dates

Colleges and Universities

April 1 – May 1

All Other State Agencies

May 1 – May 31

How To Enroll

- 1. Use EmployeeDirect (Web or telephone), or complete the Enrollment/Waiver form.** It's available from your agency Benefits Administrator, or from the DHRM Web site at **www.dhrm.state.va.us/hbenefit.htm**.
- 2. Return the completed Enrollment/Waiver form to your agency Benefits Administrator before your enrollment period ends!** Changes you make will be effective July 1, 2001, and you will receive a new ID card.
- 3. Select a primary care physician (PCP).** If you change plans or enroll in a plan for the first time, you must select a PCP. Contact the plan directly during your enrollment period by telephone or fax to provide your PCP selection.

Using EmployeeDirect

EmployeeDirect, the Commonwealth's new health benefits and information system, will be available during Open Enrollment as an alternative to completing the Enrollment/Waiver form. In a separate mailing, you will receive your personal, confidential passcode for using EmployeeDirect along with instructions for the Web-based and telephone-based systems.

EmployeeDirect will be a major resource in the effective management and understanding of your health benefits. Features this spring will include confirming your Benefits Profile, updating your personal information, and changing your benefits during Open Enrollment.



Making Changes During the Year... New Rules

During Open Enrollment for the plan year starting July 1, you will be able to make health benefits plan and membership changes. However, under certain circumstances you may also make changes to your elections at other times during the year. An “election” is any action you take related to your health benefits plan or membership which may include enrolling in a plan, changing your membership to add or remove dependents, or waiving coverage.

Under the new Internal Revenue Service (IRS) rules, there are certain life events that enable you to make an election change during the year outside of Open Enrollment. See chart on page 10.

Election Changes Must Be Consistent

When you make a new election during the year based on a certain life event, the new election must be on account of, and correspond with, the event involved.

Example: *Pete Smith is enrolled in Key Advantage. His wife, Portia, and 19-year-old daughter, Zoe, are listed as dependents. Zoe takes a full-time job and is now no longer eligible for the plan because she is able to support herself. Pete notifies his Benefits Administrator within 31 days. Based on Zoe’s change in status, Pete is able to drop his daughter from his coverage and change his membership from Family to Employee Plus One.*

Effective Dates for Changes

To make an election change outside of Open Enrollment, submit an Enrollment/Waiver form to your Benefits Administrator within 31 days of the relevant event. Your change will take effect the first of the month **after the form is received**. There is one exception: election changes due to birth, adoption, or placement for adoption will take effect the first of the month in which the event occurs.

When Coverage Is Effective...An Example

Event Date	If Form Is Received...	Then Coverage Is Effective...
Aug. 20	Within 31 days and by the end of the month (example: by Aug. 31)	The first of the next month (example: effective Sept. 1)
Aug. 20	Within 31 days and into the next month (example: by Sept. 6)	The first of the following month (example: effective Oct. 1)

See the *Certain Life Events Permitting An Election Change* chart on page 10.

What's Different Starting July 1?

Beginning in July, a few changes will occur in the State Health Benefits Program. Some highlights:

New Regional Plan Offered...

Optimum Choice, Inc. (MAMSI) will offer an HMO plan in addition to its existing High Option and Standard Option point-of-service (POS) plans. The new Optimum Choice, Inc. Standard Option HMO plan will cover certain cities and counties in all regions of Virginia. For service areas and other information, see the Optimum Choice Standard HMO Plan Guide available from your Benefits Administrator, call Member Services at **1-800-605-8202**, or visit Optimum Choice's Web site at **www.mamsi.com**. To compare the new HMO plan with the 11 other plans in the program, see the Comparison of Benefits chart on pages 6 and 7.

Open Enrollment Replaces Floating Enrollment...

New Internal Revenue Service (IRS) regulations for making health benefits changes during the year will offer advantages similar to Floating Enrollment. The last day to exercise your Floating Enrollment option will be May 15, 2001 for an effective date of June 1, 2001. Open Enrollment will occur once each year for plan and membership changes. In addition, you will have the opportunity to make other changes during the year based on certain life events (see page 10).

Key Advantage and Cost Alliance Copayment Changes

Key Advantage Medical Benefits...

- Primary care physician (PCP) office visit copayment changes from \$13 to \$15
- Outpatient hospital copayment, including emergency room, changes from \$50 to \$75

Cost Alliance Medical Benefits...

- Outpatient hospital copayment for urgent care or life-threatening emergency changes from \$50 to \$75

Key Advantage and Cost Alliance Prescription Drug Copayments...

	New Key Advantage	Previous Key Advantage	New Cost Alliance	Previous Cost Alliance
Retail pharmacy – up to 34-day supply	\$15	\$13	\$20	\$18
Retail pharmacy – 35-90 day supply	\$30	\$26	\$40	\$36
Mail service – up to 90-day supply	\$23	\$18	\$28	\$23

Amendments Will Be Issued to Member Handbooks

Your Benefits Administrator will issue amendments to the Key Advantage and Cost Alliance Member Handbooks this summer. These amendments will serve as legal notice of the copayment changes for July 1. It is your responsibility to keep amendments with your plan Member Handbook. Amendments and Member Handbooks will also be available on the Web at **www.dhrm.state.va.us/hbenefit.htm** or at the plan's Web site.

Plans Available July 1, 2001

Statewide Plans

Administered by Trigon Blue Cross Blue Shield

• Key Advantage	• Key Advantage With Expanded Benefits	• Cost Alliance	• Cost Alliance With Dental
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Regional HMO And POS Plans – Contact each plan directly for a detailed description of the service area.

<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 • New – Optimum Choice, Inc., – Standard HMO 	<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 • New – Optimum Choice, Inc., – Standard HMO 	<p>Eastern Virginia</p> <ul style="list-style-type: none"> • CIGNA HMO • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS • New – Optimum Choice, Inc., – Standard HMO 	<p>Western Virginia</p> <ul style="list-style-type: none"> • Optimum Choice, Inc. – Standard Option POS • Optimum Choice, Inc. – High Option POS • New – Optimum Choice, Inc., – Standard HMO • Piedmont Community HMO-POS
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HMO=Health Maintenance Organization

POS=Point Of Service plan

QPOS=Quality Point Of Service plan

List of Plans and Contacts

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
Account Management: (703) 873-1503
www.kaiserpermanente.org

Optimum Choice, Inc. – High Option, Standard Option POS, and Standard Option HMO
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

Visit Magellan’s New Web Site

Magellan Behavioral Health, which provides Mental Health and Substance Abuse Services for Key Advantage and Cost Alliance, now has a Web site for Commonwealth of Virginia plan members. To access the site go to **www.magellanassist.com**. You need to enter 800-775-5138. Or you may call the same number (1-800-775-5138) toll-free for services.

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	\$15	\$20	\$20	\$10	\$10
Specialist ¹ 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	\$75 per visit (waived if admitted)	\$75 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	\$35 in outpatient facility only	\$25 copayment	\$10 copayment	No copayment
Routine Gynecological Annual Exam	\$15 per PCP visit; \$25 per specialist ¹ visit	\$20 per PCP visit; \$35 per specialist ¹ visit	\$20 per PCP visit; \$25 per specialist ¹ visit	\$10 per visit	\$10 copayment
Per Prescription Copayment at Participating Retail Pharmacy	\$15 for up to 34-day supply* \$30 for 35-90 supply*	\$20 for up to 34-day supply* \$40 for 35-90 supply*	\$10 for 34 days	\$10 for 34 days*	\$5, \$10, or \$25 for 30 days*
Mail Service Pharmacy	\$23 for up to 90-day supply	\$28 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	Yes, under Key Advantage With Expanded Benefits – vision care, expanded dental benefits, and preventive care	Yes, under Cost Alliance With Dental – primary, restorative, and orthodontic benefits	No	No	No

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

¹ Specialist – Any provider other than your PCP.

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 Member Handbook.

Kaiser Permanente You Pay	Optimum Choice, Inc. High Option POS You Pay	Optimum Choice, Inc. Standard Option POS You Pay	Optimum Choice, Inc. Standard Option HMO You Pay	Piedmont Community HMO-POS You Pay
\$5	\$10	\$15	\$15	\$10
\$5	\$10	\$30	\$15	\$10
No copayment	No copayment	\$250 per confinement	\$300 per confinement; \$25 per day up to \$200 per admission	10% allowable charge
\$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); \$30 per urgent care center	\$50 per hospital emergency room visit (waived if admitted); \$10 copayment per visit to urgent care center
No copayment	\$25 copayment	\$60 copayment	Applicable copayment, then covered in full	10% allowable charge at hospital; \$10 per office visit
\$5	\$10 per PCP visit; \$10 per specialist ¹ visit	\$15 per PCP visit; \$30 per specialist ¹ visit	\$15 per visit	\$10 per visit
\$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, \$10 per formulary brand names, and \$25 per non-formulary brand names (for 31 days)	\$5 per generic and \$15 per brand name for 31 days
\$3 for up to 90-day supply	\$40 for up to 90-day supply	\$40 for up to 90-day supply	Two (2) copayments	\$10 per generic and \$30 per brand name for 90 days
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes
No	No	No	No	No

prior authorization requirements, etc. For a complete plan description, including benefits, limits, and exclusions, see the appropriate plan

OPEN ENROLLMENT 2001

Active Employees — Monthly Costs Effective July 1, 2001

Commonwealth Of Virginia Health Benefits Program

STATEWIDE PLANS

TYPE POLICY	Key Advantage	Key Advantage w/Expanded Benefits	Cost Alliance	Cost Alliance w/Dental
Employee Single				
<i>You pay</i>	\$19	\$30	\$0	\$20
<i>State pays</i>	\$233	\$233	\$464	\$464
<i>Total Premium</i>	\$252	\$263	\$464	\$484
Employee Plus One				
<i>You pay</i>	\$119	\$140	\$0	\$37
<i>State pays</i>	\$347	\$347	\$464	\$464
<i>Total Premium</i>	\$466	\$487	\$464	\$501
Family Coverage				
<i>You pay</i>	\$218	\$248	\$0	\$54
<i>State pays</i>	\$462	\$462	\$464	\$464
<i>Total Premium</i>	\$680	\$710	\$464	\$518
Family Coverage, Both Spouses State Employees				
<i>You pay</i>	\$120	\$150	\$0	\$54
<i>State pays</i>	\$560	\$560	\$464	\$464
<i>Total Premium</i>	\$680	\$710	\$464	\$518

REGIONAL PLANS

TYPE POLICY	Aetna HMO	Aetna QPOS	CIGNA HMO	Kaiser Permanente HMO	Optimum Choice High Option POS	Optimum Choice Standard Option POS	Optimum Choice Standard Option HMO	Piedmont Community HMO-POS
Employee Single								
<i>You pay</i>	\$33	\$44	\$51	\$17	\$109	\$83	\$34	\$32
<i>State pays</i>	\$233	\$233	\$233	\$214	\$233	\$233	\$233	\$233
<i>Total Premium</i>	\$266	\$277	\$284	\$231	\$342	\$316	\$267	\$265
Employee Plus One								
<i>You pay</i>	\$145	\$165	\$178	\$109	\$286	\$238	\$147	\$143
<i>State pays</i>	\$347	\$347	\$347	\$318	\$347	\$347	\$347	\$347
<i>Total Premium</i>	\$492	\$512	\$525	\$427	\$633	\$585	\$494	\$490
Family Coverage								
<i>You pay</i>	\$256	\$286	\$305	\$200	\$461	\$391	\$259	\$254
<i>State pays</i>	\$462	\$462	\$462	\$424	\$462	\$462	\$462	\$462
<i>Total Premium</i>	\$718	\$748	\$767	\$624	\$923	\$853	\$721	\$716
Family Coverage, Both Spouses State Employees								
<i>You pay</i>	\$158	\$188	\$207	\$110	\$363	\$293	\$161	\$156
<i>State pays</i>	\$560	\$560	\$560	\$514	\$560	\$560	\$560	\$560
<i>Total Premium</i>	\$718	\$748	\$767	\$624	\$923	\$853	\$721	\$716

Statewide Employee Meetings Scheduled

Attend an Open Enrollment meeting in your area during March or April and plan your changes for July 1. You may send questions in advance by e-mail to hpb@dhrm.state.va.us. We will incorporate your questions in additional information to be available later through your Benefits Administrator and on the DHRM Web site.

Date	City	Location
March 26 <i>at 4:00 p.m.</i>	<i>Richmond</i>	J. Sargeant Reynolds Community College North Run Auditorium 1630 East Parham Road
March 27 <i>at 4:00 p.m.</i>	<i>Lynchburg</i>	Virginia Department of Transportation Learning Center, 2nd Tier 4219 Campbell Avenue
March 28 <i>at 4:00 p.m.</i>	<i>Wytheville</i>	Wytheville Community College Grayson Hall Commons 1000 East Main Street
March 30 <i>at 4:00 p.m.</i>	<i>Richmond</i>	Virginia Department of Transportation 1221 East Broad Street
April 2 <i>at 4:00 p.m.</i>	<i>Harrisonburg</i>	James Madison University University Services Building 181 Patterson Street Room 111-113
April 3 <i>at 4:00 p.m.</i>	<i>Manassas</i>	George Mason University Prince William Campus Building 10900 University Boulevard
April 4 <i>at 4:00 p.m.</i>	<i>Richmond</i>	James Monroe Building 101 N. 14th Street Conference Rooms D & E (1st Floor)
April 5 <i>at 4:00 p.m.</i>	<i>Portsmouth</i>	Tidewater Community College Beasley Building 700 College Drive The Theater, Room 222

Remember These Dates!

March 26 – April 5	Employee meetings on Open Enrollment held around the state.
April 1 – May 1	Open Enrollment for colleges and universities. If you want to make a plan or membership change, submit an Enrollment/Waiver form to your Benefits Administrator by May 1. Or use EmployeeDirect, the Commonwealth’s new health benefits and information system (instructions to be mailed separately to employee homes).
May 1 – May 31	Open Enrollment for all other state agencies. Submit an Enrollment/Waiver form to your Benefits Administrator by May 31 to make a plan or membership change. An alternative: Use EmployeeDirect, the Commonwealth’s health benefits and information system (instructions to be mailed separately to employee homes).
May 15	Final day to exercise a Floating Enrollment. Any changes will take effect June 1.
July 1	New plan contract year begins. Open Enrollment replaces Floating Enrollment for plan and membership changes. Start using new election changes based on certain life events.

Certain Life Events

These are events which permit an election change outside Open Enrollment. Most allow you to change your membership. If you have questions about these events, contact your Benefits Administrator.

<p>Change in Employee’s Employment Status:</p> <ul style="list-style-type: none"> • Begins/ends full-time employment • Begins/ends leave without pay • Begins/ends family medical leave • Begins Virginia Sickness and Disability Program long-term disability (not working) • Begins retirement <p>Change in Employee’s Marital Status:</p> <ul style="list-style-type: none"> • Marriage, divorce or death of a spouse 	<p>Change in Employee’s Number of Dependents</p> <ul style="list-style-type: none"> • Birth or adoption* • Death of a covered child • Covered child exceeds plan’s age limit • Covered child marries • Court order to cover a child • Gains or loses eligibility for a government-sponsored plan • Spouse or covered child begins/ends employment • Spouse or covered child begins/ends leave without pay • Spouse or covered child begins/ends family medical leave • Annual enrollment under another employer’s plan <p>Other Changes:</p> <ul style="list-style-type: none"> • Moves in or out of a plan’s service area • Enrolls in single membership if previously waived coverage • Day care provider, cost of day care or number of dependents changes**
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* Some pre-adoptive placements may be approved under certain circumstances

** Permits changes to Dependent Care Reimbursement Account only

GENERAL INFORMATION

Take Advantage of Amnesty Now!

Under State Health Benefits Program rules, you must remove ineligible dependents from your health care plan within 31 days of the time they are no longer eligible for coverage. *If you fail to take action, you risk suspension from the program for up to three years.*

A period of amnesty will be offered during Open Enrollment. Any employee who has dependents listed on a plan who are not eligible for coverage under the program may remove them without penalty during this time.

The change will be effective on July 1, 2001. See the list of eligible dependents below. Don't risk losing your health benefits! If you are found to have ineligible dependents on your plan after the amnesty period, the penalty will be applied.

Important reminder: *Self-supporting children are not eligible for coverage, regardless of where they reside. A child employed full time is considered self-supporting unless he or she works full time only during the summer, was a student through the spring semester, and will be a student in the fall and will not be working full time at that point.*

Eligible Dependents

- Legally married spouse
- Unmarried biological or legally adopted children through the end of the year in which they reach age 23, or children placed in the home under a pre-adoptive agreement approved by the Department of Human Resource Management
- Unmarried stepchildren living full time with the employee in a parent-child relationship who are claimed on the employee's federal tax return
- Adult children with a qualifying disability, if it was diagnosed prior to the loss of eligibility for coverage due to age and has been approved by the plan administrator. For Key Advantage and Cost Alliance these children must be added to the plan within 31 days of loss of coverage. The regional plans require that the request be made prior to the time an eligibility for coverage due to age occurs.
- Other children on an exception basis. The child may be added only if a court orders the eligible employee to assume permanent custody.

The Women's Health and Cancer Rights Act of 1998 – Public Notice

Under this law, which was part of the 1999 Omnibus Consolidation and Emergency Supplemental Appropriations Act passed by Congress, coverage is required for the following services as part of medical/surgical benefits for mastectomies:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and physical complications during all stages of the mastectomy

Virginia law requires these benefits to be available if the mastectomy was performed after July 1, 1998.

Last Fall More Than 3,000 Issues Of Spotlight Were Returned For Bad Addresses!



*Only **you** know when your name or address changes. Please tell us, too! If you've had a recent name or address change, it is your responsibility to use EmployeeDirect or contact your Benefits Administrator.*

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- Link to EmployeeDirect and...
 - Learn about your coverage
 - Update your address or other personal information
 - Make Open Enrollment changes
- Download an Enrollment/Waiver Form (under Statewide Plans)
- Download a Guide to each plan offered under the program
- Learn more about the health benefits program