

Enroll In Flexible Reimbursement Accounts For 2004 Short Plan Year (January 1 – June 30, 2004)

We want to make it easier for you to prepare for medical and dependent care expenses. To do that, we plan to align your Medical Expense and Dependent Care Flexible Reimbursement Accounts (FRAs) and health benefits. FRAs now are on a calendar year while health benefit changes occur on the fiscal year, from July 1 to June 30. Beginning July 1, 2004, FRAs and health benefit changes will take effect at the same time, on the fiscal year. To align the programs, we will have a six-month transition period for FRAs, called a short plan year, from January through June of 2004.

Now is the time to think about planning for certain medical and/or child care expenses you may have in the first six months of 2004. You may set aside pre-tax dollars, and save money to cover those costs, by enrolling or re-enrolling in an FRA. Don't forget that existing Medical Expense or Dependent Care accounts will end on December 31, 2003.

Fall 2003 FRA Short Plan Year Open Enrollment is October 20 through November 21, 2003. You may make an election for the short plan year that runs from January 1 through June 30, 2004. See page 2 for minimum and maximum contribution amounts.

The information in this newsletter is only a summary of your flexible benefits. Complete details on Medical Expense and Dependent Care Reimbursement accounts, including eligibility and Internal Revenue Service regulations, can be found in the 2004 Flexible Benefits Sourcebook.

Important! New Enrollment Dates!
Fall FRA Open Enrollment:
October 20 – November 21, 2003



FRA News Flash for 2004!

- Starting January 1 with the 2004 short plan year, over-the-counter antacids, allergy and cold medicines, and pain relievers can be reimbursed from your Medical FRA! For more information, visit the Fringe Benefits Management Company's (FBMC) Web site at www.fbmc-benefits.com.
- Enroll in an FRA for just a few dollars from each paycheck! The minimum amount you can set aside is now as little as \$10 each pay period before taxes. See page 2 for details.

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FRA's At A Glance

You can participate in a Dependent Care Reimbursement Account if you are eligible for the State Health Benefits Program. To enroll in a Medical Expense Reimbursement Account, you must have been eligible for the state program for six continuous months.



Medical Expense Reimbursement Account... allows you to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses that are not reimbursed under your health benefits plan. This includes deductibles and copayments, eyeglasses and contact lenses, and other medical expenses that you pay out of your own pocket. **Examples of eligible expenses are:** deductibles, coinsurance, copayments for doctors' office visits and prescription drugs, certain over-the-counter drug expenses and dental fees.

Dependent Care Reimbursement Account... allows you to set aside money to pay for the care of a dependent child or qualifying adult before the money is taxed as income. Use this account to pay for child care or expenses incurred for the care of an adult dependent living in your home. **Eligible dependent care expenses include:** day care facility and local day camp fees for qualified dependents, and baby-sitting fees for at-home care of qualified dependents while you and your spouse are working (care cannot be provided by you, your spouse or other dependent).

Comparing FRA Plan Years

The chart below is an overview of FRA plan years for the Medical Expense Reimbursement Account (MFRA) and Dependent Care Reimbursement Account (DFRA).

Current 2003 Plan Year (January 1 – December 31, 2003)	2004 Short Plan Year (January 1 – June 30, 2004)	2004–05 Plan Year (July 1, 2004 – June 30, 2005)
<ul style="list-style-type: none"> Your FRA election is for the calendar year 	<ul style="list-style-type: none"> Your FRA election is for six months and runs through the end of June 2004 	<ul style="list-style-type: none"> Your FRA election is for the fiscal year, the same as your health benefits
<ul style="list-style-type: none"> Your Open Enrollment period was Fall 2002 	<ul style="list-style-type: none"> Your Open Enrollment period is Fall 2003 	<ul style="list-style-type: none"> Your Open Enrollment period is Spring 2004
<p>Contribution to an MFRA:</p> <ul style="list-style-type: none"> Minimum: \$480 per plan year Maximum: up to \$5,000 for the plan year 	<p>Contribution to an MFRA:</p> <ul style="list-style-type: none"> Minimum: \$10 each pay period Maximum: up to \$2,500 for the plan year 	<p>Contribution to an MFRA:</p> <ul style="list-style-type: none"> Minimum: \$10 each pay period Maximum: up to \$5,000 per plan year
<p>Contribution to a DFRA:</p> <ul style="list-style-type: none"> Minimum: \$480 per plan year Maximum: up to \$5,000* for the plan year 	<p>Contribution to a DFRA:</p> <ul style="list-style-type: none"> Minimum: \$10 each pay period Maximum: up to \$2,500* for the plan year 	<p>Contribution to a DFRA:</p> <ul style="list-style-type: none"> Minimum: \$10 each pay period Maximum: up to \$5,000* for the plan year

*Depends on how you file your taxes

FRA Short Plan Year: Questions and Answers

Q. What's the reason for the short plan year?

A. The short plan year is a transition period. Currently, Flexible Reimbursement Accounts (FRAs) and health benefit changes go into effect at different times during the year. The FRA plan year is the calendar year and health benefit changes are effective on July 1. Many state employees have requested an easier way to plan for their medical, dental and vision expenses. Beginning in July of 2004, FRAs and health benefit changes will take effect on July 1 and run through June 30 of each year. However, the short plan year is necessary for the start of the FRA plan year to change from January 1 to July 1 every year.



Q. How will the short plan year affect my FRA contributions?

A. The minimum and maximum amounts you can contribute to your Medical or Dependent Care Reimbursement Account will change based on the number of pay periods you have from January 1 through June 30, 2004. You may contribute a minimum of \$10 per pay period not to exceed a total of \$2,500 for the plan year. To calculate your FRA contribution, multiply the amount you wish to set aside by the number of pay periods you have at your agency from January through June.

Q. Once I make my FRA election(s), when will be the last day I can file for reimbursement?

A. If you are enrolled in an FRA during the short plan year, you must file for reimbursement by Sept. 30, 2004. See page 6 for the FBMC fax number and mailing address.

FRA Enrollment Instructions...

It's easy to enroll or re-enroll in a Medical or Dependent Care FRA for the 2004 short plan year. Choose one of two methods:

- **Use EmployeeDirect on the Web** at <http://edirect.state.va.us>. You will need your personal identification number and EmployeeDirect passcode to login. Once you are logged in, EmployeeDirect will provide step-by-step instructions. **OR**

- **Complete an FRA Election Form** and submit it to your Benefits Administrator. You may find the form on the Department of Human Resource Management (DHRM) Web site at www.dhrm.state.va.us under the Compensation and Benefits link. It is also available from your Benefits Administrator.

Remember, the enrollment period for the FRA short plan year (January 1 through June 30, 2004) begins October 20 and ends November 21.

Important!

If you already have an FRA, you must re-enroll for the new plan year. Any existing FRA accounts will end on December 31, 2003.

Consider This...

If you receive 12 paychecks from January through June of 2004 (6 months), a Medical Expense FRA pre-tax contribution of \$10 per pay period will reimburse you \$120 toward your \$200 annual deductible for certain covered services under the COVA Care health plan.

Prepare for Expenses with an FRA

Think of a Flexible Reimbursement Account (FRA) as a handy budget-planning tool. By enrolling in an FRA, you can save money on taxes, put aside even a small amount of money to pay for eligible medical or day care expenses and then get reimbursed for the costs you incur.

- **Set aside dollars from your pay-check before taxes are deducted.**

You can contribute pre-tax dollars to your Medical Reimbursement (MRA) or Dependent Care Reimbursement Account (DCRA) during the short plan year up to a total of \$2,500 for the plan year. Also note that there are special rules governing DCRA's – see the FRA Election Form for details.



- **Plan for expenses you incur that your health plan doesn't cover.** An MRA allows you to request tax-free reimbursement for certain medical expenses, such as copayments for prescription drugs or for doctor's office visits. Eligible dependent care expenses may also be reimbursed, such as day-care facility or baby-sitting fees for at-home care of dependents who qualify. See the Flexible Benefits Sourcebook for a list of eligible expenses.

- **Begin with the minimum contribution amount.** Once you decide which accounts to enroll in, set aside the \$10 minimum per pay period amount for each account during the short plan year. Then determine whether the personal benefits would justify a larger per-pay-period FRA contribution for the full plan year beginning on July 1, 2004. If you are enrolling in an MRA for a specific surgical procedure, check with your doctor to be sure you are a candidate.

- **Take advantage of the simple enrollment and reimbursement process.** It's easy to enroll (see page 3). To file for reimbursement, just mail in or fax your reimbursement form and receipts to Fringe Benefits Management Company (FBMC). You can arrange through direct deposit to have FBMC place the funds directly in your bank account. An added plus: There's never an administrative fee for enrolling in an FRA.

Decide Your FRA Contribution Now!

During 2003 FRA short plan year Open Enrollment, you may elect a contribution amount for your Medical Expense or Dependent Care Reimbursement Account. To calculate your FRA contribution, first make a list of eligible medical and/or dependent care expenses. After you subtotal your estimated expenses, decide on your six month estimated plan year amount and then divide that by the number of paychecks you expect to receive during the period. That amount is your pay period contribution. See the Worksheets on the next page.

Important: You need to know the number of pay periods you have *before you enroll in an FRA*. Contact your Benefits Administrator with any questions.

Remember, for the short plan year:

Your payroll deduction

X *your regular no. of pay periods (short plan year)*

= Your estimated total plan year amount

Example

\$25 per pay period

X *12 pay periods*

= \$300 total plan year amount

FRA Worksheets

Deciding How Much To Deposit

To figure out how much to deposit in your FRA, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket healthcare and/or dependent care expenses. **Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

TAX-FREE MEDICAL EXPENSE WORKSHEET

Estimate your eligible, uninsured out-of-pocket medical expenses for the short plan year, which is January 1 through June 30.

YOUR ELIGIBLE UNINSURED MEDICAL, DENTAL AND VISION EXPENSES

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

SUBTOTAL = \$ _____

Estimated uninsured expenses during the plan year.

SIX-MONTH PLAN YEAR CONTRIBUTION \$ _____

(cannot exceed \$2,500)

DIVIDE ÷ _____

by the number of paychecks you receive for the short plan year.*

This is your pay period contribution = \$ _____

(Enter this amount in EmployeeDirect or on your paper FRA election form.)

TAX-FREE DEPENDENT CARE WORKSHEET

Estimate your eligible dependent care expenses for the short plan year, which is January 1 through June 30.

NUMBER OF WEEKS _____

you will have eligible dependent care expenses from January 1 through June 30. *Remember to subtract holidays, vacations, and other times you may not be paying for eligible child, adult or elder care.*

MULTIPLY x _____

by the amount of money you expect to spend each week. \$ _____

SUBTOTAL = \$ _____

Remember, your total contribution cannot exceed IRS limits for the plan year and the calendar year.

SIX-MONTH PLAN YEAR CONTRIBUTION = \$ _____

(cannot exceed \$2,500 or IRS limits)

DIVIDE ÷ \$ _____

by the number of paychecks you will receive for the short plan year.*

This is your pay period contribution = \$ _____

(Enter this amount in EmployeeDirect or on your paper FRA election form.)

Be sure the expenses for which you are setting money aside are covered under the FRA! See the new *Flexible Benefits Sourcebook* for a list of covered expenses.

FRA Facts

- **Six-Month Plan Year.** Medical Expense and Dependent Care FRAs will be on a short plan year from January through June of 2004 to make the transition to a new plan year beginning July 1, 2004 and continuing through June 30, 2005.

- **Use It or Lose It.** You must use all of the money in your short plan year account by the end of June, so keep that in mind when you plan.

- **How Much You Can Put Aside.** You may put aside the following amounts for the short plan year:

- **Medical Expense:** Per pay period minimum of \$10 up to a \$2,500 total plan year amount
- **Dependent Care:** Per pay period minimum of \$10 up to a \$2,500 total plan year amount (see the FRA Election Form for special rules)

- **No Election Changes.** Remember that your FRA Open Enrollment election and contribution are binding:

- Your FRA Open Enrollment election cannot be changed after Open Enrollment ends.
- You may not change your FRA election amount until the next FRA Open Enrollment *unless* you experience a qualifying mid-year event that applies. See the Flexible Benefits Program page on the DHRM Web site (Web address is on page 8).



- **No Transfer.** Money cannot be transferred between the Medical Expense and Dependent Care Reimbursement accounts or between the plan years.

- **No Carry Forward.** The dollars you set aside for your short plan year FRA(s) may not be transferred into the new plan year beginning July 1, 2004.

- **Getting Reimbursed.** Reimbursement checks are issued within 5 working days from the time a complete reimbursement request is received.

Reimbursement Deadlines.

If you are in an FRA that ends on:

- **December 31, 2003,** you have until March 31, 2004 to file for reimbursement.
- **June 30, 2004,** you have until September 30, 2004 to file for reimbursement.

Fax or send Reimbursement Request Forms to FBMC:

Fax: (850) 425-4608

Contract Administrator
Fringe Benefits Management Company
P.O. Box 1800
Tallahassee, FL 32302-1800

Things to Remember

- If you enroll in an FRA using EmployeeDirect, review your Benefits Profile for accuracy and keep a copy for your records as a confirmation of your election.
- If you submit an FRA Election Form to your agency Benefits Administrator, keep a copy for your records.
- FBMC will mail a confirmation to your home address before Jan. 1, 2004. Check to be sure that your election information is correct. If there are any errors, contact your Benefits Administrator immediately.



- Check your pay stub to verify that the amount deducted for your FRA(s) is accurate. See your Benefits Administrator immediately if there is an error.
- To check on the status of your account(s) and the claims you submit once the short plan year begins, visit the FBMC Web site at www.fbmc-benefits.com.

For more information, see the *Flexible Benefits Sourcebook*.

FRA Reimbursement

Reimbursement rules for Flexible Reimbursement Accounts differ according to the type of FRA. For a Medical Expense Reimbursement Account, you may be reimbursed as expenses occur. For a Dependent Care Reimbursement Account, your payroll contribution must be received and posted before you can be reimbursed.

Services That May Be Reimbursed

A complete list of medical or dependent care services eligible for reimbursement may be found in the 2004 *Flexible Benefits Sourcebook* available from your agency's Benefits Administrator.

A reminder: mileage for visits to your doctor or pharmacy, parking fees and tolls to the doctor's office, expenses you incur for out-of-town medical services, and lodging incurred during a dependent's out-of-town hospitalization may be reimbursed with proper documentation. See the *Flexible Benefits Sourcebook*.

How To Get Reimbursed

Follow these steps when requesting reimbursement from your Medical or Dependent Care FRA:

1. Fax or mail to Fringe Benefits Management Company (FBMC) at address shown on page 6:

- A correctly-completed FRA Reimbursement Request Form. The form is available from FBMC and may be found on the FBMC Web site at www.fbmc-benefits.com.

2. For Medical Expense Reimbursement accounts, submit with the form one of the following:

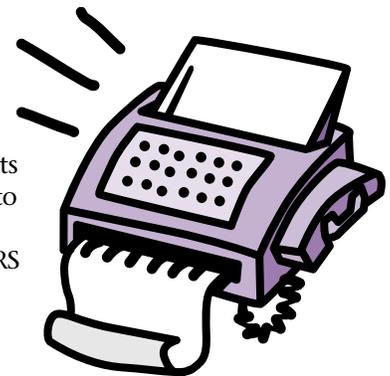
- An Explanation of Benefits (EOB) from your health insurance provider indicating the type of service received, the date and cost of the service, and any portion of the cost for services not covered by your health care plan; *or*

- A receipt, invoice or bill from your health care provider that lists the date you received the service, the cost, the type of service and the person for whom the service was provided; *and*
- A written statement from your health care provider that the service was medically necessary if those services *could* be deemed cosmetic in nature.

3. For Dependent Care Reimbursement Accounts, include with the form a receipt that shows:

- The date your dependent received the care (for example, November 14 through November 18, 2003) not the date you paid for the service; *and*
- The facility's name, address and tax identification number *or*
- The name, address, Social Security number and signature of the individual providing the dependent care service.

If electing a Dependent Care FRA or if you file for the Child Care Tax Credit, also attach IRS Form 2441, which reflects the above information, to your 1040 tax return. If you fail to do this, the IRS may not allow your pre-tax exclusion.



The maximum amount that you can set aside each year in a DFRA is determined by the Internal Revenue Service (IRS) based on:

- A calendar year (January through December) for tax purposes and
- How you file your taxes.

Get A List of Your Prescription Drug Copayments Online

Need a record of your prescription drug copayments for your Medical Reimbursement Account? Visit the Medco Web site at www.medcohealth.com and look for the Prescription Order Status link.

Flexible Benefits Information on the Web

We've Made It Easy To Find What You Need Online

Visit the Flexible Benefits Program page on the DHRM Web site at www.dhrm.state.va.us 24 hours a day, seven days a week if you want:

- A Flexible Benefits Sourcebook
- An FRA Worksheet
- To enroll in an FRA or make changes using EmployeeDirect online
- To download and print a paper Flexible Reimbursement Account (FRA) Election Form
- A Flexible Benefits Direct Deposit Form
- A Flexible Benefits Medical Necessity Form
- A Flexible Benefits Reimbursement Request Form, or
- To learn about making changes outside FRA Open Enrollment.

Who To Contact For FRA Assistance

Fringe Benefits Management Company

Interactive Benefits Information Line:

- **1-800-865-FBMC (3262)**

Customer Service (*Monday – Friday, 7 a.m. to 10 p.m. EST*)

- **1-800-342-8017**
- **1-800-955-8771 (TDD)**

Fax-In Reimbursement Requests

- **1-850-425-4608**

Online Information

- **www.fbmc-benefits.com**

E-mail Address

- **webcustomerservice@fbmc-benefits.com**

Eligibility Changes for “Other Children”

Under certain circumstances, children who are not biological or adopted but live with a state employee may be covered by the State Health Benefits Program. The eligibility rules for these “other children” were revised earlier this year to allow a spouse, as well as an employee, to have custody. For an “other child” to be covered:

- A court must order an eligible employee or the employee’s spouse to assume permanent custody of the child, **OR**
- An employee must share custody with a minor child who is the parent of the “other child” living in the home of the employee.
- The child must live with the employee in a parent-child relationship.

An “other child” who becomes eligible for health benefits as a result of the change indicated above may be added to coverage as follows:

How To Enroll	Effective Date Of Coverage
<ul style="list-style-type: none"> • Submit an enrollment action no later than November 30, 2003 	<ul style="list-style-type: none"> • First of the month following receipt
<ul style="list-style-type: none"> • Within 31 days of a qualifying mid-year event consistent with the change 	<ul style="list-style-type: none"> • First of the month following receipt

How COVA Care Works

Many members have had questions about the COVA Care health plan’s calendar year deductible, coinsurance and copayments.

Deductible: The \$200 per member and \$400 per family deductible under COVA Care is the fixed dollar amount you pay for covered services before the plan begins paying its share of the allowable charge. Not all covered services under the plan are subject to this deductible. See below for what services do and do not apply to the deductible.

Under COVA Care, the deductible only applies to certain covered services that are subject to coinsurance. Remember that the deductible never applies to services that are subject to a copayment.

COVA Care Calendar Year Deductible	
Applies To:	Does Not Apply To:
<ul style="list-style-type: none"> • Diagnostic laboratory services, tests and x-rays • Injections • Ambulance Travel • Private duty nursing • Medical equipment, appliances and supplies 	<ul style="list-style-type: none"> • Co-payments for services such as doctor’s visits, hospital stays, therapy services, and prescription drugs • Wellness and preventive care services including: <ul style="list-style-type: none"> · Well child screening tests · Routine laboratory services, tests, immunizations or x-rays under an annual check-up (age 7 and older) · Pap or PSA tests · Mammograms · Colorectal cancer screening • Dental services

(Continued on page 10)

HEALTH BENEFITS BRIEFS

For a quick reference on which services require a deductible, review the summary of benefits on pages 1-5 of your COVA Care Member Handbook. All services requiring a deductible are clearly noted in the Coinsurance column. Following is an example of how your deductible works.

Covered Service	Amount Provider Charges	Prior to Meeting Annual Deductible You Pay In-Network	After You Meet Annual Deductible You Pay In-Network
Diagnostic chest x-ray	\$125 (allowable charge)	\$125 (100% of the allowable charge)	\$12.50 (10% of the allowable charge). The plan pays the remaining \$112.50.
Ambulance travel	\$75 (allowable charge)	\$75 (100% of the allowable charge)	\$15.00 (20% of the allowable charge). The plan pays the remaining \$60.00.

Coinsurance: The percentage of the allowable charge you pay for certain covered services. Coinsurance varies depending on the service. See the examples below.

Covered Service	You Pay...	The Plan Pays...
Annual mammography screening	10% coinsurance, no deductible	90%
Diagnostic laboratory services, tests and x-rays	10% coinsurance, after deductible	90%
Medical equipment, appliances and supplies	20% coinsurance, after deductible	80%

Copayment: A fixed dollar amount you pay for some covered services. See the examples in the chart below.

Covered Service	You Pay...	The Plan Pays...
Primary physician's office visit	\$25 copayment	The remaining amount up to the allowable charge
Specialty physician's office visit	\$35 copayment	The remaining amount up to the allowable charge

A Snapshot of 2003 Spring Open Enrollment



Introduction of the new COVA Care health plan generated a record Open Enrollment for health benefits during spring 2003. Here's a closer look:

- More than 62,000 Open Enrollment changes were made.
- Approximately 36,500, or 37 percent, of employees previously enrolled in discontinued health plans made no change and

were automatically placed in the new COVA Care basic plan.

- EmployeeDirect processed approximately 44 percent of total elections.
- EmployeeDirect received a ringing endorsement from users, with 93 percent of respondents to an online survey rating the Web-based enrollment system easy or very easy to use.
- As of July 1, 58 percent of state employees and retirees not eligible for Medicare who were enrolled in the COVA Care plan were in additional coverage options.

The chart shows enrollment in the COVA Care basic plan, additional coverage options and Kaiser Permanente HMO (Northern Virginia only).

Health Plan Enrollment (includes state employees and retirees not eligible for Medicare)	July 1, 2003 Enrollment
COVA Care Basic	37,893
COVA Care with:	
• Out-of-Network	3,881
• Expanded Dental	7,670
• Out-of-Network and Expanded Dental	2,870
• Vision, Hearing and Expanded Dental	19,047
• Out-of-Network, Vision, Hearing and Expanded Dental	17,707
Kaiser Permanente (Northern Virginia only)	1,907
TOTAL ENROLLMENT ALL PLANS/OPTIONS	90,975
WAIVED COVERAGE	7,512

Q. What does it mean to waive coverage in the State Health Benefits Program?

A. Waiving coverage means that you do not want to participate in the State Health Benefits Program. You may waive coverage each year during the annual Open Enrollment period or anytime during the year if you experience an event that is consistent with leaving the program. For example, if you are enrolled in the program and your spouse begins employment, you can leave the program to enroll in your spouse's health benefits plan.

By the same token, once you have waived coverage, you may re-enroll during the annual spring Open Enrollment period or anytime during the year if you experience an event that is consistent with enrolling in the program. For example, if you have waived coverage because you are enrolled in your spouse's health benefits plan and your spouse loses employment, you can enroll and bring all eligible family members into the state program as your dependents.

**Coming From CommonHealth In Spring 2004...
Diabetes Management!**

Watch the redesigned CommonHealth Web site at www.chp-online.com/commonhealth for additional information.

How to Navigate the “New” DHRM Web Site

You may have noticed our new look. The Department of Human Resource Management (DHRM) redesigned its Web site several months ago.

All benefits and EmployeeDirect are now under the Benefits section of **Compensation and Benefits**. Here you will find links to the CommonHealth wellness program, Employee Assistance Program, Flexible Benefits program, Health Benefits and more.

If you have questions or comments about the redesigned Web site, e-mail the Webmaster.

**COVA Care
No PCP Referral Required!
No Kidding!**

Flash That COVA Care ID Card Every Time You Go To The Doctor!

Your doctors don't know you are enrolled in the new COVA Care plan unless you tell them! The best way to let them know is to present your new COVA Care identification card every time you check in at the doctor's office.

There's an important prefix – YTX – in front of your identification number on the card. This prefix identifies you as a member who has access to the BlueCard network outside your Anthem Virginia network and ensures that when your doctor submits your claim it will be handled promptly and correctly under the COVA Care plan.

Still carrying an old identification card? Take it out of your wallet and destroy it right away!



Women's Health and Cancer Rights

In the case of a participant who is receiving benefits under the state's health benefits plan in connection with a mastectomy, and elects breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- 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

Manage Your Health Benefits On The Web!
Visit EmployeeDirect at <http://edirect.state.va.us>



Virginia Department of
**HUMAN RESOURCE
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