

# About Your BENEFITS

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Commonwealth of Virginia  
Health Benefits Program

Virginia Department of Human Resource Management



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*This booklet provides an overview of your benefits offered through the Commonwealth of Virginia Health Benefits Program. Refer to this booklet for general information about your health, wellness and, flexible reimbursement benefits. Details may be found in the appropriate plan document or on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov). Should the information in this overview conflict with the appropriate plan document, information in the plan document will take precedence.*

## Who Is Eligible

All full-time or part-time, salaried, classified state employees or regular, full-time or part-time, salaried faculty members are eligible for the health benefits program. Certain family members also may be covered, including your legally married spouse and dependent children as described below. See the chart to determine the documents you need to provide to cover family members.

Dependents	Eligibility Definition	Documentation Required
<b>Spouse</b>	The marriage must be recognized as legal in the Commonwealth of Virginia. <b>Note: Ex-spouses will not be eligible, even with a court order.</b>	<ul style="list-style-type: none"> <li>• Photocopy of marriage certificate, <b>and</b></li> <li>• Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse". NOTE: All financial information and Social Security Numbers can be redacted.</li> </ul>
<b>Natural or Adopted Son/Daughter</b>	A son or daughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate or legal adoptive agreement showing employee's name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)</li> </ul>
<b>Stepson or Stepdaughter</b>	A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26. .	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; <b>and</b></li> <li>• Photocopy of marriage certificate showing the employee and dependent parent's name <b>and</b></li> <li>• Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse".</li> </ul>
<b>Other Female or Male Child</b>	An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: <ul style="list-style-type: none"> <li>• The principal place of residence is with the employee;</li> <li>• They are a member of the employee's household;</li> <li>• They receive over one-half of their support from the employee, and</li> <li>• The custody was awarded prior to the child's 18th birthday.</li> </ul>	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate <b>and</b></li> <li>• Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.</li> </ul>
<b>Other Female or Male Child - Exception</b>	If the employee (or employee's spouse) shares custody with their minor child who is the parent of an "other female or male child", then that "other child" may also be covered if the other child, the minor child (who is the parent), <b>and</b> the employee's spouse (if applicable) <ul style="list-style-type: none"> <li>• All live in the same household as the employee</li> <li>• Both children are unmarried</li> <li>• Both children received over one-half of their support from the employee.</li> </ul>	<ul style="list-style-type: none"> <li>• Photocopy of the other child's birth certificate showing the name of the minor child as the parent of the other child</li> <li>• Photocopy of the birth certificate (or adoptive agreement) for the minor child showing the name of the employee, <b>and</b></li> <li>• Photocopy of the Final Court Order with presiding judge's signature.</li> </ul>
<b>Incapacitated Adult Dependent</b>	The employee's adult children who are incapacitated due to a physical or mental health condition may be covered beyond the end of the year in which they turn age 26 if: <ul style="list-style-type: none"> <li>• They are unmarried,</li> <li>• Reside full-time with the employee (or the other natural/adoptive parent),</li> <li>• The employee provides more than half of the dependent's support,</li> <li>• They are deemed incapacitated prior to the end of the year in which they reach age 26, <b>and</b></li> <li>• They have maintained continuous coverage under an employer-sponsored plan of the employee (or the other natural/adoptive parent).</li> </ul>	<ul style="list-style-type: none"> <li>• Photocopy of birth certificate or legal adoptive agreement showing employee's name.</li> <li>• In the case of a new employee, copy of the HIPAA Certificate showing prior employer-sponsored coverage.</li> <li>• Other medical certification and eligibility documentation as needed.</li> </ul>

## HEALTH BENEFITS PLANS

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State employees have several plan options depending upon where they live and work. Full-time employees who work from 32 to 40 hours per week pay the employee portion of the total monthly premium, with the state paying the remainder of the cost. Their premiums are deducted from paychecks before taxes are paid. Part-time classified employees who work at least 20 hours, but less than 32 hours, per week (or salaried employees in similar positions in legislative, judicial and independent agencies) pay the total premium, which may be deducted from their paychecks on a pre-tax basis. The status of full-time and part-time faculty is determined by the institution. For current monthly premiums, visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) or see your agency Benefits Administrator.

The **health benefits plan year** is July 1 to June 30. **Coverage always begins on the first of a month** and ends at the end of a month.

### Statewide Plans

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#### COVA CARE and COVA CONNECT

##### Benefits Components

Each of these plans include four separate benefit components: *medical, dental, outpatient prescription drug, and behavioral health with the Employee Assistance Program (EAP)*. For **COVA Care**, each benefit is administered by a different company and for **COVA Connect**, all benefits except dental are administered by the same carrier. Some covered services are subject to a plan year deductible, coinsurance or copayments. In-network wellness and preventive care services are available at no cost to members. You may also select, at an extra cost to you, additional options that offer enhanced coverage for dental, out-of-network, vision and hearing services.

##### Medical Benefits

**COVA Care:** Administered by Anthem Blue Cross and Blue Shield.

**COVA Connect:** Administered by Optima Health.

The Anthem Virginia and Optima Health networks include hospitals, primary care physicians and specialists statewide. We highly recommend that you coordinate your care through a primary care physician (PCP), but you are not required to have a PCP to use your medical benefits. You have medical coverage as long as you use an in-network provider. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network option**. However, you also may access care within the United States for **COVA Care** through the Blue Card PPO® network, and worldwide through the BlueCard Worldwide® network. For **COVA Connect**, you have in-network coverage as long as you visit an Optima provider, or if outside the Optima service area, a provider who participates in the national Multiplan or Private Healthcare System (PHCS) provider network. You may also receive care when you live or travel outside the U.S. and may contact Optima Health to assist you with the claims process.

For the most current list of COVA Care network hospitals and physicians, go to [www.anthem.com/cova](http://www.anthem.com/cova), and for COVA Connect, visit [www.optimahealth.com/cova](http://www.optimahealth.com/cova).



## Behavioral Health and Employee Assistance Program (EAP)

**COVA Care:** Administered by ValueOptions, Inc.

**COVA Connect:** Administered by Optima Health.

For **COVA Care**, we recommend that you call ValueOptions at **1-866-725-0602** so that your care can be authorized in advance. For **COVA Connect**, call the Optima EAP at **1-800-899-8174**, and Optima Member Services at **1-866-846-2682** or **(757) 687-6350** for behavioral health so that your care can be authorized in advance. A behavioral health participating provider works with a care manager to ensure that the services you receive are covered under your plan. When you self-refer to a non-network provider, you are responsible for making sure the services you receive are medically necessary for your condition. There is no out-of-network coverage (except for an emergency) unless you choose the **Out-of-Network option**.

The EAP offers up to four visits at no cost to you, your covered dependents and members of your household for counseling in such areas as mental health, substance abuse, work and family issues, financial or legal matters.

## Dental

**COVA Care and COVA Connect:** Delta Dental of Virginia provides dental coverage for both of these plans, including diagnostic and preventive care, and primary dental services such as fillings and root canals. The **Expanded Dental option** covers orthodontic services and offers enhanced coverage for major restorative services such as crowns, bridgework, implants, and dentures. You may use either an in-network or out-of-network dentist, but you may pay more if you use an out-of-network dentist. To see if your dentist participates in the DeltaPremier network, or to search for a participating dentist, visit the Delta Dental Web site at [www.deltadentalva.com](http://www.deltadentalva.com). Click on “Searching for a Dentist?” and select the DeltaPremier program. You also may call Delta Dental at **1-888-335-8296** for assistance.



## Outpatient Prescription Drugs – Mandatory Generic Program

**COVA Care:** Express Scripts/Medco.

**COVA Connect:** Administered by Optima Health.

Your health plan outpatient prescription drug benefit divides your prescriptions into four categories (tiers) based primarily on their cost. The first tier is typically generic drugs; the second tier generally includes some generic drugs and low-to-medium-cost brand name drugs; the third tier consists of higher-cost brand name drugs and the fourth tier is for high-cost specialty drugs. For a 90-day supply of a maintenance prescription, you may save money by using home delivery services. Your prescription drug benefit is a mandatory generic program. If a brand name drug is requested when a generic equivalent is available, you pay the brand copayment plus the difference between the cost of the brand and the generic drug.

You may use either a network or non-network pharmacy. However, you may pay more at a non-network pharmacy and have to file a paper claim. For **COVA Care**, to find a Medco pharmacy, go to [www.medco.com](http://www.medco.com) and register. Click on “Find a local pharmacy”. For **COVA Connect**, visit [www.optimahealth.com/cova](http://www.optimahealth.com/cova). You also may check with your local pharmacy or call the appropriate prescription drug administrator to determine if your pharmacy is in the network.

## Optional Benefits

**COVA Care and COVA Connect** also offer optional coverage that you may buy at an additional cost. See Health Benefits At-Glance for more information about the Out-of-Network, Expanded Dental, and Vision and Hearing options.

## COVA HDHP

**Service Area:** Statewide.

The **COVA HDHP** (High Deductible Health Plan) is a special type of health care plan that allows you to set up a Health Savings Account (HSA). Use the tax-deductible funds you put into the HSA to help pay for medical expenses. Your HSA goes wherever you go and you are not required to “use it or lose it”. The COVA HDHP has a higher plan year deductible that must be met before the plan pays for your medical, behavioral health and prescription drug benefits. Once the deductible is met, you pay 20% coinsurance for most covered services.

When two or more people are covered, the entire deductible must be met before the plan pays any expenses for any one person covered under the plan. Under the HDHP, you pay no more out of pocket for in-network services than \$5,000 for one person and \$10,000 for two or more people. The deductible applies to this limit. The COVA HDHP includes full dental benefits. However, there is no out-of-network coverage for medical or behavioral health benefits except in an emergency. All components of this plan are administered by Anthem and plan members must use Anthem participating providers.

Go to [www.anthem.com/cova](http://www.anthem.com/cova) for more information about the plan and to access the online Provider Directory.

## TRICARE Supplement

The state health benefits program offers a voluntary supplement to TRICARE as a health plan option. Enrollment is open to state employees and early retirees who are military retirees and eligible for:

- TRICARE, the military health benefits program, and
- The state health benefits program.

The TRICARE supplement is administered for the Commonwealth by the Association and Society Insurance Corporation (ASI). For more information, contact ASI at 1-866-637-9911.

## Regional Plan

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### KAISER PERMANENTE REGIONAL HMO

**Service Area:** Includes certain cities and counties where you live or work in Virginia and Maryland (and in some cases, certain zip codes within those areas) and the District of Columbia.

- *Virginia Counties:* Arlington, Caroline (partial), Culpeper (partial), Fairfax, Fauquier (partial), Hanover (partial), King George, Louisa (partial), Loudoun, Orange (partial), Prince William, Stafford, Spotsylvania, Westmoreland (partial)
- *Virginia Cities:* Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park
- *Maryland Counties:* Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges
- *Maryland Cities:* Baltimore

The Kaiser Permanente HMO has no deductible for in-network services, but you must use Kaiser HMO participating providers (except in an emergency) and choose a PCP for each enrolled family member. You may search by zip code on the Kaiser Web site at <http://my.kaiserpermanente.org/mida/commonwealthofvirginia/> to determine if your job location or home address is in the Kaiser service area.

## Health Benefits At-A-Glance

<b>In-Network Benefits</b>	<b>COVA Care/ COVA Connect You Pay</b>	<b>COVA HDHP You Pay</b>	<b>Kaiser Permanente You Pay</b>
<b>Deductible – per plan year</b> • One person • Two or more persons	\$225 \$450	\$1,750 \$3,500	None None
<b>Out-of-pocket expense limit –per plan year</b> • One person • Two or more persons	\$1,500 \$3,000	\$5,000 \$10,000	\$3,500 \$9,400
<b>Doctor's visits</b> • Primary care physician • Specialist	\$25 \$40	20% after deductible 20% after deductible	\$10 \$20
<b>Hospital services</b> • Inpatient • Outpatient	\$300 per stay \$125 per visit	20% after deductible 20% after deductible	\$100 per admission \$50 per visit
<b>Emergency room visits</b>	\$125 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
<b>Ambulance travel</b>	20% after deductible (no plan year limit)	20% after deductible (no plan year limit)	\$50 per service
<b>Outpatient diagnostic, laboratory, tests, shots and x-rays</b>	20% after deductible	20% after deductible	\$0 lab, pathology, radiology, diagnostic testing \$75 specialty imaging
<b>Infusion services (includes IV or injected chemotherapy)</b>	20% after deductible	20% after deductible	\$10 PCP \$20 specialty
<b>Outpatient therapy visits</b> • Occupational, physical and speech therapy • Chiropractic (up to 30 visit plan year limit per member)	\$25 PCP/\$35 specialist \$35	20% after deductible 20% after deductible	\$20 \$20
<b>Applied behavior analysis (ABA) for autism spectrum disorder – ages 2 through 6</b> • \$35,000 annual limit	\$25 per service	20% after deductible	\$10 per visit
<b>Behavioral health visits</b>	\$25	20% after deductible	\$20
<b>Employee Assistance Program (EAP)</b> • Up to 4 visits per incident	\$0	\$0	\$0
Prescription drugs – mandatory generic • Retail Pharmacy	<i>Up to 34-day supply</i> \$15/\$25/\$40/\$50	<i>Up to 34-day supply</i> 20% after deductible	<i>Up to 30-day supply</i> Medical center: \$15/\$25/\$40 Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)
• Home Delivery Pharmacy	<i>Up to 90-day supply</i> \$30/\$50/\$80/\$100	<i>Up to 90-day supply</i> 20% after deductible	<i>Up to 30-day supply</i> \$13/\$23/\$38 (2 x copayment for 90 days)



## SPECIAL PROGRAMS INCLUDED WITH YOUR HEALTH PLAN AT NO ADDITIONAL COST



Program	COVA Care	COVA Connect	COVA HDHP	Kaiser Permanente HMO
<b>Maternity Management</b>	<b>Future Moms</b> <i>with incentive</i> 800-828-5891	<b>Partners In Pregnancy</b> <i>with incentive</i> 866-239-0618	<b>Future Moms</b> 800-828-5891	(301) 468-6000
<b>Disease management for chronic conditions</b>	<b>ConditionCare</b> 800-445-7922 <b>Diabetic management program</b> with incentive	<b>Clinical Advocate</b> 877-817-3037 <b>Diabetic management program</b> with incentive	<b>ConditionCare</b> 800-445-7922	800-777-7902
<b>Call a nurse – anytime</b>	<b>24/7 NurseLine</b> 800-337-4770	<b>24/7 Nurse Advice Line</b> 877-817-3037	<b>24/7 NurseLine</b> 800-337-4770	800-777-7902
<b>Healthy Roads</b>	N/A	<i>Special internet tools and resources for lifestyle change</i> 877-330-2746 or <a href="http://www.healthyroads.com">www.healthyroads.com</a>	N/A	N/A

For more information on these and other health improvement programs, see your plan member handbook or visit [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

## COMMONHEALTH EMPLOYEE WELLNESS PROGRAM

Changes in your lifestyle can have a big impact on your health. The CommonHealth employee wellness program strives to make a difference in the health of employees and the workplace by integrating health into the work culture, building trustworthy partnerships with the state workforce and changing individual behavior.

State agencies that participate in CommonHealth can choose a number of health promotion services, including on-site health screenings, and programs on fitness and stress management, personal health and safety, and weight control and nutrition.

All state health plans offer Weight Watchers for employees, spouses and adult dependents. Eligible employees only may be reimbursed 50% of the cost of services in their paycheck with applicable taxes withheld. For more information about your wellness benefits, visit the CommonHealth Web site at [www.commonhealth.virginia.gov](http://www.commonhealth.virginia.gov).

# FLEXIBLE REIMBURSEMENT ACCOUNTS

Your FRA plan year for Medical Flexible Reimbursement (MFRA) and Dependent Care Flexible Reimbursement (DCFRA) accounts is July 1 – June 30. You may enroll or re-enroll during Open Enrollment. You are required to enroll annually to continue participation in an FRA each plan year. You may participate if you are eligible for the health benefits program. There is a pre-tax administrative fee of \$3.67 for one or both FRA accounts.

## FRA Summary

**MFRA:** Allows you to set aside part of your salary on a pre-tax basis each pay period to pay for the out-of-pocket medical, dental and vision care expenses not covered by your health benefits plan. Examples include copayments, coinsurance and deductibles.

**DCFRA:** Allows you to set aside part of your salary on a pre-tax basis each pay period to reimburse eligible expenses incurred for the care of your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so that you (and your spouse) can work or actively look for work.

## Medical FRA Reimbursement Card

- Use the *WageWorks Card* to receive quick and convenient reimbursement for Medical flexible reimbursement account (FRA) expenses! Once you enroll, WageWorks will send you a card to use. You may order additional cards for family members. For more information, contact WageWorks (see back page).
- There are certain IRS rules regarding the validation of claims expenses. In certain cases, you must provide supporting documents. **Your card will be deactivated if you fail to take this step.** For more information, see the Flexible Benefits Program sourcebook.

## FRA Elections

- Your FRA elections (the dollar amounts you set aside) are binding.
- You may not change your FRA election amount until the next FRA Open Enrollment unless you experience a qualifying mid-year event consistent with your requested change. See the Flexible Benefits Program page on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).
- File for reimbursement by September 30 of each year or you will lose the remaining money in your accounts.

## Contribution to a MFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year

## Contribution to a DCFRA: (whole dollar elections)

- **Minimum:** \$10 each pay period
- **Maximum:** up to \$5,000 per plan year, depending on how you file your taxes (see the Flexible Benefits Sourcebook)

## FRA Period of Coverage

- **If you enroll during Open Enrollment** – Your FRA election is for the plan year, July 1 through June 30. Your period of coverage will be the same as the plan year (unless you later make a permitted election change).
- **If you enroll when eligible or after the plan year begins** – Your period of coverage will begin on your effective date and continue through the end of the plan year (unless you later make a permitted election change).

## Who To Contact With Questions

- See or call your agency Benefits Administrator with questions on FRA eligibility or making changes.
- Contact the administrator of the Flexible Reimbursement Accounts, WageWorks, with questions about eligible FRA expenses. Online information is available at [www.wageworks.com](http://www.wageworks.com) or call the toll-free customer service number at **1-877-924-3967**.
- See the *Flexible Benefits Sourcebook* for more on FRAs, including who may enroll, whose expenses are eligible, and what expenses may be reimbursed.

The sourcebook is available from your Benefits Administrator or on the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

# HOW TO ENROLL

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## Health Benefits Or Flexible Reimbursement Accounts (FRA)

**Within 30 days of employment**, you may enroll in your health plan and select a type of membership (Single, Employee Plus One, or Family). You may also enroll in a Medical FRA and a Dependent Care FRA.

**You may enroll or make changes:**

- **You must enroll each year** in an FRA to continue participation.
- **During the annual Open Enrollment period.**
- **Outside Open Enrollment** due to a qualifying mid-year event such as marriage, divorce, birth of a child or when a child reaches the plan age limit and is no longer eligible for coverage. For a complete list of qualifying mid-year events, and election changes allowed for each event, visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).
- **Your enrollment or change request must be submitted:**
  - Within the Open Enrollment period, or
  - Within 60 days of a qualifying mid-year event.

*Note: Supporting documentation for dependent eligibility must be received before the request is approved.*



### Online Enrollment:

- The preferred way to enroll is on the Web! Visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) and click on the EmployeeDirect link. It's quick, easy and gives you immediate confirmation that your request has been received. If you are unable to access the Web, submit a Health Benefits Eligibility and Active Enrollment Form for Employees to your Benefits Administrator.

### To Find Health Benefits Forms:

- Visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) under Forms or see your agency Benefits Administrator.

## Employee Wellness Program

The CommonHealth wellness program does not require enrollment. Please ask your agency human resources office for information on this program.

## Special Notices

Upon enrollment in COVA Care, COVA Connect, COVA HDHP, Kaiser or the Medical Reimbursement Account, you should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practices, an Extended Coverage (COBRA) General Notice, and a Medicare Part D Notice of Creditable Coverage. If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov) to obtain a copy.

## HIPAA Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a *HIPAA Special Enrollment* you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption or placement for adoption.

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

To request a *HIPAA Special Enrollment* or obtain more information, contact your agency Benefits Administrator.

## Notice about the Early Retiree Reinsurance Program

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You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor **may choose** to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor **chooses** to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participating in this plan.

## How To Contact Your Plan

<b>Eligibility</b>	<b>DHRM • <a href="http://www.dhrm.virginia.gov">www.dhrm.virginia.gov</a></b>
<b>COVA Care</b>	
• Medical, vision and hearing	<b>Anthem 800-552-2682</b>
• Behavioral Health and EAP	<b>ValueOptions 866-725-0602</b>
• Prescription Drug	<b>Express Scripts/Medco 800-355-8279</b>
• Dental	<b>Delta Dental 888-335-8296</b>
<b>COVA Connect</b>	
• Medical, vision, hearing • Behavioral Health and EAP • Prescription Drug	<b>Optima Health 866-846-COVA (2682) or (757) 687-6350</b>
• Dental	<b>Delta Dental 888-335-8296</b>
<b>COVA HDHP</b>	
• Medical, prescription drug and dental	<b>Anthem 800-552-2682</b>
• Behavioral Health	<b>Anthem 800-991-6045</b>
• EAP	<b>Anthem 800-346-5484</b>
<b>Kaiser Permanente HMO</b>	
• Medical and vision	<b>800-777-7902 or 301-468-6000 in Washington, D.C.</b>
• Behavioral Health and EAP	<b>866-517-7042</b>
• Dental	<b>888-518-5338</b>
<b>TRICARE Supplement</b>	
• Association and Society Insurance Corporation (ASI)	<b>1-866-637-9911</b>
<b>Flexible Reimbursement Accounts</b>	
• Medical and Dependent Care/ WageWorks, Inc.	<b>877-WageWorks or 1-877-924-3967</b>



Virginia Department of  
**HUMAN RESOURCE  
MANAGEMENT**