



GETTING TO KNOW YOUR BENEFITS

NOVEMBER 2024



LEARN ABOUT...

- Who's eligible for state healthcare in your family
- Your health plan choices
- What's free and helps you improve your health
- How to reduce your taxes for health and dependent care expenses

GETTING TO KNOW YOUR BENEFITS

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VIRGINIA DEPARTMENT of
HUMAN RESOURCE MANAGEMENT

WHO CAN BE COVERED

Salaried Employees and Faculty Are Eligible

You are eligible for coverage if you are a:

- 1) **Full-time or part-time, salaried, classified employee**, or similarly situated employee at an independent state agency, or
- 2) **Regular, full-time or part-time salaried faculty member**. A full-time salaried employee is scheduled to work at least 30 hours per week, or carries a faculty teaching load considered to be full time at the institution. A classified part-time employee is eligible if scheduled to work at least 20 hours per week.

State plan members may be covered under only one state contract. A U.S. citizen, U.S. resident alien, U.S. national or resident of Canada or Mexico may be covered as a dependent. The Office of Health Benefits will review enrollment requests for non-U.S. citizens.

Types of health plan membership include:

- **Employee Single** - to cover yourself only;
- **Employee Plus One** - to cover yourself and one eligible dependent; and
- **Family** - to cover yourself and two or more eligible dependents.



THESE DEPENDENTS ARE ELIGIBLE FOR COVERAGE UNDER YOUR HEALTH PLAN

- The employee's legal spouse
- The employee's children
- Under the health benefits program, the following eligible children may be covered to the end of the calendar year in which they turn age 26 (the plan's limiting age). The age requirement may be waived for adult incapacitated children.
- Natural or adopted children and children placed for adoption
- Stepchildren
- Other unmarried children when a court has issued a final order naming the employee (and/or the employee's legal spouse) to assume sole permanent custody, if the certain requirements are met
- Adult incapacitated children, if certain requirements are met.

You must provide proof of a dependent's eligibility any time you add a dependent to your health plan. If it is determined that a person is covered in error, the plan has the right to take corrective action. Members who cover ineligible persons may be removed from the program for a period of up to three years.

For more information, see the [Eligibility for Coverage](#) on the DHRM website.



ABOUT YOUR HEALTH COVERAGE AND HEALTH PLAN OPTIONS

HEALTH BENEFITS PLAN YEAR | July 1 to June 30 annually

HEALTH CARE COVERAGE OPTIONS

The Commonwealth offers five basic plan options to state employees and non-Medicare retirees. Statewide plans include COVA Care, COVA HealthAware and COVA HDHP (High Deductible Health Plan). The Kaiser Permanente HMO plan is offered in certain Northern and Central Virginia zip codes and Sentara Health Vantage HMO plan offered in Hampton Roads. All plans offer these benefits:

- Medical
- Outpatient prescription drug
- Preventive dental
- Behavioral health, and
- Employee assistance program (EAP) services



Commonwealth of Virginia Plans

COVA Care is a statewide PPO plan with medical, behavioral health and employee assistance program (EAP) services administered by Anthem Blue Cross and Blue Shield. Anthem Pharmacy delivered by CarelonRx administers the outpatient prescription drug benefits and Delta Dental of Virginia administers dental benefits. For medical and behavioral health, there is no out-of-network coverage, except for an emergency, unless you choose the Out-of-Network option. You may select this option, as well as Expanded Dental, and Vision & Hearing, at an extra cost.

COVA HealthAware is a statewide consumer-driven health plan (CDHP) that includes medical, behavioral health and employee assistance program (EAP) services administered by Aetna. Anthem Pharmacy delivered by CarelonRx administers the outpatient prescription drug benefits and Delta Dental of Virginia administers dental benefits. The plan includes in-network annual preventive services such as dental, vision & hearing exams paid at 100 percent, and out-of-network coverage. Aetna's network also provides coverage throughout the U.S. and worldwide. You may purchase expanded coverage for dental benefits, or vision benefits for lenses and frames, at an additional cost.

The **COVA HDHP** (High Deductible Health Plan) is a statewide health care plan that allows you to set up a Health Savings Account (HSA) through a bank or other financial institution. Use the tax-deductible funds you put into the HSA to help pay for medical expenses. The medical, behavioral health and employee assistance program (EAP)

services are administered by Anthem Blue Cross and Blue Shield. Anthem Pharmacy delivered by CarelonRx administers the outpatient prescription drug benefits and Delta Dental of Virginia administers dental benefits.

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. In addition, some statewide plans allow you to purchase at an extra cost enhanced coverage such as expanded dental, out-of-network and vision & hearing.

The Kaiser Permanente HMO is a regional plan option that has no deductible for medical 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 at the Kaiser website at www.my.kp.org/commonwealthofvirginia to determine if your job location or home address is in the Kaiser service area, which is required to participate in the plan.

Kaiser Service Area: Includes certain cities, counties and zip codes where you live or work in Virginia, Maryland and the District of Columbia.

Sentara Health HMO is a regional plan option for employees who live or work in the Tidewater area. Members may receive care through any participating provider in the Sentara Health Vantage network throughout Virginia and northeastern North Carolina. Sentara Health encourages but does not require members to choose a primary care physician (PCP) and members do not need referrals for specialist visits. Your home address or job location must be in the Sentara service area for you to participate in the plan.

Sentara Health Service Area: Includes certain cities, counties and zip codes where you live or work in greater Hampton Roads defined as: Gloucester, Hampton, James City, Mathews, Newport News, Poquoson, Williamsburg, York, Chesapeake, City of Franklin, Isle of Wight, Norfolk, Portsmouth, South Hampton, Suffolk, Surry, and Virginia Beach.

TRICARE Supplement is a statewide plan for military retirees. The state health benefits program offers this voluntary supplement to TRICARE and is administered for the Commonwealth by Selman & Company. Enrollment is open to state employees and early retirees who are military retirees, or the spouse of a military retiree. They must be eligible for:

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

Information on statewide and regional plans may be found on the DHRM website at www.dhrm.virginia.gov.



CHOOSING A HEALTH PLAN



Before You Choose a Plan

Remember that each plan is different. It is important to consider how the plan you choose may affect you and your family. So be sure that:

- Your health care providers are in the plan's network.
- You check the benefit coverage for your prescriptions.
- You consider your total out-of-pocket expenses such as deductibles and copayments.
- You get more information by:
 - Visiting the plan administrator's website,
 - Calling the plan's customer service number, or
 - Contacting your Benefits Administrator.

About Your Monthly Premium

- Full-time employees working 30 hours or more per week receive a state premium contribution.
- Part-time employees who work less than 30 hours per week must pay the entire cost of coverage.
- Payroll deducted premiums are on a pre-tax basis.

To find your premium amount, visit the [DHRM website](#), or see your agency Benefits Administrator.

NEED HELP CHOOSING A PLAN? GO ASK ALEX!

Check out ALEX, an online, interactive assistant designed to help you decide which plan may be the most cost-effective for you.

ALEX is simple to use and easy to understand.



Visit <https://start.myalex.com/cova> and follow the prompts. ALEX will:

- Ask questions about your individual needs
- Explain the plans offered
- Estimate the lowest cost plan option for you
- Provide a plan comparison
- Look at your expenses and determine if a Health and/or Dependent Care Flexible Spending Account is right for you.

Additional Resources

Visit the DHRM website for information on all aspects of your health coverage, including plan information, premiums, eligibility and benefits summaries.

Remember, the Final Decision is Yours!

If you have questions, contact your agency Benefits Administrator. Once you have submitted a valid election and that election takes effect, it is binding and may not be changed.

When adding dependents to coverage, supporting documentation is required that provides proof of eligibility.

SPECIAL PROGRAMS

The Commonwealth's medical plans also include health and wellness programs available to enrolled participants and their covered family members. These programs are available at no additional cost. It's important to know that:

- These programs are secure and confidential in full compliance with federal and state laws,
- These types of programs are provided to help people improve their health, and
- Participation in these programs is voluntary.

Once enrolled, be sure to visit your health plan's website to find multiple resources to help you live a healthier lifestyle. These provide support on your journey toward health and wellness, and assistance with long-term conditions, health coaching, pregnancy, and cost savings.

For more on individual programs, go to the [DHRM website](#).

SHARED SAVINGS INCENTIVE PROGRAMS

COVA Care, COVA HDHP and COVA HealthAware members are eligible for the Shared Savings Program. This incentive program through SmartShopper offers cash reward to members when they shop for better-value health care services. Not every facility will bring a reward. The program is strictly voluntary.

- COVA Care and COVA HDHP – 844-277-8991
- COVA HealthAware – 833-849-0567

PREMIUM REWARDS

Premium rewards are incentives that apply to health plan premiums for participants in the COVA Care and COVA HealthAware plans who complete certain specific healthy actions within defined timeframes.

An employee/retiree group participant and their enrolled spouse can earn an incentive of \$17 per month (\$34 for employee/retiree and spouse) if they fulfill the requirements for the reward. Eligible members must be active and enrolled in COVA Care or COVA HealthAware to complete the requirements.

See the Premium Rewards Requirements on the [DHRM website](#).

MATERNITY MANAGEMENT

Get support during and after pregnancy, including educational information and coaching. COVA Care and COVA HDHP members have access to the Building Health Families program. COVA HealthAware members have access to the Aetna Maternity Program.

By participating in the program and completing required actions prior to delivery:

- COVA Care members can earn a \$300 hospital copay waiver and
- COVA HealthAware members can receive a \$300 HRA contribution.

COMMONHEALTH WELLNESS PROGRAM

CommonHealth provides health and wellness education on a variety of topics, wellness challenges, and other engaging activities, including a discounted price for WeightWatchers memberships.

For more information, visit www.commonhealth.virginia.gov.

See the **Health and Incentive Programs** page on the [DHRM website](#) for more information on the available programs.

YOUR FLEXIBLE SPENDING ACCOUNT

Health and Dependent Care Flexible Spending Accounts (FSAs)

A SIMPLE WAY TO SAVE ON YOUR TAXES

A **Flexible Spending Account (FSA)** allows you to set aside money from your paycheck, before taxes, to use on qualified health care and dependent care expenses. You may elect to participate in the FSA at initial enrollment, during Open Enrollment, or within 60 days of a consistent qualifying mid-year life event (QME).

You choose the amount to set aside based on your anticipated eligible expenses. The money is deducted from your paycheck in equal amounts and placed in your FSA. Plan wisely on how much to set aside in your FSA account because you must use all the money during the plan year or lose it.

The plan year begins July 1 and ends June 30. Your coverage period for incurring expenses is based on your participation in the program. You can elect to enroll in one or both of these FSAs:

- **A Health FSA will reimburse you for eligible expenses such as** deductibles, coinsurance and copays, dental care and vision care for you and your eligible dependents.
- **A Dependent Care FSA will reimburse expenses for someone to care for your eligible dependent. These expenses include** before and after school care, childcare, adult care or elder care and summer day camp services so you (and your spouse if you're married) can work or look for work.

ADMINISTRATION FEE

If you choose to participate in one or both FSAs, a monthly administration fee will be deducted from your paychecks, on a pre-tax basis. (Note: If you are not paid on a 12-month basis, please see your Benefits Administrator for the applicable administration fees).

Important Dates

- **Plan year starts: July 1**
- **Plan year ends: June 30**
- **Last day to incur eligible expenses:** June 30 or last day of your coverage period



Get to Know Your FSA

Before you sign up, review the [FSA Sourcebook](#) to understand how you and your family can save. Once you decide how much to contribute to your Health FSA and/or Dependent Care FSA, the amount is deducted in equal amounts from your paychecks during the plan year.

The savings examples in the Sourcebook use a 30 percent tax rate, but your savings may vary based on your personal annual tax rate. Please consult your tax advisor for more details.

Your Health FSA funds are available to you at the beginning of your coverage period. Dependent Care FSA funds are only available as they are posted to your account. For both accounts, your funds are deducted before federal and state taxes are calculated on your paycheck.

With either account, you benefit because less of your paycheck is taxable, which means more spendable income.

ENROLLING AND MAKING CHANGES

Overview

The following is a general description of the Commonwealth of Virginia's State Health Benefits Program eligibility and enrollment information for employees. It is not intended to replace member handbooks and other plan documents.

For more detailed information or clarification, visit the DHRM website at www.dhrm.virginia.gov or contact your Benefits Administrator. Participation in the State Health Benefits Program is subject to current program provisions, state and federal laws and regulations, and plan availability. The Commonwealth reserves the right to change your enrollment to ensure compliance.

YOUR ELECTION CHOICES

Health Care Coverage in most cases includes medical, dental, pharmacy, and behavioral health services. Certain family members who meet eligibility and rules requirements may also be covered. Supporting documentation must be provided before family members can be added.

- Employees who enroll or fail to remove a family member who is not eligible for coverage may face disciplinary action and removal from the State Health Benefits Program for up to three years.
- Continued coverage is available for you and covered family members who lose eligibility under the State Health Benefits Program unless you enroll in the TRICARE supplement.

More information about Extended Coverage (COBRA) is available on the DHRM website or from your Benefits Administrator. Portability information for the TRICARE supplement is available from the plan administrator.

- Health Care Premiums are subject to change every July 1.
- Payroll-deducted premiums are withheld on a pre-tax basis.



Flexible Spending Accounts (FSA) allow you to set aside part of your salary each pay period before taxes for eligible medical or dependent care expenses. There is a monthly pre-tax administrative fee for one or both accounts. For more information, visit the DHRM website or contact your agency Benefits Administrator.

- A flexible spending account must only be used to pay for IRS-qualified expenses and only for IRS eligible dependents.
- Enrollees must exhaust all other sources of reimbursement (including those provided under an employer's plans) before seeking reimbursement from a flexible spending account. They may not seek reimbursement through any other source.
- Enrollees must collect and maintain sufficient documentation to validate reimbursement from a flexible spending account.

YOUR ENROLLMENT WINDOWS

When Newly Eligible

For health care coverage and flexible spending accounts, request enrollment within 30 calendar days of the date of hire or of becoming eligible for health benefits. You may enroll in your health plan and cover eligible dependents. You may also enroll in a Health FSA and/or a Dependent Care FSA.

- The 30-day countdown period begins on the first day of employment or eligibility.
- If the enrollment action is received within the 30 calendar day timeframe, coverage will be effective the first of the month following the date of employment or eligibility. If that date is the first day of the month, your coverage begins that day.
- If you waive coverage during initial enrollment because of other health insurance or group health plan coverage, you may be able to cover yourself and your eligible dependents using a HIPAA Special Enrollment. See more information on the HIPAA Special Enrollment under Important Notices & Information.

Once you have submitted a valid election during this enrollment window and that election takes effect, it is binding and may not be changed until the next Open Enrollment or qualifying event that would allow a change. When adding dependents to coverage, supporting documentation is required, that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline.** The documents can be submitted later. Contact your agency Benefits Administrator.

During Open Enrollment

The Open Enrollment period occurs each spring and is your annual opportunity to enroll or make election changes to health care coverage and to enroll in FSAs effective July 1. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline.** The document can be submitted later.

Once you have submitted a valid election during this enrollment window and the Open Enrollment Period has ended, it is binding and may not be changed. To participate in the FSA each year, you must submit an enrollment request during the Open Enrollment period. See your agency Benefits Administrator for additional information on Open Enrollment elections.



Qualifying Mid-Year Events

Certain qualifying mid-year life events (QME) permit specific election changes outside the Open Enrollment period, including changes to your plan and membership. Examples of qualifying mid-year events include changes in your employment, changes in your marital status, changes in the number of your eligible family members, and changes affecting the employment of a covered family member. Your change request must be received within 60 calendar days of the event and be on account of and consistent with the event.

- The 60-day countdown period begins on the day of the event.
- Normally, the change will be effective the first of the month after the election change request is received.

There are two exceptions -

- HIPAA Special Enrollment due to birth, adoption and placement for adoption will allow for a retroactive effective date to enroll or make changes to the health plan coverage, and
- Terminations required by the plan due to loss of eligibility include events such as divorce, or when a child loses eligibility. In cases where there is a loss of dependent eligibility, the effective date of the change is based on the date of the event.

Once you have submitted a valid election during this enrollment window and that election takes effect, it is binding and may not be changed. You will be asked to provide supporting documentation for the qualifying mid-year event. A complete list of QMEs may be found on the DHRM website. When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline.** The documents can be submitted later. See your agency Benefits Administrator.



IMPORTANT TO REMEMBER

- A valid election, once submitted, is binding and may not be changed after it takes effect.
- In general, Internal Revenue Service (IRS) rules require that your election change be consistent with the event.
- Supporting documentation for dependent eligibility and qualifying mid-year life events must be received before the request is approved.

MORE INFORMATION

Visit the [Health Benefits page](#) of the DHRM website on eligibility and enrollment. You can also find an enrollment form under Forms.

IMPORTANT HEALTH BENEFITS PROGRAM INFORMATION

When Enrolling

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Kaiser, Sentara or the Medical Flexible Spending Account, you should receive from your agency Benefits Administrator:

- the Office of Health Benefits Notice of Privacy Practices,
- a Wellness Program 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 website to obtain a copy. You will also receive an Extended Coverage (COBRA) General Notice from the COBRA Administrator, Inspira Financial.

The statewide health plan's member handbooks provide the details of your coverage. The most recent member handbook and amendments are located on the DHRM website. Upon enrollment in Kaiser, Sentara or the TRICARE Supplement, you should receive an Evidence of Coverage (EOC) from the plan administrator.

When enrolling in the Flexible Spending Accounts, you should receive a confirmation notice from the FSA claims administrator. You should keep the confirmation notice, along with the FSA Sourcebook, which provides detailed information on the administration of the accounts. For more information, visit the [DHRM website](#).



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 of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and all eligible dependents. However, you must request enrollment within 60 days of the marriage, birth, adoption or placement for adoption.
- you or your dependent lose coverage in Medicaid or the State Children's Health Insurance Program (SCHIP) and you request coverage under the plan within 60 days of the time your coverage ends; or
- you or your dependent become eligible for a Medicaid or SCHIP premium assistance subsidy and you request coverage under the plan within 60 days of the date of your eligibility is determined.

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



Appeals Process

The State Health Benefits Program has a specific appeals procedure for employees in the self-funded plans: COVA HealthAware, COVA HDHP and COVA Care. The full appeals process for claim related issues is included in the health plan member handbook. Employees enrolled in the Kaiser Permanente HMO, Sentara Health HMO or TRICARE Supplement plan, will find their appeal rights in the plan's Evidence of Coverage (EOC).

When an employee receives an adverse decision related to an eligibility or enrollment issue, they may file an administrative appeal to DHRM. The Director of DHRM may offer an informal fact-finding consultation. A written decision will be rendered. If the decision is not in your favor, specific reasons will be provided including law, regulations, contract provisions or policies.

Please note that DHRM does not accept appeals for matters in which the sole issue is a disagreement with policies, rules, regulations, contract or law.

For more information, see the Appeals section on the DHRM website.





SPECIAL NOTICES

AFFORDABLE CARE ACT (ACA) SUMMARY OF BENEFITS AND COVERAGE

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision.

To help you make an informed choice, the Commonwealth of Virginia health benefits program makes available a Summary of Benefits and Coverage (SBC) for each state plan. The SBC summarizes important information about any health coverage option in a standard format, to help you compare across options. Visit the [DHRM website](#) to view all plan SBCs, as well as a glossary provided as part of the Affordable Care Act.

WELLNESS PROGRAM NOTICE

Voluntary wellness programs are available to all employees, retiree group participants and spouses enrolled in the COVA Care, COVA HealthAware, and COVA High Deductible Health Plans under the Commonwealth of Virginia Employee/Retiree Health Benefits Program.

The programs are administered by the medical plan claims administrators, as noted below, according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

For the full text of the Wellness Program notice, see the Important Health Benefits Notices available on the [DHRM website](#).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) NOTICE

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs.

You must contact the authorized agency for your state of residence for more information on eligibility for Premium Assistance. The CHIP Notice, which includes the contact information, is available on the [DHRM website](#).

LANGUAGE ASSISTANCE SERVICES

If you need help with your health benefits coverage information in the language you speak, language assistance services are available to you free of charge. Send your request for language assistance to appeals@dhrm.virginia.gov or a fax to 804-786-0356. See **Language Assistance Notice**.

For more information, visit the [Notices and Communications](#) section of the [DHRM website](#).

COMMONWEALTH OF VIRGINIA HEALTH BENEFITS PROGRAMS NONDISCRIMINATION NOTICE

The Commonwealth of Virginia's State and Local Health Benefits Programs (the "Health Plan") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Our Nondiscrimination Notice, which is available on the [DHRM website](#) lists the services available and how to file a complaint if you feel that the Health Plan has failed to provide these services or discriminated in another way.

FOR MORE DETAILS

COVA Care and COVA HDHP	Medical, Vision, Hearing, Behavioral Health - Anthem: www.anthem.com/cova
	Prescription Drug - Anthem Pharmacy (CarelonRx): www.anthem.com
	Dental Benefits - Delta Dental of Virginia: www.deltadentalva.com
COVA HealthAware	Medical, Vision, Hearing & Behavioral Health - Aetna: www.covahealthaware.com
	Prescription Drug - Anthem Pharmacy (CarelonRx): www.anthem.com
	Dental Benefits - Delta Dental of Virginia: www.deltadentalva.com
Kaiser Permanente HMO (Primarily Northern Virginia - see website for specific zip codes)	Medical, Prescription Drug and Vision: www.my.kp.org/commonwealthofvirginia
	Dental- Liberty Dental Plan: www.libertydentalplan.com/kp-cova
Sentara Health Plans HMO (Primarily Hampton Roads - see website for specific zip codes)	Medical, Prescription Drug, Dental, Vision & Behavioral Health: www.sentarahealthplans.com/cova
TRICARE Supplement	https://info.selmanco.com/cova
Flexible Spending Accounts (FSAs)	FSA Sourcebook: www.dhrm.virginia.gov Inspira Financial FSA: www.inspirafinancial.com
Alex Benefits Counselor	https://start.myalex.com/cova
DHRM	www.dhrm.virginia.gov

Have questions?

**Please contact your agency
Benefits Administrator for assistance.**



**VIRGINIA DEPARTMENT of
HUMAN RESOURCE MANAGEMENT**

