

EMILY S. ELLIOTT DIRECTOR **COMMONWEALTH OF VIRGINIA** Department Of Human Resource Management James Monroe Building N. 14th Street, 12th Floor Richmond, Virginia 23219 Tel: (804) 225-2131 (TTY) 711

Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Enclosed is the Amendment/Notification of Changes to your **COVA HealthAware Member Handbook** that became effective July 1, 2018. Also included are some clarifications to existing benefits. The COVA HealthAware Member Handbook, and all Amendments, may be found at <u>www.dhrm.virginia.gov</u>.

Thank you.

A10346 (Eff. 7/1/2018)

COVA HealthAware

Commonwealth of Virginia Health Benefits Program Amendment/Notification of Changes to Your July 2016 COVA HealthAware Member Handbook Effective July 1, 2018

Keep this notification with your COVA HealthAware Member Handbook and previous Amendments. These notifications and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA HealthAware Member Handbook and all Amendments from the DHRM Web site at <u>www.dhrm.virginia.gov</u>.

Changes are in *bold italic* type. All other information is for clarification.

Prescription Drug Section – Covered Drugs/Preventive Drugs (page 70)

The Plan covers 100% of the cost of the following, with no deductible, when purchased at an in-network pharmacy: (certain coverage limitations may apply)

- Aspirin to prevent heart disease and for preeclampsia.
- Oral fluoride and fluoride dental products for children age 6 months through age 11.
- Vitamin D for members age 65 and older.
- Tobacco cessation medication.
- Folic acid supplements for members who are or may become pregnant.
- Tamoxifen and Raloxifene for members age 35 and older at increased risk for breast cancer.
- Bowel preparation medications for members age 50-74.
- Women's generic contraceptives and devices and those without a generic equivalent. (You may purchase up to a 12 month supply at one time of hormonal contraceptives that are not self-administered.)

You must have a prescription from your physician.

Prescription Drug Section – Prescription Drug Exclusions (page 71)

• More than a 90-day supply of a prescription except for an approved travel supply **or eligible hormonal contraceptive**.

Add the following to the Prescription Drug section (page 69)

Specialty Prescriptions- Aetna Specialty Rx

Specialty care drugs are injectable, infusion and oral prescription drugs that are prescribed to address complex, chronic diseases with associated co-morbidities such as cancer, rheumatoid arthritis, hemophilia, multiple sclerosis. Specialty care drugs often include typically high cost drugs that require special handling, special storage or monitoring and include but are not limited to oral, topical, inhaled and injected routes of administration.

Specialty care drugs are covered at the network level of benefits only when dispensed through a network retail pharmacy or Aetna's specialty pharmacy network pharmacy. You can access the list of these specialty care prescription drugs by calling the toll-free number on your Member ID card or by logging on to your Aetna secure member website at <u>www.aetna.com</u>. The list may be updated from time to time.

Add the following to the Administrative Information section (page 119)

Subrogation

Your Health Plan does not include subrogation. Your Health Plan will not seek to recover claims payments from responsible parties when a member is injured or becomes ill through the fault of another person.

The following change in eligibility age is effective October 1, 2018

Your Basic Benefits: Summary of Benefits (page 10)

Applied Behavior Analysis/Habilitation Therapy (Autism Spectrum Disorder treatment for children age two through **eighteen**)

Applied Behavior Analysis/Habilitation Therapy Service (page 50)

The Plan covers Applied Behavior Analysis (ABA) for treatment of Autism Spectrum Disorder (ASD) from age two through age *eighteen*.

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