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To: State Retiree Health Benefits Program Retirees, Survivors and Long Term Disability Participants who are not eligible for Medicare or who cover a family member who is not eligible for Medicare

From: Office of State and Local Health Benefits Programs

Date: April 3, 2023

Subject: Annual Open Enrollment May 1 – 15, 2023

Your Annual Open Enrollment

Your Open Enrollment will take place from **May 1 through May 15** and provides your annual opportunity to make changes to your Non-Medicare-coordinating health plan and membership level (as allowed by eligibility policy). Changes will be effective July 1, 2023. This booklet includes information about coverage options in the new plan year. Other resources to help you make your Open Enrollment decision include:

- A *2023 BENEFITS AT A GLANCE* comparison of available plan benefits.
- A link to *ALEX*, your online benefits counselor (see page 3).

Use these resources to help you choose the plan that best meets you and your covered family members' individual needs.

This Open Enrollment period does not apply to participants in Medicare-coordinating plans (Advantage 65 and Medicare Supplemental/Option II Plans). Medicare-eligible Retirees, Survivors and Long Term Disability Enrollees who cover Non-Medicare-eligible family members receive this package so that they can make changes on behalf of their Non-Medicare covered family members.

If you wish to maintain your current plan and do not plan to participate in Premium Rewards, NO ACTION on your part is necessary.

**NOTE: PREMIUMS AND PLAN BENEFITS INCLUDED IN THIS BOOKLET
MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL**

Monthly Premium Costs Effective July 1, 2023

The following chart includes your plan choices and monthly premiums starting July 1, 2023. If you enroll in either a COVA Care or COVA HealthAware Plan, the premiums (see shaded premiums) can be reduced by completing the requirement to earn a Premium Reward. More detailed information about starting or continuing Premium Rewards can be found on page 3.

Plan	Single	Two-Person	Family
COVA Care (with preventive dental)	\$835	\$1,544	\$2,241
COVA Care + Out-of-Network	\$855	\$1,580	\$2,294
COVA Care + Expanded Dental	\$868	\$1,605	\$2,330
COVA Care + Out-of-Network + Expanded Dental	\$888	\$1,641	\$2,383
COVA Care + Expanded Dental + Vision and Hearing	\$888	\$1,641	\$2,383
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	\$908	\$1,677	\$2,435
COVA HealthAware (with preventive dental)	\$740	\$1,373	\$1,986
COVA HealthAware + Expanded Dental	\$772	\$1,432	\$2,072
COVA HealthAware + Expanded Dental & Vision	\$783	\$1,453	\$2,102
COVA HDHP (with preventive dental)	\$626	\$1,166	\$1,704
COVA HDHP + Expanded Dental	\$659	\$1,226	\$1,792
Kaiser Permanente HMO* + Dental & Vision	\$817	\$1,501	\$2,188
Optima Health Vantage HMO* + Dental & Vision	\$813	\$1,505	\$2,179
TRICARE Supplement	\$61	\$120	\$161

*Kaiser Permanente HMO and Optima Health Vantage HMO are only available to participants living in the plans' defined services areas. If you enroll in one of these plans but do not live in the service area, you will be required to change plans. Contact Kaiser or Optima directly for specific information—see *Who to Contact* on page 12.

Reminders:

- If your premium is deducted from your VRS retirement benefit and an increase result in your VRS benefit no longer being sufficient to allow your premium deduction, direct billing will automatically begin in June for your July premium. Otherwise, your premium payments will be deducted or billed in the usual manner.
- Keep in mind that due to administrative differences, direct billing is mailed before the coverage month, while VRS benefit deductions are taken after the coverage month. This means that you may initially be billed for a two-month premium if transition to direct billing is required.
- If you have an automatic deduction of your monthly premium billing through your financial institution or you use automatic bill pay to generate your monthly premium payment, be sure to update your account to pay your new premium amount.
- If you are receiving a health insurance credit and your premiums are not being deducted by VRS, you may need to submit a VRS-45 to report a premium change. Contact VRS for more information.

If your premium is direct billed, you will receive your monthly invoice or payment coupons from the following billing administrator:

<i>If your plan is:</i>	<i>You will be billed by:</i>
COVA Care	Anthem Blue Cross and Blue Shield
COVA HealthAware	PayFlex
COVA HDHP	Anthem Blue Cross and Blue Shield
Kaiser Permanente HMO	Kaiser
Optima Health Vantage HMO	Optima
TRICARE Supplement	Selman and Company

ALEX, Your Online Benefits Counselor

ALEX will again be available during Open Enrollment to assist you in comparing your health plan options. ALEX can help you decide which plan may be the most cost-effective for you. ALEX will gather information from you and, in turn, provide information to you about available plans, including an estimate of different plan costs based on your input. The final decision is yours, but ALEX is a resource to help you decide. Visit ALEX at <https://www.myalex.com/cova/2023>.

If you want to check ALEX on your smartphone, no problem use ALEX-GO:
<https://go.myalex.com/en/cova/2023> (English) and
<https://go.myalex.com/es/cova/2023> (Spanish)

Earn Premium Rewards

Non-Medicare retiree group Enrollees and Non-Medicare-eligible covered spouses in the COVA Care or COVA HealthAware Plans are eligible to earn Premium Rewards by completing an online health assessment. Monthly premium cost in either a COVA Care Plan or a COVA HealthAware Plan will be reduced by \$17 per month when the requirement is met by the Enrollee, and \$34 per month if the requirement is also met by the spouse.

Eligible participants must complete/update and submit their online health assessment between **May 1 –15** to earn a reward starting July 1. Health assessments submitted before May 1, 2023, **will not count for the new plan year**. Be sure to keep a copy of your confirmation. **If this requirement is not completed, any existing Premium Reward will end on June 30, 2023.** Visit your plan’s website or mobile app to access your health assessment.

Remember, you must be active and enrolled in COVA Care or COVA HealthAware to be eligible for a reward. Enrolled Non-Medicare retiree group participants and spouses must register with a separate account to submit a health assessment. Enrollees and/or spouses enrolling for the first time in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2023, to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plans for July 1, 2023, will need to complete their assessment with their current health plan administrator.

To earn a reward BEGINNING July 1, 2023:

How to Access the Health Assessment

COVA Care Members

Online

- Log in to www.anthem.com
- Select “**My Health Dashboard**” from the top navigation menu.
- Select “**Programs**”.
- Under “**Additional Programs**”, select “**Learn more**” on the WebMD Health Risk Assessment tile.
- Click “**Start your assessment**”; then click “**Take it again**” if you have previously completed an assessment.
- After completing your assessment, click on the “**Save and finalize**” button, then answer three questions and click “**Save and continue**”.
- Answer the feedback questions, then click “**Finish**”. Be sure to print your confirmation page or save a screenshot for your records.

Sydney Health mobile app

- Log in to the Sydney Health app, from the welcome screen click “**Menu**” on the bottom right.
- Select “**My Health Dashboard**” from the menu list.
- Scroll down to the “**Featured Programs section**”, then click “**View All**”, then click on the “**WebMD Health Risk Assessment**” tile.
- Click “**Start your assessment**”; then click “**Take it again**” if you have previously completed an assessment.
- Click on the “**Save and finalize**” button, then answer three questions, then click “**Save and continue**”.
- Answer the feedback questions, then click “**Finish**”. Be sure to print your confirmation page or save a screenshot for your records.

Note: As a first time user, you will need to download the *Sydney Health* mobile app from either Google Play or Apple app store. Once you have completed the registration, follow the above instructions for accessing the Health Assessment.

COVA HealthAware Members

Online

- Log in to www.aetna.com
- Scroll down until you see “**Member Resources**” on the right side of the page and click on “**Well-being Resources**” in this section to open your Member Engagement Platform.
- Once the Member Engagement Platform opens, hover over “**My Health**” in the menu at the top and then click on “**Health Assessment**”.

Aetna Health mobile app

- Log in to the Aetna Health mobile app.
- Select the “**Improve**” tab.
 - When accessing this tab for the first time, select “**Get Started**”.
 - When accessing this tab after the first time, select “**Health Survey**”.

The Aetna website and the Aetna Health app will experience a system outage from Saturday, May 13, 2023 at 4:00pm EST through Sunday, May 14, 2023 at 12:00 noon EST. Please plan accordingly.

To earn a reward to start AFTER July 1, 2023:

Eligible Non-Medicare Enrollees, or their non-Medicare covered spouse, that do not complete a health assessment during Open Enrollment, can still complete and submit the health assessment at any time during the plan year. For more information on earning a Premium Reward after July 1, 2023, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/non-medicare-retirees> and see the Premiums and Premium Rewards section.

BENEFIT CHANGES FOR JULY 1, 2023

Focus for 2023-24 – More \$0 Member Cost Share Options

You will find that most of the benefit changes being offered provide more \$0 options to help you and your family save on out-of-pocket costs. Changes are effective on July 1, 2023.

COVA Care and COVA HDHP

Diabetes Prevention Program (DPP)

A personalized digital health coaching solution powered by Lark, that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in this 12-month program which has been shown to lower a person's risk for type 2 diabetes by 60%. Once a member is found eligible and enrolls in the program, they will receive a link to download the Lark app.

Program participants receive instant, unlimited, individualized text-based coaching and daily education on prediabetes and how to avoid progression to diabetes. Participants can work towards goals directly tied to weight management such as healthy eating, physical activity, stress management, and improved sleep. After achieving specific program milestones, participants receive free weight management tools to help track their weight so they can adopt lifelong healthy behaviors. There is **no cost** to participate for both COVA Care and COVA HDHP members.

Find out more and see if you are eligible by logging into the Sydney Health app.

Expanded Virtual Care through the Sydney Health app

We're making it easier for you to get the care you need. New this year, you can take advantage of virtual video visits for **primary care, preventive care, and chronic condition management** using the Sydney Health app. Use virtual visits when you need **condition-related care plans, prescriptions, preventive tests, labs, and referrals.**

You can also use the Sydney Health app when you are feeling sick. Log in to **check symptoms** or use **secure in-app medical text chat** to connect 24/7 to urgent care doctors that can treat many common health concerns like colds, flu, sinus infections, sore throat, allergies, pink eye, and stomach ailments.

Access all your virtual care options by logging into the Sydney Health app and clicking on the Care icon at the bottom of the screen.

There is a **\$0 member cost** share for COVA Care members. COVA HDHP members pay 20% coinsurance after the deductible is met.

LiveHealth Online – Dermatology

LiveHealth Online now offers the convenience of visiting a dermatologist online, 24 hours a day, 7 days per week, without an appointment. Commonly treated conditions include acne, athlete's foot, eczema, hair loss, insect bites, rash, suspicious moles, etc.

LiveHealth Online video visits continue to be available 24/7 for urgent care and dermatologists, and by appointment for mental health and sleep specialists. Access LiveHealth Online via the Sydney Health app or by going to [anthem.com/cova](https://www.anthem.com/cova) or [livehealthonline.com](https://www.livehealthonline.com).

There is a **\$0 member cost** share for COVA Care members. COVA HDHP members pay 20% coinsurance after the deductible is met.

In-Home Addiction Treatment/I-HAT

An innovative in-home drug and alcohol addiction treatment program that provides a multi-disciplinary rehabilitation team to teach individuals new skills and daily habits so they can develop proper coping mechanisms to overcome the social aspects of their addiction as they work, live, and thrive while recovering – in the comfort and privacy of the communities where they live. The member cost of this treatment is the same as other Outpatient Treatment services.

COVA HealthAware

MinuteClinic Visits

The care you need – In person or Virtually.

You can access covered MinuteClinic Services at **no cost to you**. With your included MinuteClinic benefit in your plan, healthier happens together. You get more options for where and when you get care.

MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target stores and is the largest provider of retail health care in the United States, making it easy to access care in your neighborhood.

- Get care 7 days a week, including evenings, so you can feel better faster.
- Choose in-person and virtual care options to easily access care your way.
- Treat a variety of conditions, illnesses and injuries including:
 - Asthma and allergies
 - Bronchitis and upper respiratory infections
 - Insect stings
 - Diabetes
 - Sore throats and ear infections
 - Minor cuts, blisters and wounds

Teladoc Dermatology

Personalized online reviews for new or ongoing skin issues.

Don't wait weeks for a dermatology appointment. Start a virtual consult anytime with one of Teladoc's U.S. board-certified dermatologists, at **no cost to you**. In 24 hours or less, you'll get a diagnosis, customized treatment plan and prescriptions if needed.

Teladoc's virtual dermatologists can diagnose and treat thousands of skin conditions, including:

- Acne
- Dermatitis
- Eczema
- Herpes
- Poison ivy
- Psoriasis
- Rash
- Rosacea
- Skin infections
- And more

To access, log into your Teladoc account via the Teladoc app or online at www.teladoc.com/aetna.

COVA Care, COVA HDHP and COVA HealthAware

Pharmacy Formulary – CarelonRx (Anthem’s Pharmacy Benefits Manager) will be transitioning to the National 4-Tier Drug List. **Only impacted members will receive a direct communication with additional details.**

Health and Wellness Program

Helping you manage certain health conditions by providing support when you need it most. COVA Care, COVA HealthAware and COVA HDHP plans include a host of free and confidential health and wellness programs. Some of these programs offer incentives to enrolled health plan members.

These voluntary programs help you and your family on the journey to improved health and wellness. Incentives are an added bonus to help you save money.

Program	Program Details	Incentives
Medication and Health Coaching Incentives <ul style="list-style-type: none"> Hypertension Diabetes Asthma Chronic Obstructive Pulmonary Disease/COPD 	Members who enroll and work with a nurse coach, have appropriate exams or tests at certain times, and meet other program requirements.	COVA Care and COVA HealthAware members can receive certain medications and supplies at no cost for the conditions listed.
Maternity Management <ul style="list-style-type: none"> Future Moms (Anthem) Aetna Maternity Program 	Provides pre- and post-natal support and access to a nurse coach. Other maternity support specially designed to help expectant mothers have healthy pregnancies and healthy babies.	Expectant members must enroll within the first 16 weeks of pregnancy, actively participate, and complete a 28-week health assessment to earn: <ul style="list-style-type: none"> COVA Care: \$300 hospital copay waiver COVA HealthAware: \$300 hospital Health Reimbursement Arrangement (HRA) incentive

See the Member Handbook and contact the specific health plan for additional information.

COVA HDHP members may participate in programs; however, incentives are not available.

You may also find information on similar programs for Kaiser Permanente and Optima Health Vantage HMO on their respective websites.

Shared Savings Incentive Programs

COVA Care, COVA HDHP and COVA HealthAware members are eligible for the Shared Savings Program. The Shared Savings Incentive programs offer cash rewards to members when they shop for better-value healthcare services and select lower-cost options when available. Program participation is voluntary and could decrease your out-of-pocket costs and earn you a cash reward. See the Member Handbook and contact the specific health plan for additional information.

- SmartShopper – COVA Care and COVA HDHP
- Informed Rewards – COVA HealthAware

Make Open Enrollment Changes

If you wish to make a plan or membership change during Open Enrollment, you must complete a *State Health Benefits Program Enrollment Form for Retirees, Survivors and LTD Participants*. The forms are available online in a fillable format on the DHRM website at www.dhrm.virginia.gov, or complete the enrollment form enclosed in your Open Enrollment packet.

Completing the form:

- Indicate “*Open Enrollment*” as the reason for your change.
- Sign the completed form. **The Enrollment form must be signed by the eligible Enrollee.**
This is either the Retiree, Survivor, or Long Term Disability participant through whom eligibility for coverage is obtained—***not a covered family member***. Even those covered family members who have separate/individual ID numbers must have their enrollment forms signed by the Enrollee. Enrollment Forms will not be accepted if not signed by the Enrollee.
- Follow the mailing instructions on the form to submit your changes to your Benefits Administrator.
- **Forms must be postmarked no later than May 15, 2023, to be accepted.**

If you make a plan change, be sure that you understand the provisions of the plan that you choose. **After the Open Enrollment period ends, you may not revise your Open Enrollment election because you changed your mind or you completed the form incorrectly.**

If you are requesting a membership increase, you must include documentation to support eligibility for the new family member. For example:

- To add an existing spouse, you must provide photocopies of the certified marriage certificate and the top portion of the first page of the retiree group Enrollee’s most recent Federal Tax Return that confirms the spouse (all financial information and Social Security Numbers should be removed).
- To add a natural or adopted child, you must include a photocopy of the birth certificate showing the retiree group Enrollee’s or spouse’s name as the parent or a photocopy of a legal pre-adoptive or adoptive agreement.

For other eligible membership additions, contact your Benefits Administrator to confirm the necessary documentation. Supporting documentation must be received by the end of the Open Enrollment period. If it is not received, your membership increase will not be processed.

Making Changes After Open Enrollment – After the Open Enrollment period, membership **increases** will only be allowed based on the occurrence of a consistent life event/qualifying mid-year event (such as marriage or birth of a child). Membership increases must be accompanied by appropriate documentation to support the addition (see above). **Enrollees have 60 days from the event to make a change based on a life event/qualifying mid-year event.** Retiree group Enrollees may **decrease** membership prospectively (going forward) at any time.

Retiree Group News and Reminders...

Member Handbooks – Your Member Handbook is Online!

Health Plan Member handbooks are posted on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/non-medicare-retirees> . Be sure to review your plan's member handbook and associated amendments for more details on your plan. If you are enrolled in a regional plan, please visit your plan's website for the Evidence of Coverage (EOC).

How to get a copy of the Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about health coverage options in the standard format, is available on the Department of Human Resource Management's website at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/summary-of-benefits> . Paper copies of the SBCs are available, free of charge, by emailing ohb@dhrm.virginia.gov .

IMPORTANT!! When You Become Eligible for Medicare

When Retiree Group Enrollees (Retirees, Survivors, Long Term Disability Participants) or their covered family members become eligible for Medicare, Medicare becomes the primary health plan, and they must make a decision as to whether they wish to maintain secondary coverage under the State Retiree Health Benefits Program or terminate that coverage. In most cases, Medicare-eligible participants will be contacted through the Enrollee and provided with their options approximately three months in advance of their Medicare eligibility date due to age. If no positive election is made, they will be automatically moved to the Advantage 65 with Dental/Vision Plan, a Medicare supplemental plan that includes Medicare Part D prescription drug coverage (contingent upon approval by Medicare), dental and vision.

Even though the state program makes every effort to identify participants who become eligible for Medicare, it is the responsibility of the Enrollee to ensure that any participants who become eligible for Medicare are moved to Medicare-coordinating coverage immediately upon Medicare eligibility. Failure to move to Medicare-coordinating coverage immediately upon eligibility for Medicare can result in retraction of primary payments made in error and a gap in coverage. Contact your Benefits Administrator if you need additional information (see page 11).

Some important things to consider when making this coverage decision:

- If you wish to select your Medicare-coordinating plan through the state program, you must enroll in Medicare Parts A and B (Original Medicare) in order to get the full benefit of the Advantage 65 Plans, the state program's Medicare supplemental coverage. Failure to enroll in Medicare Parts A and B can result in a significant deficit in your coverage since Advantage 65 will not pay claims that Medicare would have paid had you been enrolled.
- As a Medicare-eligible participant, you may select from available Advantage 65 Plans.
- If an Enrollee requests termination of coverage in the State Retiree Health Benefits Program, he or she may not re-enroll. Termination of the Enrollee will result in termination of all covered family members. For more information about *Medicare and the State Retiree Health Benefits Program*, go to www.dhrm.virginia.gov and look for *Retiree Fact Sheets*.

Prompt Payment of Premiums – Enrollees are responsible for timely payment of their monthly premiums (either through VRS retirement benefit deduction or by direct payment to the billing administrator). Participants who pay directly receive monthly bills or coupons which indicate when premium payments are due. Monthly premiums that remain unpaid for 31 days after the due date will result in termination of coverage. Claims paid during any period for which premium payment is not received will be recovered. Once an Enrollee and/or his/her covered family members have been terminated for non-payment of premiums, re-enrollment in the state program is not allowed except at the sole discretion of the Department of Human Resource Management.

Enrollees are responsible for understanding the amount of their premium and for notifying their Benefits Administrator within 60 days of any life event/qualifying mid-year event that affects eligibility and/or membership level. Premium overpayments due to failure of the Enrollee to advise the program of membership reductions may result in loss of the overpaid premium amount.

Address Changes – **Was this package forwarded to you from an old address?** If so, be sure to contact your Benefits Administrator immediately to make an address correction, including an updated telephone number. If you have an email address, you may ask to have it included in your eligibility record. Failure to update your mailing address can result in missing important information about your health benefits program. The Department of Human Resource Management will not be responsible for information that participants miss, including billing statements, because their address of record is incorrect. The Department's only means of reaching many retiree group participants is through the US Postal Service. Please let your Benefits Administrator know when you move!

If You Need Help – Retiree group participants should contact their Benefits Administrator with enrollment and eligibility questions. Benefits Administrators are generally unable to assist with claim or coverage problems, and those questions should be directed to your claims administrator. Please see *Who to Contact* on page 12 for contact information.

If you have questions about eligibility and enrollment, contact your Benefits Administrator:

<i>If You Are A:</i>	<i>Contact This Benefits Administrator</i>
Virginia Retirement System Retiree/Survivor or a VSDP Long Term Disability Program Participant	The Virginia Retirement System 888-827-3847 www.varetire.org
Local or Optional Retirement Plan Retiree	Your Pre-Retirement Agency Benefits Administrator
Non-Annuitant Survivor (a survivor of an employee or retiree, not receiving a VRS benefit)	Department of Human Resource Management 888-642-4414 www.dhrm.virginia.gov

The Department of Human Resource Management website has more information about the State Retiree Health Benefits Program. Go to www.dhrm.virignia.gov.

Enclosures:

- **2023 Benefits at a Glance**
- **Important Notices Summary**
- **CHIP Notice**
- **State Health Benefits Enrollment Form for Retirees, Survivors and LTD Participants**

WHO TO CONTACT

Plan or Benefit	Contact Information
COVA Care and COVA HDHP	<p>Medical, Vision & Hearing - Anthem: 800-552-2682 or www.anthem.com/cova</p> <hr/> <p>Prescription Drug - Anthem Pharmacy (CarelonRx): 833-267-3108 or www.anthem.com</p> <hr/> <p>Behavioral Health & Employee Assistance Program (EAP) - Anthem: 855-223-9277 or www.AnthemEAP.com (Company Code: Commonwealth of Virginia)</p> <hr/> <p>Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com</p> <hr/> <p>Virtual Care Options Including LiveHealth Online: Sydney Health app or anthem.com/cova</p> <hr/> <p>Health Assessment - Login at www.anthem.com (or the Sydney mobile app) > My Health Dashboard > Programs Contact Anthem at 800-552-2682 to complete a telephonic health assessment.</p> <hr/> <p>Health and Wellness Programs - www.anthem.com > My Health Dashboard > Programs Condition Care (formerly Disease Management) and Well-being Coach: 844-507-8472 Future Moms: 800-828-5891</p>
COVA HealthAware	<p>Medical, Vision, Hearing & Behavioral Health - Aetna: 855-414-1901 or www.covahealthaware.com Behavioral Health: 866-885-5596</p> <hr/> <p>Prescription Drug - Anthem Pharmacy (CarelonRx): 833-267-3108 or www.anthem.com</p> <hr/> <p>Employee Assistance Program (EAP) - Aetna: 888-238-6232 or www.mylifevalues.com (Username & Password: COVA)</p> <hr/> <p>Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com</p> <hr/> <p>Teladoc: www.teladoc.com/aetna or 855-835-2362</p> <hr/> <p>Health Assessment - Log in at www.aetna.com (or the Aetna mobile app) > Member Resources > Well-being Resources</p> <hr/> <p>Health and Wellness Programs - 855-414-1901 or log in at www.aetna.com > Member Resources > Well-being Resources</p>
Kaiser Permanente HMO (Primarily Northern Virginia - see website for specific zip codes)	<p>Medical, Prescription Drug and Vision - Kaiser Permanente: 800-777-7902, 301-468-6000 in Washington, D.C. or www.myhealth.kp.org/commonwealthofvirginia</p> <hr/> <p>Online doctor visit: www.kp.org or 800-777-7904</p> <hr/> <p>Dental - Dominion National: 855-733-7524 or http://www.DominionNational.com/kaiser</p> <hr/> <p>Behavioral Health - Kaiser: 866-530-8778</p> <hr/> <p>Employee Assistance Program (EAP) - Carelon Behavioral Health: 866-517-7042 or www.achievesolutions.net/kaiser</p>
Optima Health Vantage HMO (Primarily Hampton Roads - see website for specific zip codes)	<p>Medical, Prescription Drug, Dental, Vision and Behavioral Health - Optima Health: 866-846-2682, www.optimahealth.com/cova, or members@optimahealth.com</p> <hr/> <p>Online doctor visit: MDLIVE or 866-648-3638</p> <hr/> <p>Employee Assistance Program (EAP): www.optimaeap.com (User name: COVA) or 800-899-8174</p>
TRICARE Supplement	<p>Selman & Company (SelmanCo): 800-638-2610 (press Option 1)</p>