Commonwealth of Virginia
Retiree Health Benefits Program

Annual Open Enrollment—May 1 through May 15, 2019
Effective July 1, 2019

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Recipients of this Package: **Retiree group Enrollees receiving this package include Retirees, Survivors and Long Term Disability Participants (not covered family members).**

- ***Family members who have separate coverage (under their own ID numbers) will not receive Open Enrollment materials directly.***
- ***Medicare-eligible Retirees, Survivors and Long Term Disability participants who cover family members who are not eligible for Medicare receive this package in order to make a change on behalf of the family member for whom they provide coverage.***
- ***Only Retirees, Survivors and Long Term Disability participants can request Open Enrollment changes for covered family members.***
- ***Medicare-eligible Retirees, Survivors and Long Term Disability participants do not have an Open Enrollment period.***

COMMONWEALTH OF VIRGINIA

EMILY ELLIOTT
DIRECTOR

DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

James Monroe Building
101 N. 14th Street
Richmond, Virginia 23219

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 29, 2019

Subject: ANNUAL OPEN ENROLLMENT – MAY 1—15, 2019

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, 2019. This booklet includes information about coverage options in the new plan year. Other resources to help you make your Open Enrollment decision include:

- A *2019 BENEFITS AT A GLANCE* comparison of available plan benefits
- A brochure describing plan highlights
- A link to *ALEX*, your online benefits counselor (see page 3)

Use these resources to help you choose the plan that best meets your 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), but 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 covered family members.

PREMIUMS AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL

Monthly Premium Costs Effective July 1, 2019

The following chart includes your plan choices* and monthly premiums starting July 1, 2019. 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.

Plans	Single	Two-Person	Family
COVA Care (with preventive dental)	**$779**	**$1,440**	**$2,089**
COVA Care + Out-of-Network	**$797**	**$1,473**	**$2,138**
COVA Care + Expanded Dental	**$812**	**$1,501**	**$2,178**
COVA Care + Out-of-Network + Expanded Dental	**$830**	**$1,534**	**$2,227**
COVA Care + Expanded Dental + Vision and Hearing	**$831**	**$1,536**	**$2,229**
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	**$849**	**$1,569**	**$2,278**
COVA HealthAware (with preventive dental)	**$694**	**$1,287**	**$1,861**
COVA HealthAware + Expanded Dental	**$725**	**$1,344**	**$1,945**
COVA HealthAware + Expanded Dental & Vision	**$736**	**$1,365**	**$1,974**
COVA HDHP (with preventive dental)	**$584**	**$1,086**	**$1,587**
COVA HDHP + Expanded Dental	**$616**	**$1,145**	**$1,673**
Kaiser Permanente HMO*	**$659**	**$1,212**	**$1,766**
NEW-see page 4! Optima Health Vantage HMO*	**$760**	**$1,407**	**$2,038**
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 *Resources* on page 10.

Some reminders if your premium is changing:

- If your premium is deducted from your VRS retirement benefit and an increase results 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 new premium 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 will generally be billed for a two-month premium if you have to move to direct billing.
- 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 applicable.
- If you are receiving a health insurance credit and your premiums are not being deducted by VRS, you will need to submit a VRS-45 to report any 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:

If your plan is:	***You will be billed by:***
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

Earn Premium Rewards Again This Year!

Again this plan year, 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.

Here's what you need to do:

To earn a reward BEGINNING July 1, 2019:

- Eligible participants must complete/update and submit their online health assessment between May 1—15 to earn a reward starting July 1. If this requirement is not completed, any existing premium reward will end on June 30, 2019.
- Just go to **www.myactivehealth.com/cova** or call 866-938-0349 to complete/update your health assessment. *Remember, health assessments completed earlier than May 1, 2019, will not earn a reward for the new plan year*.

To earn a reward to start AFTER July 1, 2019:

- Eligible participants can complete and submit the health assessment by the 15th of any month to start receiving the premium reward in six to eight weeks.
- Health assessments completed **between May 16 and June 30** should be submitted to ActiveHealth (see above).
- Health assessments completed after June 30, 2019, should be submitted to your health plan. Visit the **COVA Care** or **COVA HealthAware** web site to access your online health assessment (see *Resources* on page 10).

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—just go to **www.myalex.com/cova/2019** .

PLAN/BENEFIT CHANGES FOR JULY 1

New Regional Plan Available in Hampton Roads Area!

Optima Health Vantage HMO will be available starting July 1 to non-Medicare retiree group participants who live in the plan's service area. (Go to the Optima Health web site for the list of zip codes that define Optima's service area.) Optima Health provides both comprehensive coverage and access to a quality network of doctors, specialists, and hospitals in the Hampton Roads region. The Optima Health Plan is a "no-referral" HMO plan, but you can choose a primary care physician to coordinate your healthcare needs. Keep in mind that, as an HMO, the plan does not include out-of-network coverage except in emergencies; however, there is out-of-area coverage for dependent children.

Plan Highlights:

- Comprehensive benefits including dental, vision, hearing, and Employee Assistance Program (EAP)
- Preventive care covered at 100%
- 100% of hospitals in Hamptons Roads are in-network as of Jan. 1, 2019
- Freedom to see a plan specialist with no referral required
- Access to a 24/7/365 MDLive online physician, covered at 100%
- Incentives available for participation in disease management programs
- Low copayments on doctor and specialist visits when you use a Sentara Quality Care Network (SQCN) provider (see Benefits-At-A-Glance Tier 1 copayment level)
- Low annual deductibles: $150 for individual and $300 for family
- Access to a dedicated Member Services unit to help you understand benefits, find the right doctor, and more

To learn more:

- **Visit**: **optimahealth.com/cova**
- **Call: 866-846-2682**
- **Email: members@optimahealth.com**
- **Web Chat: optimahealth.com/cova** (click on Web Chat starting July 1)

July 1 Changes Under Existing Plans

COVA Care, COVA HDHP and COVA HealthAware Outpatient Prescription Drug Benefits

The outpatient prescription drug benefit under these plans will be administered by Anthem Pharmacy and delivered by IngenioRx. This includes retail, home delivery, and specialty pharmacy. Pharmacy customer service will be available 24/7/365 to assist you with any pharmacy plan questions. See *Resources* on page 10 for contact information. Present your new July 1 ID card for prescriptions at retail pharmacies after June 30. Information will be sent separately regarding transition of existing authorizations, home delivery, and specialty pharmacy prescriptions. Take advantage of new online and mobile tools to help you manage your medications.

You will also be able to organize your prescription refills through *Medication Synchronization*, a voluntary program that lets you work with your pharmacy to synchronize your maintenance prescription refills each plan year so that they are all available at the same time. If you receive a partial supply in order to “sync up” your prescriptions, any partial supply will be prorated to ensure that you do not pay the full cost for a partial supply.

COVA Care, COVA HDHP and COVA HealthAware Dental Benefits

Delta Dental will administer dental benefits for these plans. This is a change for COVA HealthAware but does not affect COVA Care or COVA HDHP. COVA HealthAware participants should present their new July 1 ID card for dental services after June 30.

As a reminder, the basic plans continue to include diagnostic and preventive services. If you wish to have coverage for primary and major dental services, you must choose the Expanded Dental optional benefit. This coverage will include such services as fillings, simple extractions, root canals, crowns, implants and orthodontia.

Health and Wellness Programs

COVA Care, COVA HDHP and COVA HealthAware Health and Wellness Programs

Starting July 1, Disease Management programs for these plans will be administered by the medical plan claims administrator. Disease Management programs provide support to help manage chronic conditions such as asthma, heart failure, diabetes, chronic obstructive pulmonary disease (COPD) and coronary artery disease. Contact your health plan (see *Resources* on page 10) or review the enclosed plan highlights brochure for more information.

COVA Care and COVA HealthAware Incentive Programs

- Participants in these plans can receive certain medications or supplies at no cost to treat the following conditions: asthma, chronic obstructive pulmonary disease (COPD), diabetes and high blood pressure. Medication compliance and quarterly health coaching are required. Contact your health plan (see *Resources* on page 10), or review the enclosed plan highlights brochure for more information.

- Moms-to-be have access to a nurse coach and other support to help maintain a healthy pregnancy. Enrollment within the first 16 weeks of pregnancy and participation with a nurse coach can result in waiver of the hospital copayment or a $300 contribution to your Health Reimbursement Arrangement (HRA), depending on your plan.

COVA HealthAware Health Reimbursement Arrangement (HRA) Administration

- Starting July 1, the COVA HealthAware HRA will be administered by Payflex and through a Payflex Mastercard. Present your card at your participating retail pharmacy or to the home delivery pharmacy to utilize available HRA funds. You should also provide your Mastercard information to pay other medical bills, just as you do with any credit/debit card. Remember that you are not obligated to pay a medical bill from a participating provider until the claims administrator processes your claim and indicates your out-of-pocket cost. However, if you pay any eligible expense out of your pocket, you can reimburse yourself by using the Payflex website or app. Look for your Payflex Mastercard for use after June 30.

COVA Care and COVA HDHP

- Your customer service experience will be enhanced through new Anthem Health Guides who are specially trained to answer your questions and lead you to the right programs and support for your unique needs. The new Engage mobile app is available for your smartphone or tablet and can help you keep your medical records in one place.

COVA HealthAware

- COVA HealthAware continues to provide concierge member services and offers a new Aetna Health app that provides 24/7 secure access to your member information, tools to help you estimate health care costs, and much more.

Kaiser Permanente HMO

The Kaiser plan has made changes to its dental, prescription drug, and vision benefits.

Dental:

- Participants will pay coinsurance for dental benefits rather than a flat fee
- There will be a $75 family deductible
- Dependents, age 19 years and under, will pay 50% of the cost up to $1,000 for orthodontia

Prescription Drugs:

- For specialty drugs, participants pay 50% of the cost up to a $75 maximum

Vision:

- Adults, age 19 years and older, will pay 75% of the balance for eyeglass frames
- Children will have a special list of contact lenses and frames available to them and can select:
  - One pair of glasses per year with single or bifocal lenses, or
  - The first purchase of contact lenses per year, or
  - Two per eye per year for medically necessary contacts.

Contact Kaiser for more information—see *Resources* on page 10.

Making 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 you may obtain a paper form from your Benefits Administrator (see page 9).

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, 2019, 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 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 biological 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 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 to make a change based on a qualifying mid-year event.** Retiree group Enrollees may ***decrease*** membership prospectively (going forward) at any time.

Retiree Group News and Reminders...

ID Cards – You will receive ID cards for the new plan year starting on July 1. When you receive your new cards, you can destroy your old cards. Present your new ID cards to your health care providers for any claims after June 30.

NOTE: Current COVA Care and COVA HDHP participants will receive a new ID card in April to use through June 30. Using this interim card will help to test the new IngenioRx format. When you get your new cards for July, these interim cards can be destroyed.

Member Handbooks – New Member Handbooks are currently being completed. A copy will be mailed to your address of record as soon as possible. Until then, keep a copy of this booklet with your current materials as a reference for your benefits coverage. Contact your health plan if you have additional questions.

Summary of Benefits and Coverage (SBC) – If you would like an SBC for your current or other plans, they are available online at the following link. If you are unable to access them online, contact your Benefits Administrator (see Page 9).

http://www.dhrm.virginia.gov/healthcoverage/summaryofbenefitsandcoverage

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. If no positive election is made, they will automatically be 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. The state program will not make primary claim payments when Medicare should be the primary coverage. Contact your Benefits Administrator if you need additional information (see page 9).

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 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 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 *Resources* on page 10 for contact information.

Enclosures:

- **Plan Brochure**
- **2019 Benefits-At-A-Glance**
- **Important Notices Summary**
- **CHIP Notice**
- **Language Assistance Notice**

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

If You Are A:	***Contact This Benefits Administrator***
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 web site has more information about the State Retiree Health Benefits Program. Go to www.dhrm.virginia.gov.

RESOURCES

Plan	Benefit	Contact Information
COVA Care and **COVA HDHP**	• Medical, Vision & Hearing (Anthem BCBS) • Behavioral Health Benefits & EAP (Anthem) • Dental (Delta Dental) • Prescription Drug (Anthem Pharmacy)	• 800-552-2682 **www.anthem.com/cova** • 855-223-9277 **www.anthemEAP.com** • 888-335-8296 **www.deltadentalva.com** • 833-267-3108 **www.anthem.com**
COVA HealthAware	• Medical, Vision, Hearing and Behavioral Health (Aetna) • EAP (Aetna) • Prescription Drug (Anthem Pharmacy) • Dental (Delta Dental)	• 855-414-1901 **www.covahealthaware.com** • 888-238-6232 **www.mylifevalues.com** (Password: COVA) • 833-267-3108 **www.anthem.com** • 888-335-8296 **www.deltadentalva.com**
Kaiser Permanente HMO	• Medical, Prescription Drug and Vision (Kaiser) • Dental (Dominion National) • EAP (Beacon Health Options) • Behavioral Health (Kaiser)	• 800-777-7902; 301-468-6000 in Washington, D.C. **https://my.kp.org/commonwealthofvirginia/** • 855-733-7524 **http://www.DominionNational.com/kaiser** • 866-517-7042 **www.achievesolutions.net/kaiser** • 866-530-8778
Optima Health Vantage HMO	• Medical, Prescription Drug, Dental, Vision, Behavioral Health • Employee Assistance Program (EAP)	• 866-846-2682 **www.optimahealth.com/cova or members@optimahealth.com** • **https://login.optimaeap.com/?s_username=Cova**
TRICARE Supplement	• Selman and Company (SelmanCo)	• 800-638-2610 (press option 1)