

Planning for Retirement – State Retiree Health Benefits Program Coverage Options

For more information regarding eligibility for retiree coverage, review ***Retiree Fact Sheet #2, Eligibility, Enrollment and Plan Choices***. Once you have determined that you are eligible for retiree coverage, consider your options.

What are my health plan options at retirement?

Eligible new retirees **may-**

- ✓ Enroll in the same health plan and membership level that they had as active employees (unless they or any of their covered family members are eligible for Medicare - see below);
- ✓ Make a plan change;
- ✓ Reduce their membership level;
- ✓ Enroll in single coverage in the retiree group from waive status in the active group;
- ✓ Waive retiree coverage to participate as a family member of either an active state employee or another retiree group participant (and preserve eligibility for their own retiree coverage in the future); or,
- ✓ Decline coverage (no return to the program).

New retirees **may not--**

- ✓ Increase membership (unless there is the occurrence of a separate qualifying life event that would allow the increase).

New retirees **are required to:**

- ✓ Select a plan based on their eligibility for Medicare.

Retirees who are not eligible for Medicare can choose from the same plans available to active employees, but Medicare-eligible retirees and their

Medicare-eligible family members must select a Medicare-coordinating plan, and Medicare becomes the primary claims payer (except in limited cases where eligibility is due to End Stage Renal Disease, there is a 30-month coordination period before Medicare becomes the primary payer). Failure of Medicare-eligible retirees (and/or their Medicare-eligible family members) to enroll in a Medicare-coordinating plan can result in retraction of claims paid in error and coverage deficits. (See ***Retiree Fact Sheet #5*** for more information about ***Medicare and the State Retiree Health Benefits Program***.)

Additional resources and information:

- **Contact the claims administrators, visit their web sites, or consult your Member Handbook if you have questions about plan benefits or provider networks. Contact information is listed on page five of this Fact Sheet.**
- **Review the monthly retiree premiums (Medicare and/or non-Medicare plans, as appropriate). Retirees pay the full cost of health plan coverage. Premiums will be deducted from your monthly Virginia Retirement System (VRS) benefit unless your benefit will not support the premium amount or you are an ORP retiree or other retiree who does not receive a VRS benefit. In those cases, you would be billed directly by either Anthem Blue Cross and Blue Shield, Inspira (for COVA HealthAware members), Kaiser Permanente HMO and Sentara Health Plan HMO, as appropriate, for your monthly premium.**
- **Contact the Virginia Retirement System (1-888-827-3847) or visit its web site (www.varetire.org) if you need information regarding the Health Insurance Credit Program.**
- **Complete the Retiree Health Benefits Program Enrollment Form and submit it so that it is received by your pre-retirement agency's Benefits Administrator no later than 31 days after your retirement date. Except in very limited and specialized circumstances (e.g., retroactive disability retirees), if an eligible retiree does not enroll in the State Retiree Health Benefits Program within 31 days of his/her retirement date (including waiver of coverage to family member status), he/she will not have another opportunity to enroll. Even though new retirees have 31 days from their retirement date to submit their enrollment form, consider submitting it as early as possible so that your coverage will be in place immediately upon retirement. However, once your enrollment has been submitted and your coverage is in place (including waiver), you may not change your**

election, even within the 31 days following your retirement date unless you experience a qualifying life event that would allow the change.

- If you or any covered family members are eligible for Medicare, be sure to contact the Social Security Administration (1-800-772-1213) at least three months before your retirement date to advise of your upcoming change in employment status. If you are going to enroll in the State Retiree Health Benefits Program and are eligible for Medicare, you must also be enrolled in Medicare Parts A and B (Original Medicare) on your retirement date. If you have coverage under the state plan as an active employee prior to retirement, explain that you will be losing that coverage due to retirement; that is, you will be losing coverage based on current employment. Failure to update your records at Medicare can result in problems coordinating your health benefits and potential gaps in coverage. (See *Retiree Fact Sheet #5* for more information about *Medicare and the State Retiree Health Benefits Program*.)
- If you have other retirement questions, contact your pre-retirement agency's Benefits Administrator or go to the Department of Human Resource Management's website at www.dhrm.virginia.gov.

If I enroll in the State Retiree Health Benefits Program will my health plan identification number change?

Your ID number will not change, but there could be a change for covered family members.

If you or any covered family members move to a Medicare-coordinating plan, you will no longer share the same ID number. You will maintain your ID number, but your family member/s will be assigned a new ID number. All Medicare-primary participants have individual memberships.

**If I enroll in the State Retiree Health Benefits Program
will I get a new health plan ID card?**

Following is a summary of ID card issuance at the time of retirement:

Activity	New Card Issued?				
	COVA Care	COVA HealthAware	COVA HDHP	Kaiser	Sentara
Change membership level within same plan	No	No	No	No	No
Retirement – maintain same plan, change only optional benefits	No	No	No	NA	NA
Retirement – no plan change	No	No	No	No	No

Movement between COVA Care, COVA HealthAware, COVA HDHP, Kaiser and Sentara will always generate a new ID card.

Move to Medicare-primary coverage (any Advantage 65 Plan) will result in issuance of new ID cards—see page five for plan administrators.

SEE PAGE FIVE FOR PLAN CONTACT INFORMATION

State Retiree Health Benefits Program Health Benefits Plan Administrators/Contacts

Non-Medicare Plans

COVA Care & COVA HDHP	• Medical, Vision & Hearing (Anthem BCBS) • Prescription Drug Anthem Pharmacy • Behavioral Health Benefits & EAP (Anthem) • Dental (Delta Dental) • Health and Wellness Programs • Condition Care and Well-being Coach • Virtual Care Options Including LiveHealth Online • Shared Savings Incentive Program - SmartShopper	• 800-552-2682 www.anthem.com/cova • 833-267-3108 www.anthem.com • 855-223-9277 or www.anthemEAP.com • 888-335-8296 www.deltadentalva.com • www.anthem.com (or the Sydney mobile app) • 844-507-8472 • Sydney Health app or www.anthem.com/cova • 844-277-8991 www.cova.smartshopper.com
COVA HealthAware	• Medical, Vision, Hearing and Behavioral Health (Aetna) • Prescription Drug - Anthem Pharmacy (CarelonRx): • EAP (Aetna) • Dental - Delta Dental of Virginia • Health and Wellness Programs • Online Doctor: Teladoc • Shared Savings Incentive Program - SmartShopper	• 855-414-1901 www.covahealthaware.com • 866-885-5596 • 833-267-3108 www.anthem.com • 888-238-6232 or www.mylifevalues.com • 888-335-8296 or www.deltadentalva.com • 855-414-1901 or log in at www.aetna.com • www.teladoc.com/aetna or 855-835-2362 • 833-849-0567 www.cova.smartshopper.com
Kaiser Permanente HMO	• Medical, Prescription Drug and Vision (Kaiser) • Dental (Liberty Dental) • EAP (Carelon Behavioral Health) • Behavioral Health • Online Doctor Visit	• 800-777-7902; 301-468-6000 in Washington, D.C. www.my.kp.org/commonwealthofvirginia • 855-733-7524 www.libertydentalplan.com/kp-cova • 866-517-7042 or www.carelonwellbeing.com/kaiser • 866-530-8778 • www.kp.org or 800-777-7904
Sentara Health Plans HMO	• Medical, Prescription Drug, Dental, Vision and Behavioral Health (Sentara) • Online Doctor Visit • EAP	• 866-846-2682 www.sentarahealthplans.com/cova • MDLIVE or 866-648-3638 • www.sentaraeap.com or 800-899-8174
TRICARE Supplement	• Selman & Company (SelmanCo)	• 800-638-2610 (press Option 1)

Medicare-Coordinating Plans

<i>Benefit</i>	<i>Administrator</i>	<i>Contact Information</i>
Advantage 65, Option II and Advantage 65-Medical Only – <i>Secondary Medical Benefit (including mental health) *</i>	Anthem Blue Cross and Blue Shield	(804)355-8506 - Richmond (800)552-2682 – (Outside of Richmond) www.anthem.com/cova
Advantage 65, and Option II – <i>Prescription Drug Benefit</i>	Express Scripts Medicare	(800)572-4098 www.Express-Scripts.com
Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – <i>Dental Benefit</i>	Anthem Blue Cross and Blue Shield	(855)648-1411 www.anthem.com/cova
Advantage 65 with Dental and Vision, Option II with Dental and Vision and Advantage 65-Medical Only with Dental and Vision – <i>Vision Benefit</i>	Anthem Blue Cross and Blue Shield – Blue View Vision	(804)355-8506 - Richmond (800)552-2682 – (Outside of Richmond) www.anthem.com/cova

*Note: Primary hospital and medical coverage for the state's Medicare-eligible retiree group participants is adjudicated by Medicare