COVA HDHP

Getting the Most from Your COVA HDHP Plan

July 1, 2018 through June 30, 2019

Commonwealth of Virginia
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What’s in Your COVA HDHP Plan?

Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Diagnostic and in-network preventive dental benefits administered by Delta Dental
- 100% coverage for in-network preventive care, no deductible
- Specialist visits with no referrals
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia
- Optional Expanded Dental Benefit (available for an additional premium)

Out-of-Pocket Expense Limit

$5,000 for one person, $10,000 for two or more persons, each plan year

Your medical, behavioral health and prescription drug deductible and coinsurance count toward the limit. Once you reach the limit, you pay $0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Coinsurance and deductible for dental services
# COVA HDHP
## Benefits At-A-Glance

### Covered Services

<table>
<thead>
<tr>
<th>Deductible – per plan year</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person</td>
<td>$1,750</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$3,500</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-pocket expense limit – per plan year</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person</td>
<td>$5,000</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$10,000</td>
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</tbody>
</table>

### Ambulance travel
20% after deductible

### Applied behavior analysis (ABA) for autism spectrum disorder – ages 2 through 10
20% after deductible

### Behavioral Health

- **Inpatient**: 20% after deductible
- **Residential Treatment**: 20% after deductible
- **Partial Hospitalization (Day) Program**: 20% after deductible
- **Intensive Outpatient Treatment Program (IOP)**: 20% after deductible
- **Outpatient Treatment Program**
  - Facility services (per episode of care): 20% after deductible
  - Medical and non-medical professional: 20% after deductible

### Chiropractic, manual medical interventions
(30-visit plan year limit) 20% after deductible

### Dental Services (routine)

- Diagnostic and preventive (routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children): $0

### Diagnostic tests, x-rays, labs and injections
(outpatient) 20% after deductible

### Dialysis treatments
20% after deductible

### Doctor’s visits
20% after deductible

### Online Doctor’s visits
(Livehealthonline.com) 20% after deductible

### Emergency room visits
20% after deductible

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**NOTE:** This is a summary of benefits. For a complete description of the benefits, exclusions, limitations and reductions under the plan, refer to your COVA HDHP member handbook, available at [anthem.com/cova](https://anthem.com/cova).
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td>- Up to 4 visits per issue, per plan year</td>
<td></td>
</tr>
<tr>
<td><strong>Home health services</strong></td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td>(90-visit plan year limit)</td>
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<tr>
<td><strong>Home private duty nurse’s services</strong></td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td><strong>Hospice care</strong></td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td><strong>Hospital services</strong></td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td>- Inpatient</td>
<td></td>
</tr>
<tr>
<td>- Outpatient</td>
<td></td>
</tr>
<tr>
<td><strong>Infusion therapy</strong> (includes IV and injected</td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td>chemotherapy)</td>
<td></td>
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<tr>
<td><strong>Maternity</strong></td>
<td><strong>20% after deductible</strong></td>
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<tr>
<td>- Professional provider services</td>
<td></td>
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<tr>
<td>(prenatal &amp; postnatal care)</td>
<td></td>
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<tr>
<td>- Hospital services for delivery (delivery room,</td>
<td></td>
</tr>
<tr>
<td>anesthesia, routine nursing care for newborn)</td>
<td></td>
</tr>
<tr>
<td>- Outpatient diagnostic tests</td>
<td></td>
</tr>
<tr>
<td><strong>Medical equipment, appliances, and supplies</strong></td>
<td><strong>20% after deductible</strong></td>
</tr>
<tr>
<td><strong>Prescription drugs – mandatory generic</strong></td>
<td><strong>20% after deductible</strong></td>
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<tr>
<td>- Retail Pharmacy</td>
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<tr>
<td>- Home Delivery Pharmacy (Mail Service)</td>
<td></td>
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<tr>
<td>- Diabetic supplies</td>
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<tr>
<td><strong>Skilled nursing facility</strong> (180-day limit per stay)</td>
<td><strong>20% after deductible</strong></td>
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<tr>
<td><strong>Therapy services</strong></td>
<td><strong>20% after deductible</strong></td>
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<tr>
<td>- Occupational, Physical, and Speech therapy, Cardiac</td>
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<tr>
<td>Rehabilitation, Chemotherapy, Infusion, Radiation,</td>
<td></td>
</tr>
<tr>
<td>and Respiratory therapy</td>
<td></td>
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<tr>
<td><strong>Vision - routine eye exam</strong></td>
<td><strong>$15 copayment</strong></td>
</tr>
<tr>
<td>(one per plan year/Blue View Vision network)</td>
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<tr>
<td><strong>Wellness &amp; Preventive Services</strong></td>
<td><strong>$0</strong></td>
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<tr>
<td>- Office visits at specified intervals, immunizations,</td>
<td></td>
</tr>
<tr>
<td>lab and x-rays</td>
<td></td>
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<tr>
<td>- Annual check-up visit (primary care or specialist),</td>
<td></td>
</tr>
<tr>
<td>immunizations, lab and x-rays</td>
<td></td>
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<tr>
<td>- Routine gynecological exam, Pap test, mammography</td>
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<tr>
<td>screening, prostate exam (digital rectal exam),</td>
<td></td>
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<tr>
<td>prostate specific antigen (PSA) test, and colorectal</td>
<td></td>
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<tr>
<td>cancer screening</td>
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**Expanded Dental Option**
*(offered for an additional premium)*

*(Services in addition to the diagnostic and preventive dental benefits included in the basic COVA HDHP plan)*

Administered by Delta Dental

<table>
<thead>
<tr>
<th>Plan Year Maximum Benefit - per member (except Orthodontic)</th>
<th>$2,000</th>
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<table>
<thead>
<tr>
<th>Plan Year Deductible</th>
<th>$50 One person / $100 Two people / $150 Family (three or more people)</th>
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<table>
<thead>
<tr>
<th>In-Network You Pay</th>
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<table>
<thead>
<tr>
<th>Primary</th>
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<tbody>
<tr>
<td>• Fillings and other restorative services</td>
</tr>
<tr>
<td>• Root canal and other endodontic services</td>
</tr>
<tr>
<td>• Simple extractions and other minor surgical procedures</td>
</tr>
<tr>
<td>• Periodontic services</td>
</tr>
<tr>
<td>• Denture repair and recementation of crowns, bridges and dentures</td>
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<table>
<thead>
<tr>
<th>Major Dental Care</th>
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<tbody>
<tr>
<td>• Crowns (single crowns, inlays and onlays)</td>
</tr>
<tr>
<td>• Prosthodontics (partials or complete dentures and fixed bridges)</td>
</tr>
<tr>
<td>• Dental implants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthodontic ($2,000 lifetime maximum benefit per member)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Removable fixed appliance therapy and comprehensive therapy for adults and children</td>
</tr>
</tbody>
</table>
Your High Deductible Health Plan is HSA Compatible

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage health care expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses. It can help you save on the cost of your health insurance and health care expenses, and also help pay for covered services before you satisfy the health plan deductible. If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following Web sites are a good place to start learning more about HSAs.

- [www.treasury.gov](http://www.treasury.gov) – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications. Search using keyword HSA.


- [www.hhs.gov](http://www.hhs.gov) – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

*Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.*
Medical providers, such as:
- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

Behavioral health providers such as:
- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

Always check to be sure a provider is in the network. Simply ask the provider, call Member Services, or use Find A Doctor at anthem.com/cova

Deductible
$1,750 for one person, $3,500 for two or more persons, each plan year.

Coinsurance
- 20% coinsurance after deductible
- Zero coinsurance and no deductible for Routine Wellness and Preventive services

Your Anthem Provider Network
Who’s in the network?
- 99% acute care hospitals in Virginia
- 97% providers in Virginia

Network medical and behavioral health providers accept the allowable charge as payment in full after you pay any applicable deductible or coinsurance. That means lower out-of-pocket costs for you.

Note: Out-of-network benefits for medical and behavioral health services are not covered, except in an emergency. Be sure to use an in-network provider.

Finding an in-network provider is easy! Go to anthem.com/cova and select Find A Doctor, or call us at 1-800-552-2682 and we’ll help you.
Care When Traveling – out of state or worldwide

BlueCard® PPO Program for care in the U.S.

What happens if you’re traveling or living outside Virginia and you need care? You have access to care across the country through the BlueCard® PPO Program. This includes 92% of doctors and 96% of hospitals in the U.S. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The “PPO-in-a-suitcase” symbol shows you can get care from BlueCard PPO Program providers.

Looking for a BlueCard PPO Program provider?

Go to www.bcbs.com, and select Find a Doctor to search for a BlueCard PPO Basic doctor or hospital. Or call Member Services at 1-800-552-2682 for help.
Blue Cross Blue Shield Global Core Program (formerly BlueCard Worldwide) for care outside the U.S.

If you’re outside the U.S. and need care:

- Go to www.bcbsglobalcore.com and register or login. You can also download the Blue Cross Blue Shield Global Core app to search for a doctor or hospital.

- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at 1-800-810-2583 (BLUE) or call collect at 1-804-673-1177. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor’s appointment or hospital stay, if needed.

- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Member Services number shown on your ID card for precertification.

- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from www.bcbsglobalcore.com and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at 1-800-810-2583 (BLUE) to request the form.

**Good to Know**

**Medical transport** from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.
LiveHealthOnline.com

Go to livehealthonline.com or download the app so you’ll be ready whenever you need these LiveHealth Online services. Your cost share will mirror your cost share for similar in-person services:

- **LiveHealth Online Medical** – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It’s a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.

- **LiveHealth Online Psychology** – Use your device to make an appointment to see a therapist or psychologist online.

- **LiveHealth Online Psychiatry** – **NEW this plan year!** Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.

- **LiveHealth Online EAP** – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more.

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**Employee Assistance Program (EAP)**

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns

**Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at anthemEAP.com.**

Enter **Commonwealth of Virginia** as company name.
Your prescription drug benefit is a **mandatory generic** program. This means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand coinsurance plus the difference between the allowable charge for the generic and the brand name drug after the deductible.

**Retail Pharmacy**

Get up to a 34-day supply of covered drugs at a network retail pharmacy. Once your deductible has been met, pay the coinsurance at the time of purchase.

Your retail pharmacy network has more than 64,000 pharmacies across the country— including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](http://anthem.com), or call us at **1-800-552-2682**.

When you use a network pharmacy, you pay only the applicable coinsurance after deductible.

If you choose an out-of-network pharmacy, you’ll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed. You may be responsible for the difference between the pharmacy’s charge and the plan’s allowable charge for the drug.
Home Delivery Pharmacy - through Express Scripts

Switching to home delivery is simple. You can place your first order by phone or online at anthem.com. You pay the appropriate coinsurance for a three month supply of drugs when you use the Home Delivery service, and the medication is delivered right to your home.

**By phone:** Call 1-866-281-4279. A representative will help you with your order. Have your prescription, doctor’s name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to anthem.com and select Pharmacy under the Benefits tab. Follow the steps under Pharmacy Self Service to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

Specialty Pharmacy

**Specialty Home Delivery**

Your pharmacy program includes access to Accredo, a pharmacy dedicated to providing members with specialty drugs. Specialty medications include biopharmaceutical and injectable drugs. Accredo also provides support with clinicians and personal care coordinators to help members taking specialty drugs achieve the best possible outcomes from their treatments.

Contact Accredo at 1-877-886-1705 to begin using the Specialty Home Delivery service. Provide them with your doctor’s name and phone number, and they’ll do all the rest.

**Specialty Retail**

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply by paying the appropriate coinsurance.
**Prior Authorization** *(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- A risk of side effects or harmful effects when taken with other drugs
- The potential for incorrect use or abuse
- Options that cost you less and may work better
- Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. Typically, a decision whether the drug will be covered is made within 24-48 hours from the time of the request.

**Managing Prescription Drug Costs**

- **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.

- **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.

- **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that’s right for you by trying different drugs in a step-by-step process.

For more details, see the **Prescription Drug Plan Overview** brochure or your plan Member Handbook at anthem.com/cova under the Benefits tab.
Routine diagnostic and preventive dental services are included in your plan with no coinsurance or deductible from dentists who participate in the Delta Dental PPO or Premier networks.

Coverage includes:
- Routine oral exams and cleanings, twice per plan year
- Bitewing x-rays
- Sealants and fluoride for children under 19
- Full mouth or panorex x-rays once every 3 years

You may receive care outside of the network. However, you’ll be responsible for paying any difference between the non-participating dentist’s charges and Delta Dental’s payment for covered benefits.

The Expanded Dental Option covers primary, major and orthodontic dental care for an additional premium.

Get the details at www.deltadentalva.com

Click on Commonwealth of Virginia from the home page.
- View your dental benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health
Your COVA HDHP plan includes a host of health and wellness programs administered by ActiveHealth Management.

- **MyActiveHealth Portal**: Includes a health assessment and healthy living resources. It provides easy, confidential access to your health information, which is housed in one place for convenient tracking.

- **Healthy Insights**: Personalized support for members with health conditions such as diabetes, heart disease, high blood pressure and asthma. More than 40 conditions are included.

- **Healthy Lifestyles**: Five programs offering wellness and lifestyle coaching and support for smoking cessation, weight and stress management, nutrition and exercise.

- **Healthy Beginnings**: Maternity support for members who enroll in the program, including information on prenatal and newborn care, labor and delivery, and more. A nurse coach helps to identify risk factors that could affect pregnancy.

- **Care Considerations (Personal Healthcare Alerts)**: Electronic personalized messages on health improvement opportunities or health risks to ensure safe, high-quality care and treatment. Your doctor may also be notified if something is high-risk so that you can follow up on next steps.

See more information on ActiveHealth programs at www.dhram.virginia.gov/healthcoverage/activehealth.
Quick Access to Your Plan

**Anthem.com/cova**
Your dedicated website for health benefits documents, no log in needed

- Download your health benefits summary and member handbook
- Find a doctor and urgent care
- Register for LiveHealth Online video doctor visits
- Learn about your Employee Assistance Program (EAP), and more
- Get Flexible Spending Account (FSA) information

**Anthem.com**
Log in to your confidential and secure account

- View your claims
- Download your ID card
- Find a doctor and urgent care
- Refill prescriptions online
- Compare costs for hundreds of medical procedures
Anthem Anywhere mobile app

Log in using your anthem.com username and password to:

- View your ID card
- Find a doctor and urgent care
- Compare costs for hundreds of medical procedures

... and much more
## Who To Contact Quick Reference

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anthem Member Services</strong></td>
<td>1-800-552-2682</td>
<td>anthem.com/cova</td>
</tr>
<tr>
<td>(medical, pharmacy, optional vision/hearing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anthem Behavioral Health and</strong></td>
<td>1-855-223-9277</td>
<td>anthemEAP.com</td>
</tr>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td></td>
<td>(Company Name: Commonwealth of Virginia)</td>
</tr>
<tr>
<td><strong>Anthem ID Card Order Line</strong></td>
<td>1-866-587-6713</td>
<td></td>
</tr>
<tr>
<td><strong>BlueCard PPO</strong></td>
<td>1-800-810-2583</td>
<td><a href="http://www.bcbs.com">www.bcbs.com</a></td>
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<tr>
<td>(coverage outside Virginia)</td>
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<tr>
<td><strong>Blue Cross Blue Shield Global Core</strong></td>
<td>1-800-810-2583</td>
<td><a href="http://www.bcbsglobalcore.com">www.bcbsglobalcore.com</a></td>
</tr>
<tr>
<td>(coverage outside of the U.S.)</td>
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<tr>
<td><strong>Delta Dental</strong></td>
<td>1-888-335-8296</td>
<td><a href="http://www.deltadentalva.com">www.deltadentalva.com</a></td>
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<tr>
<td><strong>LiveHealth Online</strong></td>
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<td>livehealthonline.com</td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts (FSAs)</strong></td>
<td>1-877-451-7244</td>
<td>anthem.com/cova</td>
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<td>(administered by Anthem for all health benefit eligible employees)</td>
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<tr>
<td><strong>ActiveHealth Management Programs</strong></td>
<td>1-866-938-0349</td>
<td>myactivehealth.com/COVA</td>
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<tr>
<td><strong>Department of Human Resource Management</strong></td>
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<td>dhrm.virginia.gov</td>
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<td>(DHRM)/Commonwealth of Virginia</td>
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<tr>
<td><strong>ALEX Benefits Counselor</strong></td>
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<td><a href="http://www.myalex.com/cova">www.myalex.com/cova</a></td>
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</tbody>
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### Eligibility questions?
If you have questions about eligibility for the state health benefits program, please contact your agency Benefits Administrator for further information.