Health Benefits
Welcome!

- **Health Insurance Basics**
  - **Two Main Components:**
    - Health Insurance
      - With options to buy up to expanded dental, vision, hearing
    - Flexible Spending Accounts (FSA)
      - Health FSA
      - Dependent Care FSA
• Employees have 30 days from date of hire to enroll. Benefits begin the first day of the month following date of hire. If deadline is missed, only can enroll during:
  • Open Enrollment – each year around the first two weeks in May (watch for announcements). Effective date is July 1st
  • Within 60 days of a Qualifying Event – marriage, divorce, birth of child, etc. Effective date is dependent on the event and receipt of the form

• Paper form enrollment
• A submitted enrollment form cannot be changed after the effective date
• Documentation is required for dependent enrollment
• Check visa requirements before electing a health insurance plan to ensure it meets regulations
• All documentation needs to be translated into English
• See Human Resources if you require further assistance
# Health Insurance Comparison - Medical

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA HealthAware</th>
<th>COVA Care</th>
<th>COVA HDHP</th>
<th>Kaiser Permanente</th>
<th>Optima Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td>You Receive</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>Health Reimbursement Arrangement (HRA)</td>
<td>$600 employer $600 enrolled spouse</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$1,500</td>
<td>None</td>
</tr>
<tr>
<td>Employer deposit to your HRA on July 1, 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-Network Benefits</strong></td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>Deductible – per plan year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$1,500</td>
<td>$300</td>
<td>$1,500</td>
<td>None</td>
<td>$150</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$2,000</td>
<td>$600</td>
<td>$2,500</td>
<td>None</td>
<td>$300</td>
</tr>
<tr>
<td>Out-of-pocket expense limit – per plan year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$3,000</td>
<td>$1,500</td>
<td>$5,000</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$6,000</td>
<td>$3,000</td>
<td>$10,000</td>
<td>$3,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Doctor’s visits (in person and telemedicine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary care physician</td>
<td>20% after deductible</td>
<td>$25</td>
<td>20% after deductible</td>
<td>$25</td>
<td>Tier 1: 35</td>
</tr>
<tr>
<td>• Primary care physician online visit</td>
<td>20% after deductible</td>
<td>$0</td>
<td>20% after deductible</td>
<td>$0</td>
<td>Tier 2: 32.5</td>
</tr>
<tr>
<td>• Specialist</td>
<td>20% after deductible</td>
<td>$40</td>
<td>20% after deductible</td>
<td>$40</td>
<td>Tier 1: 510</td>
</tr>
<tr>
<td>Hospital services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient</td>
<td>20% after deductible</td>
<td>$300 per stay</td>
<td>20% after deductible</td>
<td>$300 per admission</td>
<td>$300 per admission</td>
</tr>
<tr>
<td>• Outpatient</td>
<td>20% after deductible</td>
<td>$125 per visit</td>
<td>20% after deductible</td>
<td>$75 per visit</td>
<td>$75 per visit</td>
</tr>
<tr>
<td>Emergency room visits</td>
<td>20% after deductible</td>
<td>$150 per visit (waived if admitted)</td>
<td>20% after deductible</td>
<td>$75 per visit (waived if admitted)</td>
<td>$75 per visit (waived if admitted)</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Up to 4 visits per incident</td>
<td>Up to 31-day supply $15/$35/$55</td>
<td>Up to 31-day supply $15/$35/$55</td>
<td>Up to 31-day supply $15/$35/$55</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs – mandatory generic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Pharmacy</td>
<td>20% after deductible</td>
<td>Up to 31-day supply $15/$35/$55</td>
<td>20% after deductible</td>
<td>Up to 31-day supply $15/$35/$55</td>
<td></td>
</tr>
<tr>
<td>Home Delivery Pharmacy</td>
<td>20% after deductible</td>
<td>Up to 90-day supply $30/$60/$90</td>
<td>20% after deductible</td>
<td>Up to 90-day supply $30/$60/$90</td>
<td></td>
</tr>
</tbody>
</table>
A Closer Look: COVA Care

- “Traditional” insurance with copays on doctors visits, prescription drugs, etc.
- Individual deductibles and out-of-pockets for each member
- Anthem PPO Network
  - In-Network only unless employee buys the Out-of-Network option
  - Search for In-Network providers at www.anthem.com/cova
  - Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
  - Dental – Delta Dental
- Available buy-up options
  - Vision & Hearing
  - Expanded Dental
  - Out of Network
A Closer Look: COVA HealthAware

• High deductible health plan where all covered expenses run through deductible and coinsurance
• Paired with a Health Reimbursement Arrangement (HRA)
  • Funded each plan year with $600 for employee and $600 for spouse
  • Pro-rated amount if plan starts mid-plan year (reduced by approximately 1/12th for each month after July)
  • Unused funds roll over each plan year while on plans
  • Earn extra money in the HRA by performing “Do-Rights”
• Individual deductibles and out-of-pockets for each member
• Aetna COVA HealthAware Network
  • In-Network and Out-of-Network
  • Search for In-Network providers at www.covahealthaware.com
  • Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
• Dental – Delta Dental
• Available buy-up options
  • Expanded Dental
  • Expanded Dental & Vision
A Closer Look: COVA HDHP

- High deductible health plan where all covered expenses run through deductible and coinsurance
- Can pair with a Health Savings Account (HSA)
  - Tax-sheltered savings account only available with qualified plans
  - Employee opens it directly; not through employer
  - Account is owned by employee and money rolls over each year
  - 2019 contributions limits: $3,500 individual/$7,000 family
- Full family deductibles and out-of-pockets apply for families
- Anthem PPO Network
  - In-Network only
  - Search for In-Network providers at www.anthem.com/cova
- Dental – Delta Dental
- Available buy-up options
  - Expanded Dental
• Available to employees in Northern Virginia
• “Traditional” HMO plan with copays
• Kaiser HMO Network
  • In-Network only
  • Search for In-Network providers at my.kp.org/commonwealthofvirginia
• Dental – Dominion Dental
• Vision
• Hearing
A Closer Look: Optima Health Vantage HMO

- Available to employees in Hampton Roads
- “Traditional” HMO plan with copays
- Optima HMO Network
  - In-Network only
  - Search for In-Network providers at optimahealth.com/cova
- Dental – Dominion National Dental
- Vision
- Hearing
### Health Insurance Comparison - Wellness

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA HealthAware</th>
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<th>COVA HDHP</th>
<th>Kaiser Permanente</th>
<th>Optima Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Benefits</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>Wellness &amp; Preventive Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits at specified intervals, immunizations, lab and x-rays</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Routine Vision Exam</td>
<td>$0</td>
<td>$15</td>
<td>$15</td>
<td>$25 PCP/$40 specialist</td>
<td>$15</td>
</tr>
<tr>
<td>Annual Routine Hearing Exam</td>
<td>$0</td>
<td>Optional benefit*</td>
<td>Not available</td>
<td>$25 PCP/$40 specialist</td>
<td>$40</td>
</tr>
<tr>
<td>Dental Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and preventive</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
# Health Insurance Comparison - Buy-Up Options

<table>
<thead>
<tr>
<th>Health Plans</th>
<th>COVA Healthware</th>
<th>COVA Care</th>
<th>COVA KEHP</th>
<th>Kaiser Permanente</th>
<th>Optima Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Expanded Dental</strong></td>
<td>Optional Benefit *</td>
<td>Optional Benefit *</td>
<td>Optional Benefit *</td>
<td>Included with Medical</td>
<td>Included with Medical</td>
</tr>
<tr>
<td>Maximum benefit – per member</td>
<td>$2,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$55 per person/275 family</td>
<td>2/$150</td>
</tr>
<tr>
<td>Primary (basic) care</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Complex restorative (implants, invisalign, crowns, dentures, bridgework)</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
<td>50% no deductible</td>
<td>50% up to $1,000 (age 19 and under)</td>
<td>50% no deductible</td>
</tr>
<tr>
<td>- Lifetime maximum benefit</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td></td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Expanded Routine Vision</strong></td>
<td>Optional Benefit **</td>
<td>Optional Benefit **</td>
<td>Optional Benefit **</td>
<td>Included with Medical</td>
<td>Included with Medical</td>
</tr>
<tr>
<td>Eyeglass frames</td>
<td>80% after plan pays $100</td>
<td>80% after plan pays $100</td>
<td>Not available</td>
<td>75% of balance (age 19+)</td>
<td>80% after plan pays $100</td>
</tr>
<tr>
<td>- Lenses</td>
<td>$20</td>
<td>$20</td>
<td>Not available</td>
<td>75% of balance</td>
<td>$75</td>
</tr>
<tr>
<td>- Eyeglass lenses (standard plastic, single, bifocal or trifocal) or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses**</td>
<td>85% after plan pays $100</td>
<td>85% after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
<td>85% after plan pays $1100</td>
</tr>
<tr>
<td>- Conventional**</td>
<td>Balance after plan pays $100</td>
<td>Balance after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
<td>Balance after plan pays $1000</td>
</tr>
<tr>
<td>- Disposable**</td>
<td>Balance after plan pays $250</td>
<td>Balance after plan pays $250</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
<td>Paid-in-Full</td>
</tr>
<tr>
<td>- Non–selective**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine Hearing</strong></td>
<td>Included in Basic Plan</td>
<td>Optional Benefit **</td>
<td>Included in Basic Plan</td>
<td>Included in Basic Plan</td>
<td>Included in Basic Plan</td>
</tr>
<tr>
<td>- Routine hearing exam (once every plan year)</td>
<td>$10</td>
<td>Not available</td>
<td>$25 PGP</td>
<td></td>
<td>140</td>
</tr>
<tr>
<td>- Hearing aids and other hearing aid related services</td>
<td>$1,200 (once every 48 months)</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>$1,200 (once every 36 months)</td>
</tr>
<tr>
<td>- Benefit maximum</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Additional deductible and out-of-pocket limits apply 40% coinsurance after deductible of $2,000/$5,000. Balance billing may apply.</td>
<td>Plan payment reduced by 50%. Balance billing may apply.</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

* Optional benefit matches COVA Healthware.
** Optional benefit matches COVA Care.

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Welcome!
• TRICARE-eligible employees can voluntarily enroll in the TRICARE supplement plan
• Information is available at [www.dhrm.Virginia.gov/healthcoverage/tricare](http://www.dhrm.Virginia.gov/healthcoverage/tricare)
- **Health and Wellness Programs**

  - **Disease Management:** support to help manage these conditions
    - Asthma
    - Heart Failure
    - Diabetes
    - Chronic obstructive pulmonary disease (COPD)
    - Coronary artery disease (CAD)

  - **Medication and Health Coaching Incentives:** COVA Care and COVA HealthAware members can receive certain medications or supplies at no cost for these conditions
    - Asthma
    - COPD
    - Diabetes
    - High blood pressure

  - **Maternity Management:** Expectant mothers have access to a nurse coach
    - Enroll in the first 16 weeks of pregnancy and may earn a financial incentive

  - **Premium Rewards –** Upon completion of an online health assessment, receive discount on premiums for certain health plans. Visit Anthem or Aetna website for more information.
Welcome!

Employee Assistance Program (EAP)

- Available to all covered employees and covered family members
- Services related to:
  - Stress
  - Depression
  - Anger management
  - Child/adolescent issues
  - Elder care
  - Substance abuse
  - Grief
  - Work-related issues
  - Relationship concerns
  - Divorce or separation
  - Domestic violence
  - Personal development
  - Job dissatisfaction
  - Dealing with difficult behaviors

- First four visits per incident are free; copay for additional visits
- Refer to page 3 in your Benefits Summary for contact information
- **Flexible Spending Accounts (FSA)**

  - Two types of **tax-advantaged accounts** to pay for medically qualified expenses and dependent care expenses
  - Health FSA
  - Dependent Care FSA
  - IRS governs regulations and requirements
  - Plan year runs July 1 – June 30
    - You must re-enroll each year during open enrollment
  - Minimum FSA contribution
    - $10 per pay period
  - Administrative Fee
    - $2.10 fee deducted pre-tax once a month
    - Only one fee for both types of FSAs
  - Funds that aren’t used are forfeited
Health Flexible Spending Accounts

- Maximum contribution $2,700/year
- Cannot use while also contributing to Health Savings Account (HSA)
- Eligible Expenses
  - Copays, coinsurance, and deductibles
  - Other out-of-pocket eligible medical expenses
  - Refer to FSA Sourcebook or IRS Publication 502
- Two ways to pay for expenses
  - PayFlex Master Card
  - File for reimbursement, online or by fax
- Participant’s responsibility to keep receipts, invoices, and other documentation
• Maximum contribution $5,000/year, depending on tax filing status
• Care for:
  • Your child under age 13
  • Your qualifying child, spouse, or relative who is physically or mentally incapable of self-care and lives in your home more than half the year
• All reimbursements must be filed
• Plan year runs July 1 – June 30
  • Expenses must be incurred by June 30th
  • Can file for reimbursement up until 90 days of the end of the plan year or the end of the month of your last day of employment
  • Employees who terminate before the end of the plan year may only submit for claims incurred by the end of the month of your last day of employment
• Funds that aren’t used are forfeited
• If supporting documents are requested, provide as soon as possible, otherwise:
  • PayFlex card may be deactivated
  • You may owe the amount or pay more in taxes
How to Enroll

1. Personal Information
2. Initial Enrollment
3. Date of Hire
4. FSA Election
5. Insurance Election
6. Select one plan
7. Add family members that you wish to cover
8. Provide documentation for those members
9. Sign and date
10. Submit completed form to Human Resources within 30 days from your hire date
• Health insurance is effective the first day of the first **full month** of employment
• You have 30 days from your date of hire to enroll in health insurance
• A submitted enrollment form cannot be changed after the effective date
### Good Resources

- **Flexible Spending Account Sourcebook**
- Virginia DHRM website:
- Human Resources Department:
  - Suite 2300 in the North End Center
  - (540) 231-9331
  - [www.hr.vt.edu/benefits/health.html](http://www.hr.vt.edu/benefits/health.html)
  - [www.hr.vt.edu/orientation](http://www.hr.vt.edu/orientation) - for a copy of this presentation
Questions?