Getting the Most from Your COVA HDHP Plan

July 1, 2022 through June 30, 2023
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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 Pharmacy delivered by IngenioRx
- Diagnostic and preventive dental benefits administered by Delta Dental
- 100% coverage for in-network preventive care, no deductible
- Specialist visits with no referrals
- Routine eye exam once per plan year
- 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)

Your 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
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible – per plan year</strong></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$1,750</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Out-of-pocket expense limit – per plan year</strong></td>
<td></td>
</tr>
<tr>
<td>• One person</td>
<td>$5,000</td>
</tr>
<tr>
<td>• Two or more persons</td>
<td>$10,000</td>
</tr>
<tr>
<td><strong>Ambulance travel</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Autism Spectrum Disorder treatment and related services</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
<td></td>
</tr>
<tr>
<td>• Inpatient</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Residential Treatment</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Partial Hospitalization (Day) Program</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Intensive Outpatient Treatment Program (IOP)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Outpatient Treatment Program</td>
<td></td>
</tr>
<tr>
<td>- Facility services (per episode of care)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>- Medical and non-medical professional</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Chiropractic, manual medical interventions</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>(30-visit plan year limit)</td>
<td></td>
</tr>
<tr>
<td><strong>Dental Services (routine)</strong></td>
<td></td>
</tr>
<tr>
<td>• Diagnostic and preventive (routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children)</td>
<td>$0</td>
</tr>
<tr>
<td>• See page 4 for Expanded Dental option</td>
<td></td>
</tr>
<tr>
<td><strong>Diagnostic tests, x-rays, labs and injections (outpatient)</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Dialysis treatments</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Doctor’s visits</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Online Doctor’s visits</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>(Livehealthonline.com)</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency room visits</strong></td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td>$0</td>
</tr>
<tr>
<td>• Up to 4 visits per issue, per plan year</td>
<td></td>
</tr>
<tr>
<td><strong>Home health services</strong> <em>(90-visit plan year limit)</em></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Home private duty nurse’s services</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Hospital care</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Inpatient</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Outpatient</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Infusion therapy</strong> <em>(includes IV and injected chemotherapy)</em></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td></td>
</tr>
<tr>
<td>• Professional provider services <em>(prenatal &amp; postnatal care)</em></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Hospital services for delivery <em>(delivery room, anesthesia, routine nursing care for newborn)</em></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Outpatient diagnostic tests</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Medical equipment, appliances, and supplies</strong></td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Prescription drugs – mandatory generic</strong></td>
<td></td>
</tr>
<tr>
<td>• Retail Pharmacy</td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Home Delivery Pharmacy <em>(Mail Service)</em></td>
<td>20% after deductible</td>
</tr>
<tr>
<td>• Diabetic supplies</td>
<td>20% after deductible</td>
</tr>
</tbody>
</table>
| • Prescription Insulin Drugs to Treat Diabetes                                  | 20% after deductible, not to exceed $50 for 34-day supply,
|                                                                                | 20% after deductible, not to exceed $150 for 90-day supply |
| **Skilled nursing facility** *(180-day limit per stay)*                         | 20% after deductible                         |
| **Therapy services**                                                            |                                              |
| • Occupational, Physical, and Speech therapy, Cardiac Rehabilitation, Chemotherapy, Infusion, Radiation, and Respiratory therapy | 20% after deductible                         |
| **Vision** *(routine eye exam once per plan year)*                              | $15 copayment                                |
| **Wellness & Preventive Services**                                              |                                              |
| • Office visits at specified intervals, immunizations, lab and x-rays           | $0                                           |
| • Annual check-up visit (primary care or specialist), immunizations, lab and x-rays | $0                                           |
| • Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening | $0                                           |
**Expanded Dental Option**
(offer for an additional premium)

*Benefits offered 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>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Year Deductible</td>
<td>$50 One person / $100 Two people / $150 Family (three or more people)</td>
</tr>
</tbody>
</table>

### In-Network You Pay

**Primary**
- Fillings and other restorative services
- Root canal and other endodontic services
- Simple extractions and other minor surgical procedures
- Periodontic services
- Denture repair and recementation of crowns, bridges and dentures

20% after deductible

**Major Dental Care**
- Crowns (single crowns, inlays and onlays)
- Prosthodontics (partials or complete dentures and fixed bridges)
- Dental implants

50% after deductible

**Orthodontic ($2,000 lifetime maximum benefit per member)**
- Removable and fixed appliance therapy and comprehensive therapy for adults and children

50%, no deductible

*Out-of-network benefits are included.*
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 and Behavioral Health

Medical providers include:
- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

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

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call your Anthem Health Guide, or use Find Care at anthem.com/cova.

Annual 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?
- 100% acute care hospitals in Virginia
- 96% 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.
1. Go to anthem.com/cova and select Find Care.
2. Log in to the Sydney Health mobile app and click on Find Care.
3. Call Anthem Health Guides at 1-800-552-2682 for help.

1 BCBSA January 2022. Total number of providers for whom we may have information in our database. It is possible there may be providers who have never submitted a claim to us, are therefore not in our database and would not then be accounted for in the percentage noted in this document.
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 95% of doctors and 96% of hospitals in the U.S.¹ 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?

1. Go to [anthem.com](http://anthem.com), login, and select Care > Find a Doctor to search for a BlueCard PPO Program doctor or hospital.
2. Log in to the [Sydney Health mobile app](http://sydneyhealth.com) and click on Find Care.
3. Call Anthem Health Guides at 1-800-552-2682 for help.

¹ BCBSA January 2022
Blue Cross Blue Shield Global Core Program for care outside the U.S.

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

- Go to 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 24/7 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 bcbsglobalcore.com and enter the three-digit alpha prefix found on your ID card. Or call Anthem Member Services 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.
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 code.
Your prescription drug benefits are through Anthem Pharmacy delivered by IngenioRx. It is a **mandatory generic** program which 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 **1-833-267-3108**.

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

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 1-833-267-3108. 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 Resources under My Plan 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 a home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Call 1-833-267-3108 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.

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.
It’s easy to get EOBs for your pharmacy claims on anthem.com!

You can view pharmacy Explanations of Benefits (EOBs) online anytime at anthem.com.

Go to anthem.com and log into your account:

- Select Pharmacy under My Plan and scroll to locate your Pharmacy Claims.
- Click the icon on the left side of each Rx claim to view details.
- Click on Print Details to print all claim details if needed.

No online access? Call 1-800-552-2682 to request a copy.

Note: If your plan does not pay anything towards your claim, you will see $0.00 plan paid amounts listed in the Additional Details section and an EOB is not available.

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 allowable charge for covered benefits.

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

**View complete details at [deltadentalva.com](http://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
Anthem Health & Wellness Programs

Your COVA HDHP plan includes a host of free and confidential health and wellness programs, including:

- **ConditionCare**: Get support to manage these conditions:
  - Asthma
  - Chronic obstructive pulmonary disease (COPD)
  - Heart failure
  - Coronary artery disease (CAD)
  - Diabetes
  - Hypertension

  You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. You may opt in or out of the program when they call.

- **Future Moms**: Get free pre- and post-natal support from a nurse coach. You’ll receive maternity support specially designed to help women have healthy pregnancies and healthy babies. Call Future Moms at **1-800-828-5891** to enroll.

  - **Future Moms with Breastfeeding Support** is available on **LiveHealth Online**. Moms can have online visits with a lactation consultant, counselor, or registered dietitian through private and secure video using a smartphone, tablet or computer.

- **MyHealth Advantage**: Receive personalized health-related suggestions, tips, and reminders via mail, email, or the Sydney Health mobile app to alert you of potential health risks, care gaps or cost-saving opportunities.

Get more information on your Anthem Health & Wellness programs at [anthem.com > Login > My Health Dashboard > Programs.](#)
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
- Register for LiveHealth Online video doctor visits
- Find a doctor and urgent care

**Anthem.com**

Log in to your confidential and secure account
- View your claims and download your ID card
- Find a doctor and urgent care
- Refill prescriptions online
- Access your online Health Assessment

**Sydney Health mobile app**

The *Sydney Health* mobile app acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. Plus, use the “chatbot” feature to get answers quickly.

- Download on the App Store
- Get it on Google Play

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

- See your medical and pharmacy benefits in one place, and check costs.
- Find high-quality doctors or specialists in your plan and near you
- Access LiveHealth Online and have a face-to-face video visit with a doctor or therapist on your smartphone, computer or mobile device
- View and use your digital ID card
- Access your online Health Assessment
- ...and so much more. Download the app and get started!
Anthem Health Guides are people specially trained to answer your health plan questions and lead you to the right programs and support for your unique needs. Your guide will also remind you of any screenings or routine exams that are due, help you save money on your prescription drugs, compare costs for care, and find doctors in your area.

- Connects you to tools and resources
- Gives you personal support
- YOU call or chat with your personal health guide
- Refers you to special programs if needed
- Directs you to higher quality, lower cost services

Call your **Anthem Health Guide** at **1-800-552-2682**.
Notes and Important Phone Numbers
### Who to Contact for Assistance

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Health Guide (Member Services)</td>
<td>1-800-552-2682&lt;br&gt;anthem.com/cova</td>
</tr>
<tr>
<td><strong>Anthem Behavioral Health and Employee Assistance Program (EAP)</strong></td>
<td>1-855-223-9277&lt;br&gt;anthemEAP.com&lt;br&gt;(Company Code: Commonwealth of Virginia)</td>
</tr>
<tr>
<td><strong>Anthem Health &amp; Wellness Programs</strong></td>
<td>anthem.com &gt; Login &gt; My Health&lt;br&gt;Dashboards &gt; Programs</td>
</tr>
<tr>
<td><strong>Anthem ID Card Order Line</strong></td>
<td>1-866-587-6713</td>
</tr>
<tr>
<td><strong>Anthem Pharmacy</strong></td>
<td>1-833-267-3108&lt;br&gt;anthem.com</td>
</tr>
<tr>
<td><strong>BlueCard PPO</strong> (coverage outside Virginia)</td>
<td>1-800-810-2583&lt;br&gt;anthem.com&lt;br&gt;&gt; Login &gt; Find Care</td>
</tr>
<tr>
<td><strong>Blue Cross Blue Shield Global Core</strong> (coverage outside of the U.S.)</td>
<td>1-800-810-2583&lt;br&gt;bcbsglobalcore.com</td>
</tr>
<tr>
<td><strong>Delta Dental</strong></td>
<td>1-888-335-8296&lt;br&gt;deltadentalva.com</td>
</tr>
<tr>
<td><strong>LiveHealth Online</strong></td>
<td>livehealthonline.com</td>
</tr>
<tr>
<td><strong>Department of Human Resource Management (DHRM)/Commonwealth of Virginia</strong></td>
<td>dhrm.virginia.gov</td>
</tr>
<tr>
<td><strong>ALEX Benefits Counselor</strong></td>
<td>myalex.com/cova/2022</td>
</tr>
</tbody>
</table>

**Eligibility questions?** If you have questions about eligibility for the state health benefits program, please contact your agency Benefits Administrator for further information.

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**COVA HDHP**

**Commonwealth of Virginia**

Language Access Services - (TTY/TDD: 711)
(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

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A10575 (01/2022)