



OPEN ENROLLMENT - MAY 2 - 16, 2022

EFFECTIVE FOR PLAN YEAR JULY 1, 2022 - JUNE 30, 2023

■ PREMIUM AND PLAN BENEFITS **MAY CHANGE** SUBJECT TO FINAL STATE BUDGET APPROVAL. ■

SPOTLIGHT

ON YOUR

BENEFITS

PUBLISHED BY THE DEPARTMENT OF HUMAN RESOURCE MANAGEMENT • COMMONWEALTH OF VIRGINIA • SPRING 2022

Get Ready for

OPEN Enrollment!



Confer with ALEX!

Not sure which health plan is the best for you? Talk to ALEX, your online benefits counselor. ALEX evaluates your input and recommends a plan tailored just for you! Visit ALEX at <https://www.myalex.com/cova/2022>. If you want to check ALEX on your smartphone, use ALEX-GO: <https://go.myalex.com/en/cova/2022>.

See instructions on the next page for submitting your elections.

CARDINAL HCM USERS ISSUE

Annual Open Enrollment is the time each spring that you can make changes related to your health plan and flexible spending accounts (FSAs). Be sure to consider your options carefully. **See page 2 for important instructions about enrollment this year.**

Coming on July 1, 2022

COVA Care and COVA HDHP

- **Visit Your Pharmacy for Continuous Glucose Monitors (CGMs):** Diabetics may purchase these devices ONLY at pharmacies. They will no longer be provided under the Durable Medical Equipment (DME) benefit for these plans. See page 6.

COVA Care and COVA HealthAware

- **Earn Premium Rewards:** Submit a health assessment during Open Enrollment to earn a monthly premium incentive. You can use the Sydney or Aetna app. See page 7.

COVA Care, COVA HDHP and COVA HealthAware

- **Extra Dental Cleaning and Exam:** The *Healthy Smile Healthy You* program will offer an additional cleaning and exam beyond the annual limit for patients with cancer, a weakened immune system, kidney disease or undergoing kidney dialysis. See page 6.

Health Flexible Spending Account (FSA)

- **Contribution maximum increases:** You can put aside up to \$2,850 in the 2022-23 plan year. See page 8.

WHAT TO CONSIDER DURING OPEN ENROLLMENT

Each year you have choices to make regarding your health benefits and flexible spending accounts (FSAs). If you take no action, your current health plan will continue in the new plan year. **Your FSA must be renewed annually.**



YOUR HEALTH PLAN

No action is required if you:

- have no health plan-related changes,
- are not enrolling in an FSA, or
- do not plan to participate in Premium Rewards.

You may take action to:

- Enroll in or change your health plan.
- Elect optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware.
- Waive coverage.
- Add or remove family members.

Flexible Spending Accounts (FSAs)

- Enroll in a Health or Dependent Care FSA or both.
- You must submit an enrollment request every year to have an FSA.

Health Plan Choices	Available
COVA Care	Statewide and elsewhere
COVA HealthAware	Statewide and elsewhere
COVA HDHP	Statewide and elsewhere
Kaiser Permanente HMO	Regional, mostly in Northern Virginia
Optima Health HMO	Regional, mostly in Hampton Roads
TRICARE Supplement	Statewide and elsewhere for participants or spouses who are military retirees

What's In My Open Enrollment Package?

An Open Enrollment Package will be mailed to your home address on record. In addition to the *2022 Spotlight*, it will include a notice of balance billing protection, other health benefits notices, a Summary of Benefits (SBC) for your current plan, and an enrollment form. All materials will be available online at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2022-23>.

HOW DO I ENROLL OR MAKE CHANGES?

Use the Cardinal Human Capital Management (HCM) System Online!

- Login to **Cardinal** at <https://my.cardinal.virginia.gov/>
- Click on **Cardinal Human Capital Management (HCM)**
- Select **Benefit Details**
- Choose **Benefits Enrollment** and follow the instructions. See more information on page 10.



Be sure to submit your online elections beginning May 2 and by 11:59 p.m. on May 16, 2022!

Complete and Submit an Enrollment Form for Employees

- Complete the fillable form on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2022-23> or complete the enrollment form in your Open Enrollment package. Print it, sign it and submit to your Benefits Administrator by the close of business on May 16, 2022.

Remember to complete all applicable sections of the enrollment form.

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2022 - JUNE 30, 2023

Salaried employees working 30 hours or more a week pay the "Employee Pays" amount. Salaried employees working less than 30 hours a week pay the "Total Premium."

PLEASE NOTE: Get a Premium Reward if you are enrolled in COVA Care or COVA HealthAware! You or your enrolled spouse can complete a health assessment to earn a \$17 monthly premium incentive or \$34 incentive when both of you meet the requirements. **Since the incentive is a cash reward, it is taxable to the employee.**



**PREMIUM AND PLAN BENEFITS
MAY CHANGE SUBJECT TO
FINAL STATE BUDGET APPROVAL.**



HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA Care	Employee Pays	\$96	\$220	\$301
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$819	\$1,514	\$2,197
COVA Care + Out-of-Network	Employee Pays	\$115	\$255	\$353
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$838	\$1,549	\$2,249
COVA Care + Expanded Dental	Employee Pays	\$131	\$285	\$395
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$854	\$1,579	\$2,291
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$150	\$319	\$447
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$873	\$1,613	\$2,343
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$151	\$321	\$449
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$874	\$1,615	\$2,345
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$170	\$356	\$500
	State Pays	\$723	\$1,294	\$1,896
	Total Premium	\$893	\$1,650	\$2,396
COVA HealthAware	Employee Pays	\$17	\$52	\$54
	State Pays	\$709	\$1,294	\$1,893
	Total Premium	\$726	\$1,346	\$1,947
COVA HealthAware + Expanded Dental	Employee Pays	\$50	\$112	\$141
	State Pays	\$709	\$1,294	\$1,893
	Total Premium	\$759	\$1,406	\$2,034
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$61	\$134	\$172
	State Pays	\$709	\$1,294	\$1,893
	Total Premium	\$770	\$1,428	\$2,065
COVA HDHP	Employee Pays	\$0	\$0	\$0
	State Pays	\$614	\$1,143	\$1,670
	Total Premium	\$614	\$1,143	\$1,670
COVA HDHP + Expanded Dental	Employee Pays	\$34	\$62	\$91
	State Pays	\$614	\$1,143	\$1,670
	Total Premium	\$648	\$1,205	\$1,761
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays	\$79	\$186	\$267
	State Pays	\$673	\$1,196	\$1,747
	Total Premium	\$752	\$1,382	\$2,014
Optima Health Vantage HMO + Expanded Dental & Vision (Hampton Roads area)	Employee Pays	\$79	\$186	\$267
	State Pays	\$703	\$1,261	\$1,828
	Total Premium	\$782	\$1,447	\$2,095
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161

* Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount

2022 BENEFITS AT A GLANCE

Health Plans	COVA HealthAware	COVA Care	COVA HDHP	Kaiser Permanente	Optima Health
Benefits	You Receive	You Receive	You Receive	You Receive	You Receive
Health Reimbursement Arrangement (HRA) Employer deposit to your HRA on July 1, 2022	\$600 employee \$600 enrolled spouse	Not available	Not available	Not available	Not available
In-Network Benefits	You Pay	You Pay	You Pay	You Pay	You Pay
Deductible – per plan year					
• One person	\$1,500	\$300	\$1,750	None	\$150
• Two or more persons	\$3,000	\$600	\$3,500	None	\$300
Out-of-pocket expense limit – per plan year					
• One person	\$3,000	\$1,500	\$5,000	\$1,500	\$1,500
• Two or more persons	\$6,000	\$3,000	\$10,000	\$3,000	\$3,000
Doctor's visits (in person and telemedicine)					
• Primary care physician	20% after deductible	\$25	20% after deductible	\$25	Tier 1: \$5 Tier 2: \$25
• Telehealth physician visit	\$0 www.teladoc.com/aetna	\$0 www.livehealthonline.com	20% after deductible www.livehealthonline.com	\$0 www.kp.org • 1-800-777-7904	\$0 MDLIVE 866-648-3638
• Specialist	20% after deductible	\$40	20% after deductible	\$40	Tier 1: \$10 Tier 2: \$40
Hospital services					
• Inpatient	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission	\$300 per admission
• Outpatient	20% after deductible	\$125 per visit	20% after deductible	\$75 per visit	\$125 per visit
Emergency room visits	20% after deductible	\$150 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)	\$150 per visit (waived if admitted)
Ambulance travel	20% after deductible	20% after deductible	20% after deductible	\$50 per service	20% after deductible
Outpatient diagnostic laboratory and x-rays	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests \$75 specialty imaging	20% after deductible
Infusion services (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist	\$40 copay per office visit \$100 copay for pre-authorized Injectable/Infused Medications
Outpatient therapy visits					
• Occupational and speech therapy	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40 (30 visits/episode)	\$25*
• Physical therapy only	20% after deductible	\$15	20% after deductible	\$40 (30 visits/episode)	\$25*
• Physical therapy and other related services, including manual intervention & spinal manipulation	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40 (30 visits/episode)	\$25*
• Chiropractic services (30-visit plan year limit per member)	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40	\$35
Autism spectrum disorder treatment and related services	20% after deductible	\$25 per service/\$40 specialist	20% after deductible	\$25 per visit /\$40 specialist	PCP Tier 1: \$5 Tier 2: \$25 Specialist Tier 1: \$10 Tier 2: \$40
Behavioral health					
• Medical and non-medical professional visits	20% after deductible	\$25	20% after deductible	\$12 group/\$25 individual	\$10
• Inpatient residential treatment	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission	\$300 per admission
• Intensive outpatient treatment (IOP)	20% after deductible	\$125 per episode of care	20% after deductible	\$12 group/\$25 individual	\$125
Employee Assistance Program (EAP) Up to 4 visits per incident	\$0	\$0	\$0	\$0	\$0
Prescription drugs – mandatory generic					
Retail Pharmacy	20% after deductible	Up to 34-day supply \$15/\$30/\$45/\$55	20% after deductible	Up to 30-day supply KP center: \$15/\$25/\$40 Specialty: 50%, \$75 max Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)	Up to 30-day supply \$15/\$30/\$45/\$55
Home Delivery Pharmacy	20% after deductible	Up to 90-day supply \$30/\$60/\$90/\$110	20% after deductible	\$13/\$23/\$38 (2 x copayment for 90 days)	Up to 90-day supply \$30/\$60/\$90/\$55**

*Occupational and Physical therapy are limited to a maximum combined benefit of 30 visits per plan year. Speech therapy is limited to a maximum of 30 visits per plan year.

**30-day supply for Specialty Tier 4

2022 BENEFITS AT A GLANCE

Health Plans	COVA HealthAware	COVA Care	COVA HDHP	Kaiser Permanente	Optima Health
In-Network Benefits	You Pay	You Pay	You Pay	You Pay	You Pay
Wellness & Preventive Services					
• Office visits at specified intervals, immunizations, lab and x-rays	\$0	\$0	\$0	\$0	\$0
• Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays	\$0	\$0	\$0	\$0	\$0
• Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0	\$0	\$0	\$0	\$0
Annual Routine Vision Exam	\$0	\$15	\$15	\$25 PCP/\$40 specialist	\$15
Annual Routine Hearing Exam	\$0	<i>Optional benefit*</i>	Not available	\$25 PCP/\$40 specialist	\$40
Dental Services					
• Diagnostic and preventive	\$0	\$0	\$0	\$0	\$0
Expanded Dental	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person/\$75 family	\$50/\$150
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
• Orthodontic – Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	50% up to \$1,000 (age 19 and under)	50% no deductible \$2,000
Routine Vision – Basic Plan	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>
• Annual Routine Vision Exam	\$0	\$15	\$15	\$25 PCP/\$40 specialist	\$15
• Eyeglass frames	65% of the retail price	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	80% after plan pays \$100
• Eyeglass lenses - standard plastic - Single - Bifocal - Trifocal	\$40 \$60 \$80	\$50 \$70 \$105	\$50 \$70 \$105	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	\$20
• Contact lenses** - Conventional** - Disposable** - Non-elective**	Conventional contact lenses: 85% of the retail price	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Balance after plan pays \$25 discount if purchased at KP Optical	85% after plan pays \$100 Balance after plan pays \$100 \$0
Expanded Routine Vision	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>			
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	Not available	Not available
• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	Not available	Not available
• Contact lenses** - Conventional** - Disposable** - Non-elective**	85% of the retail price Balance after plan pays \$100 Balance after plan pays \$250	85% of the retail price (discount applies to materials only) Balance after plan pays \$100 Balance after plan pays \$250	Not available	Not available	Not available
Routine Hearing	<i>Included in Basic Plan:</i>	<i>Optional Benefit*:</i>		<i>Included in Basic Plan:</i>	<i>Included in Basic Plan:</i>
• Routine hearing exam (once every plan year)	\$0	\$40	Not available	\$25 PCP \$40 Specialist	\$40
• Hearing aids and other hearing-aid related services	Not available	Balance after plan pays \$1,200 (once every 48 months)	Not available	Not available	Balance after plan pays \$1,200 (once every 48 months)
• Benefit maximum	Not available	\$1,200	Not available	Not available	\$1,200
Out-of-Network	<i>Included in Basic Plan:</i>	<i>Optional Benefit*:</i>			
	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Plan payment reduced by 25%. Balance billing may apply.	Not available	Not available	Not available. Out-of-area Dependent Children Program available.

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

*Optional benefits are offered for an additional premium, and may be purchased in combinations as shown in your Open Enrollment booklet (see premium summary).

**Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

HEALTH PLAN RESOURCES FOR 2022-23

You may find benefit changes and tips here on making the most of your current benefits. Changes are effective on July 1, 2022.

COVA Care and COVA HDHP – Diabetes Supplies

Starting on July 1, coverage for continuous glucose monitors (CGMs) will be available **ONLY under the IngenioRx pharmacy benefit**. COVA Care and COVA HDHP members will be able to fill a CGM prescription at any participating pharmacy in the plan's network or have CGM supplies delivered to their home through IngenioRx Home Delivery. After July 1, **members will need to request a new prescription for CGM supplies from their doctor** and send it to their pharmacy.

For all other health plans, CGMs will continue to be covered under both the pharmacy and durable medical equipment (DME) medical benefit.

Preventive Screenings Could Save Your Life

Early detection of health issues can help keep treatment costs down and can increase the likelihood of positive health outcomes. Regular preventive care is included in your health benefits. Making time for it is one of the best ways you can make sure you and your family are at your healthy best.

The Commonwealth's plans offers annual adult and well-child exams, gynecological exams, vaccinations and cancer screenings at no cost to you. To find out what screenings and vaccines are recommended, consult your plan Member Handbook or Evidence of Coverage, call your health plan or visit the plan website. Contact information is on page 12. Your doctor may suggest additional screenings or vaccinations based on various factors such as your age and health history.

Not Going to the Dentist?

Did you know that the health of your mouth is connected to overall health? Gum disease, or periodontal disease, is one example of an oral health problem that can affect the whole body.

Periodontal disease has been linked to other overall health issues like diabetes, heart disease, osteoporosis, respiratory complications and cancer.

If you're paying for dental benefits but not going to the dentist, both your wallet and your smile may feel the consequences. Dental benefits are one of your biggest tools when it comes to maintaining preventive care. Regular visits to the dentist for cleanings and checkups are covered under Basic benefits at the highest percentage – 100%!

COVA Care, COVA HDHP and COVA HealthAware – Dental Benefits

Plan members can also receive an extra **preventive dental cleaning and exam** through the *Healthy Smile Healthy You* program for certain health issues like diabetes, cancer, a weakened immune system, kidney disease and kidney dialysis.

Download Your Plan App!

Investigate how much simpler healthcare can be when you use a health plan app on your smart phone!

COVA Care and COVA HDHP: *Sydney Health* can help you use your health benefits, stay on top of your health, and save money. Get instant access to your medical, dental and vision benefits and claims; preventive care reminders; free health action plans and health trackers; your member ID card and more! In addition, you can compare costs for prescriptions, providers, hospitals, and labs. The app will even suggest pharmacy coupons that may be available. Download the *Sydney Health* app and log in using your [anthem.com](https://www.anthem.com) username and password.

COVA HealthAware: The *Aetna Health app* is a simple and easy way to manage your health care plan! Use the Aetna Health app on your smart phone for 24/7 access to your secure member information. You can pull up your ID card, search the provider directory, estimate health care costs, and engage in your wellness programs. Text AETNAHEALTHAPP to 90156 to download or visit [aetna.com](https://www.aetna.com).

Kaiser Permanente HMO: Download the *Kaiser Permanente app* at kp.org/mobile for a simple, secure way to manage your health – all in the palm of your hand. Some special features: Choose a doctor by browsing online doctor profiles, find facilities and pharmacies near you, get care in a way that works for you – online, by phone, or in person, access your digital membership card to check in for appointments, and more!

Optima Health Vantage HMO: Download the *Optima Health app* from the App Store or Google Play for instant access to your important plan information and questions, including member ID card, virtual consults, claims and authorizations, wellness tools, HRA account access, answers to frequently asked questions and other features. Text APP to 59270 to download or visit [optimahealth.com](https://www.optimahealth.com).

EARN PREMIUM REWARDS EVERY MONTH!



Premium rewards are health plan premium incentives for COVA Care and COVA HealthAware plan participants who complete a health assessment. An employee or their enrolled spouse **can receive an incentive of \$204 annually or \$408 annually for both employee and spouse**, if they fulfill the requirements to earn a premium reward during Open Enrollment.

How Do I Earn a Reward?

For the plan year starting July 1, 2022, you will need to submit a health assessment as described below to receive a premium reward.

USE YOUR OWN DEVICE: We strongly encourage participants to use their own personal devices to complete a health assessment since the user can manage limitations such as firewalls and cookies. Participants may receive an error when using a state issued computer to access the health assessment due to the system administrator's limitations.

To Earn a Reward Beginning July 1, 2022:

Visit your plan's website or mobile app to access your health assessment. **Complete or update your health assessment between May 2 and May 16, 2022.** Health assessments submitted before May 2, 2022, will not count for the new plan year. Be sure to keep a copy of your confirmation.

Remember, you must be active and enrolled in COVA Care or COVA HealthAware to be eligible for a reward. Enrolled employees and spouses must register with a separate account to submit a health assessment. Employees and/or spouses enrolling for the first time in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2022 to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plans for July 1, 2022, will need to complete their assessment with their current administrator.

When You Meet the Requirement

- *Employee OR spouse participates:* You **earn up to \$204 annually or \$17 per month.**
- *Employee AND spouse participate:* You **earn up to \$408 annually or a total of \$34 in premiums per month**

How to Access the Health Assessment

COVA Care Members

Online

- Log in to www.anthem.com
- Select "My Health Dashboard" from the top navigation menu
- Select "Programs"
- Under "Programs", select "Learn more" on the WebMD Health Risk Assessment tile.
- Click "Start your assessment" or "take it again" if you have previously completed an assessment
- Click on the "Save and finalize" button, then answer three questions.
- Answer the feedback question, then click "Finish" for your confirmation. Print or save a screenshot.

Sydney Health mobile app

- Log in to the app, from the bottom of home screen select "More"
- Select "My Health Dashboard" from the menu list
- Scroll down and click on "Featured Programs," then click "View All"
- Scroll down the program list to the WebMD Health Assessment option
- Click "Start your assessment" or "take it again" if you have previously completed an assessment

- Click on the "Save and finalize" button, then answer three questions.
- Answer the feedback question, then click "Finish" for your confirmation. Print or save a screenshot.

COVA HealthAware Members

Online

- Log in to www.aetna.com
- Scroll down until you see "Member Resources" on the right side of the page and click on "Well-being Resources" in this section to open your Member Engagement Platform.
- Once the Member Engagement Platform opens, hover over "My Health" in the menu at the top and then click on "Health Assessment."

Aetna Health mobile app

- Log in to the Aetna Health mobile app
- Select the Improve tab
 - When accessing this tab for the first time, select "Get Started"
 - When accessing this tab after the first time, select "Health Survey"

For more information on earning a Premium Reward after July 1, 2022, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees> and see the Premiums and Premium Rewards section.

If you think you've earned a Premium Reward and haven't received it, contact your agency Benefits Administrator. You must provide a copy of your health assessment confirmation from your plan.

NEED TAX SAVINGS? ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)

Save money on out-of-pocket expenses for health or dependent care by enrolling in an FSA! You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan.

- **Enroll in a Health or Dependent Care FSA or both**
- **You must submit an enrollment request each year you wish to have a Health Care and/or Dependent Care Account**

What Expenses Are Eligible?

- **Health FSA:** Use your pre-tax dollars to pay for eligible health care expenses, such as:
 - Copays, coinsurance and deductibles
 - Other out-of-pocket eligible medical expenses
- **Dependent Care FSA:** Use your pre-tax dollars for eligible work-related dependent care expenses, including:
 - Care for your child under the age of 13.
 - Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.

Things to Know About FSAs

Maximum FSA Contributions

- **Health FSA:** Increase for 2022! Up to **\$2,850** per plan year
- **Dependent Care FSA:** Up to **\$5,000** per plan year depending on your tax filing status

Calculating Your FSA Contribution

- Decide how much to set aside for the plan year. Use the FSA worksheet at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2022-23> to determine your annual contribution amount.

Administrative Fee

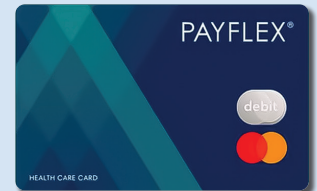
- **\$2.10 deducted monthly** on a pre-tax basis for one or both FSAs

Use It or Lose It!

- **Submit claims for reimbursement** by your filing deadline (runout period) or you will forfeit any remaining FSA funds. Your contributions will not roll over to the new plan year.
- **If your account is for part of the plan year**, you may file eligible FSA claims up to three months after your coverage period ends.
- **If your account ends on June 30, 2023**, you have until **September 30, 2023** to file your claims for reimbursement for dates of service during the plan year ending on June 30, 2023.

Make it Simple. Pay with Your PayFlex Health FSA MasterCard

Your Health FSA includes a PayFlex MasterCard. Once the card is activated, you receive immediate access to your Health FSA funds. **If you already have a PayFlex MasterCard, please continue to use the same card.**



You simply pay for eligible health care expenses at most merchants where MasterCard is accepted.

- Be sure to pay special attention to Health FSA card transactions that require verification. See the FSA Sourcebook or go to the PayFlex web site for more information.
- Resolve all card transactions by the end of your runout period.

COVA HealthAware Members

Enrolling in an FSA

- **Remember when planning for a Health FSA:** The health reimbursement arrangement (HRA) pays first for certain eligible medical expenses.

Consult Your FSA Sourcebook for Assistance

Review the 2022 PayFlex FSA Sourcebook and visit the PayFlex website for details about what expenses are eligible, how the accounts work, and more. Visit www.dhrm.virginia.gov or call **855-516-8595**.

Don't Lose Money!

If your account **ends on June 30, 2022**, you have until **September 30, 2022**, to file for reimbursement and resolve outstanding card transactions. (Note: If your account ends before June 30, you have three months to take action.) Submit your reimbursement request and documentation to **PayFlex**. For more information, contact PayFlex at **855-516-8595** or payflex.com.

If You Have Dependent Care Expenses

You are not **required** to enroll in a DCFSA for Open Enrollment. If you have a change in dependent care costs, you are allowed to make a corresponding change within 60 days. For example, if your child enrolls in dependent care in the fall, you may enroll in the DCFSA at that time. Please plan accordingly.

ELIGIBILITY AND ENROLLMENT

Dependents Eligible for Coverage and Required Documentation

Dependents	Eligibility Definition	Documentation Required
Spouse	The marriage must be recognized as legal in the Commonwealth of Virginia. Note: Ex-spouses will not be eligible, even with a court order.	<ul style="list-style-type: none"> • Photocopy of certified or registered marriage certificate, and • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse." NOTE: All financial information and Social Security Numbers can be redacted.
Natural or Adopted Son/Daughter	A son or daughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee's name. (Note: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.)
Stepson or Stepdaughter	A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> • Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and • Photocopy of marriage certificate showing the employee and dependent parent's name and • Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse." <p>NOTE: All financial information and Social Security Numbers can be redacted.</p>
Other Female or Male Child	An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: <ul style="list-style-type: none"> • the principal place of residence is with the employee; • they are a member of the employee's household; • they receive over one-half of their support from the employee and • the custody was awarded prior to the child's 18th birthday. 	<ul style="list-style-type: none"> • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.

When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss your Open Enrollment deadline. The documents can be submitted later. See your agency Benefits Administrator.**

Only family members who meet the eligibility definition can be covered. You are required to remove dependents that do not meet the plan's eligibility requirements. Outside of Open Enrollment, you have 60 calendar days to submit the enrollment action to remove an ineligible dependent. **The countdown begins on the day of the event.**

Employees who enroll or fail to remove ineligible persons within the 60-day window may be subject to penalties including exclusion from the health benefits program for up to three years.

Life Event Changes Outside Open Enrollment - Qualifying Mid-Year Events (QMEs)

You may make certain election changes during the plan year that are based on certain life events or qualifying mid-year events (QMEs). The request must be on account of and consistent with the event. These include events such as a birth, marriage, or divorce. For a complete list of QMEs, visit the DHRM website. You must submit your election change request and supporting documentation within 60 calendar days of the event. **The countdown begins on the day of the event. If you do not have the documentation, do not miss your deadline. The documents can be submitted later.**

Contact your agency Benefits Administrator or visit the DHRM website for more information.

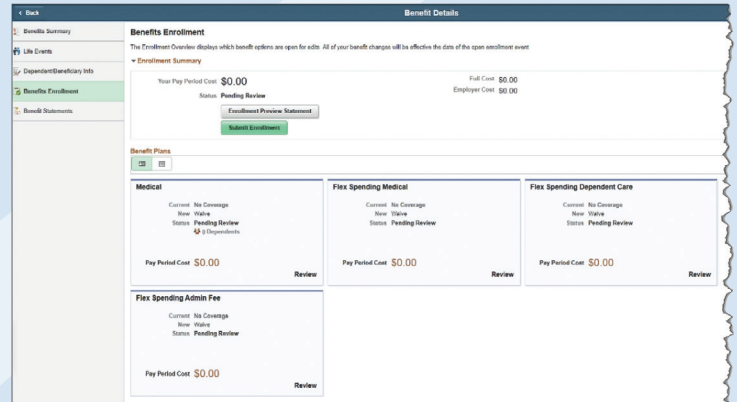
SUBMITTING YOUR OPEN ENROLLMENT ELECTIONS IN CARDINAL



You will use Cardinal HCM to make your online Open Enrollment elections.

- Access Cardinal before the Open Enrollment period begins by visiting <https://my.cardinal.virginia.gov/>. Be sure to validate or update your phone number, email and home address.
- Once in Cardinal **beginning May 2**, select **Cardinal HCM**.
- Click on the **Benefit Details** tile.
- Once the **Benefit Details** page displays, click the **Benefits Enrollment** list item on the left-hand side of the screen.
- When on the **Benefits Enrollment** page, click the **Start** button.
- The **Benefits Enrollment** page refreshes with the **Open Enrollment Benefits** displaying.
- Click the **Review** link within the **Medical** tile to begin the Open Enrollment process.

For detailed instructions, visit <https://www.cardinalproject.virginia.gov/sites/default/files/2022-02/ESS%20Open%20Enrollment.pdf>.



If you decide to make changes to your benefits enrollment **during the Open Enrollment period**, you can click on the **Benefit Details** tile > **Benefits Enrollment** and click on the **Re-Elect** button next to the Open Enrollment event. After Open Enrollment has ended, any changes to benefits elections need to be assessed and completed by your Benefits Administrator.

Questions? Contact your Benefits Administrator.

QUESTIONS AND ANSWERS ON YOUR HEALTH BENEFITS AND FSAs

Q. Do I need to do anything during the Open Enrollment period?

A. No election is required if you have no health plan coverage changes, and are not participating in Premium Rewards. You will need to take action to enroll in a flexible spending account (FSA) or to access or continue the Premium Reward for the 2022-2023 plan year. Please see page 2 for more information.

Q. How do I complete a health assessment during Open Enrollment if I make a plan change?

A. When making a plan change during Open Enrollment from one Premium Reward eligible plan to another (COVA Care/COVA HealthAware), employees must complete a health assessment with their **current** plan administrator between May 2 and May 16, 2022, for a Premium Reward effective

July 1, 2022. Employees should continue to update and complete a health assessment with their current vendor through June 30, 2022. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2022, to complete a health assessment.

Q. What do I need to do if I receive an error message when attempting to complete my health assessment?

A. Participants are typically receiving an error when using a state issued computer due to the system administrator limitations. These settings cannot be changed. Please attempt to access your health assessment by using your personal device to login to the plan's website or mobile app. Please see page 7 for information about how to access the health assessment.

Q. I typically make a Dependent Care FSA election during Open Enrollment to offset the cost of child care. What happens if dependent care centers are closed or have limited enrollments in the next plan year?

A. It is not recommended that you make an Open Enrollment election for the Dependent Care FSA in **anticipation** of enrolling your dependent into a valid childcare program in the fall. You are allowed to make a prospective election change during the plan year if services become available based on a dependent care cost or coverage change. You may also reduce or cancel your Dependent Care FSA if your services are reduced or cancelled. You must notify your Benefits Administrator to assist you with the mid-year election change within 60 days of the change.

Q. What should I do if I missed the Open Enrollment deadline?

A. The last day to make an Open Enrollment election, including FSA elections, is May 16, 2022. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2023 or with a consistent qualifying mid-year event. Your health plan elections will remain as designated now if you did not make any changes. Since members must re-enroll every year for FSAs, you will not be enrolled in an FSA for the new plan year.

Q. What do I need to do if I am participating in a Health and Wellness program with my current plan and make an Open Enrollment election for a different health plan?

A. You will receive a letter from your new health plan providing you with guidance to continue engagement in the program(s). Typically, letters are mailed out after July 1. Also, you are encouraged to contact your new plan after July 1 for additional information.

Q. What if I want to add an eligible dependent to my health plan but I do not currently have the required documentation?

A. You need to make your election request on or before May 16. Do not miss the Open Enrollment deadline. The documentation can be submitted later.

Be Sure to Use Your Health and Wellness Programs

State and regional health plans offer employees and covered family members many types of health and wellness programs, from healthy lifestyle coaching to disease and maternity management. For details, visit <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>, Health and Incentive Programs, or consult your health plan brochure or plan website.

You also can take advantage of other wellness resources, such as WW and virtual and onsite sessions, through the CommonHealth workplace wellness program. Visit <https://commonhealth.virginia.gov/commonhealthvirginia.htm> or contact wellness@dhrm.virginia.gov.



NEW
PersonalPoints™
WW'S MOST PERSONALIZED PROGRAM EVER— NO TWO PLANS ARE ALIKE!

All benefit eligible employees, spouses, and adult dependents can join WW for as low as **\$8.48 a month*** — that's **50% off** the retail price!

Sign up at WW.com/us/CommonHealth

Not open to retirees, their spouses and dependents, or wage employees. Questions for CommonHealth? Contact wellness@dhrm.virginia.gov

*As low as: price reflects WW Digital plan for Commonwealth of Virginia employees. Monthly payment required in advance. You'll be automatically charged each month in accordance with company pricing until you cancel, your employment with your organization terminates or the agreement between your employer & WW terminates. Offer available in participating areas only.

©2022 WW International, Inc., owner of the WW Logo and Weight Watchers trademarks. All rights reserved.



Your Member Handbook is Online!

Health plan member handbooks are posted on the DHRM website at www.dhrm.virginia.gov/employeebenefits/health-benefits. Be sure to review your plan's member handbook and associated amendments for more details on recent changes to your plan. Members enrolled in a regional HMO can obtain their Evidence of Coverage from their health plan's website.



WHO TO CONTACT

Plan or Benefit	Contact Information
COVA Care and COVA HDHP	<p>Medical, Vision & Hearing - Anthem: 800-552-2682 or www.anthem.com/cova</p> <p>Prescription Drug - Anthem Pharmacy: 833-267-3108 or www.anthem.com</p> <p>Behavioral Health & Employee Assistance Program (EAP) - Anthem: 855-223-9277 or www.AnthemEAP.com (Company Code: Commonwealth of Virginia)</p> <p>Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com</p> <p>LiveHealth Online: www.livehealthonline.com</p> <p>Health Assessment - Login at www.anthem.com (or the Sydney mobile app) > My Health Dashboard > Programs Contact Anthem at 1-800-552-2682 to complete a telephonic health assessment.</p> <p>Health and Wellness Programs - www.anthem.com > My Health Dashboard > Programs Condition Care (formerly Disease Management) and Well-being Coach: 844-507-8472 Future Moms: 800-828-5891</p>
COVA HealthAware	<p>Medical, Vision, Hearing & Behavioral Health - Aetna: 855-414-1901 or www.covahealthaware.com Behavioral Health: 866-885-5596</p> <p>Prescription Drug - Anthem Pharmacy: 833-267-3108 or www.anthem.com</p> <p>Employee Assistance Program (EAP) - Aetna: 888-238-6232 or www.mylifevalues.com (Username & Password: COVA)</p> <p>Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com</p> <p>Teladoc: www.teladoc.com/aetna or 855-835-2362</p> <p>Health Assessment - Log in at www.aetna.com (or the Aetna mobile app) > Member Resources > Well-being Resources</p> <p>Health and Wellness Programs - 855-414-1901 or log in at www.aetna.com > Member Resources > Well-being Resources</p>
Kaiser Permanente HMO (Primarily Northern Virginia - see website for specific zip codes)	<p>Medical, Prescription Drug and Vision - Kaiser Permanente: 800-777-7902, 301-468-6000 in Washington, D.C. or my.kp.org/commonwealthofvirginia</p> <p>Online doctor visit: www.kp.org or 800-777-7904</p> <p>Dental - Dominion National: 855-733-7524 or http://www.DominionNational.com/kaiser</p> <p>Behavioral Health - Kaiser: 866-530-8778</p> <p>Employee Assistance Program (EAP) - Beacon Health Options: 866-517-7042 or www.achievesolutions.net/kaiser</p>
Optima Health Vantage HMO (Primarily Hampton Roads - see website for specific zip codes)	<p>Medical, Prescription Drug, Dental, Vision and Behavioral Health - Optima Health: 866-846-2682, www.optimahealth.com/cova, or members@optimahealth.com</p> <p>Online doctor visit: MDLIVE or 866-648-3638</p> <p>Employee Assistance Program (EAP): www.optimaeap.com (User name: COVA) or 1-800-899-8174</p>
TRICARE Supplement	<p>Selman & Company (SelmanCo): 800-638-2610 (press Option 1)</p>
Flexible Spending Accounts (FSA)	<p>PayFlex FSA: 855-516-8595 or www.payflex.com</p>
Online Open Enrollment Tools	<p>- Alex Benefits Counselor: www.myalex.com/cova/2022 - Cardinal HCM: https://my.cardinal.virginia.gov/</p>
Department of Human Resource Management	<p>www.dhrm.virginia.gov Office of Health Benefits: openenrollment@dhrm.virginia.gov Having problems with Cardinal? Contact your Benefits Administrator</p>

This is only an overview of your health care and Flexible Spending Account (FSA) benefits. More information is available on the DHRM website at www.dhrm.virginia.gov.

Premium and plan benefits may change subject to final state budget approval.