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dhrm

SPOTLIGHT ON YOUR BENEFITS

OPEN ENROLLMENT

MAY 1 – 15, 2023

EFFECTIVE FOR PLAN YEAR
JULY 1, 2023 – JUNE 30, 2024

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https://www.dhrm.virginia.gov/employee-benefits/open-enrollment2023-24

Twitter: https://twitter.com/VirginiaDHRM

Get Ready for Open Enrollment!

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.

What's Happening Starting July 1, 2023

COVA Care and COVA HDHP

- **Anthem Diabetes Prevention Program:** Digital health coaching program, to reduce risk for type 2 diabetes at no cost to the member.
- **Expanded Virtual Care**: Virtual primary care and preventive care visits available through the Sydney Health mobile app at no cost to the member.
- **LiveHealth Online Dermatology:** Consult a dermatologist virtually.
- **In-Home Addiction Treatment/I-HAT:** In-home drug and alcohol addiction treatment program.

COVA HealthAware

- **MinuteClinic:** In-person and virtual visits to the MinuteClinic at no cost to the member.
- **Teladoc Dermatology:** Consult a dermatologist virtually.

Health Flexible Spending Account (FSA)

- **Contribution maximum increases:** You can put aside up to $3,050 in the 2023-24 plan year.

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 Health or Aetna Health app.

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

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 will end as of 6/30/2023. **Your FSA must be renewed annually.**

YOUR HEALTH PLAN

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

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:

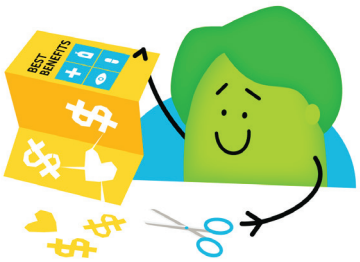
- Enroll in or change your health plan.
- Elect or remove optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware.
- Waive coverage.
- Add or remove family members.

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.

How to get a copy of the Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about health coverage options in the standard format, is available on the Department of Human Resource Management's website at https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2023-24. Paper copies of the SBCs are available, free of charge, by emailing ohb@dhrm.virginia.gov.



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/2023. If you want to check ALEX on your smartphone, no problem use ALEX-GO: https://go.myalex.com/en/cova/2023 (English) and https://go.myalex.com/es/cova/2023 (Spanish).

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

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

EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2023 – JUNE 30, 2024

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 and/or your enrolled spouse can complete a health assessment to earn a $17 monthly incentive or a $34 incentive when both of you meet the requirements. If the incentive is a cash reward, it is taxable to the employee. See your agency Benefits Administrator.*

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA Care	Employee Pays	$97	$224	$306
	State Pays	$738	$1,320	$1,935
	Total Premium	$835	$1,544	$2,241
COVA Care + Out-of-Network	Employee Pays	$117	$260	$359
	State Pays	$738	$1,320	$1,935
	Total Premium	$855	$1,580	$2,294
COVA Care + Expanded Dental	Employee Pays	$130	$285	$395
	State Pays	$738	$1,320	$1,935
	Total Premium	$868	$1,605	$2,330
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	$150	$321	$448
	State Pays	$738	$1,320	$1,935
	Total Premium	$888	$1,641	$2,383
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	$150	$321	$448
	State Pays	$738	$1,320	$1,935
	Total Premium	$888	$1,641	$2,383
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	$170	$357	$500
	State Pays	$738	$1,320	$1,935
	Total Premium	$908	$1,677	$2,435
COVA HealthAware	Employee Pays	$17	$53	$54
	State Pays	$723	$1,320	$1,932
	Total Premium	$740	$1,373	$1,986
COVA HealthAware + Expanded Dental	Employee Pays	$49	$112	$140
	State Pays	$723	$1,320	$1,932
	Total Premium	$772	$1,432	$2,072
COVA HealthAware + Expanded Dental & Vision	Employee Pays	$60	$133	$170
	State Pays	$723	$1,320	$1,932
	Total Premium	$783	$1,453	$2,102
COVA HDHP	Employee Pays	$0	$0	$0
	State Pays	$626	$1,166	$1,704
	Total Premium	$626	$1,166	$1,704
COVA HDHP + Expanded Dental	Employee Pays	$33	$60	$88
	State Pays	$626	$1,166	$1,704
	Total Premium	$659	$1,226	$1,792
Kaiser Permanente HMO + Dental & Vision (available primarily in Northern Virginia)	Employee Pays	$80	$190	$272
	State Pays	$737	$1,311	$1,916
	Total Premium	$817	$1,501	$2,188
Optima Health Vantage HMO + Dental & Vision (Hampton Roads area)	Employee Pays	$80	$190	$272
	State Pays	$733	$1,315	$1,907
	Total Premium	$813	$1,505	$2,179
TRICARE Voluntary Supplement*	Total Premium	$61	$120	$161

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

Your Member Handbook is Online!

Health plan member handbooks are posted on the DHRM website at **https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees**. 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 plan's website.

HOW DO I ENROLL OR MAKE CHANGES?

Submitting Your Open Enrollment Elections In Cardinal

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

First time in Cardinal?

Use the login instructions provided on the Open Enrollment support page at www.cardinalproject.virginia.gov/OE

1. Access Cardinal by visiting https://my.cardinal.virginia.gov
2. Once in Cardinal, click on the **Human Capital Management (HCM)** link.
3. Click on the **Benefit Details** tile.
4. Click the **Benefits Enrollment** list item (left-hand side of the screen).
5. Click the **Start (or Re-Elect)** button.
6. Click the **Medical** tile to begin the OE process.
7. Review your existing dependents covered under your health plan to determine if changes are needed. **If you do not need to add a dependent, skip to Step 29.**

Cardinal

Add a Dependent (if applicable)

8. Click the **Add Dependent** button.
9. Click the **Add Individual** button.
10. Click the **Add Name** button.
11. Enter your dependent's name information.
12. Click the **Done** button.
13. Input your dependent's **Date of Birth** and **Gender**.
14. Select "Child" or "Spouse" in the **Relationship to Employee**.
15. Select your dependent's marital status using the **Marital Status** dropdown button.
16. The **Student** field defaults to "No". This field is not tracked in Cardinal nor transmitted to the Health Benefits Vendor.
17. The **Disabled** field defaults to "No" and cannot be changed. **Note:** For questions, contact your agency Benefits Administrator.
18. The **Smoker** field defaults to "No". This field is not tracked in Cardinal nor transmitted to the Health Benefits Vendor.
19. If your dependent has the same address as you do, verify that the **Address** section is set to "Same as mine". **Note:** If your dependent has a different address than you, edit accordingly.
20. Click the **Add National ID** button.
21. Complete the **Country, National ID Type**, and **National ID (SSN)** fields for the dependent.
22. Click the **Done** button.
23. Skip the **Add Phone/Add Email** buttons, this information is not required for dependents.
24. Click the **Save** button in the top right-hand corner. **Note:** If you don't have an SSN for your dependent, you can still save. However, your agency Benefits Administrator will reach out to obtain the SSN.
25. A **Saved Successfully** message displays in a pop-up window.
26. Click the **OK** button.
27. Repeat Steps 8 – 26 as required until all dependents are added. **Note: Do not miss your Open Enrollment deadline.** If you do not have the documentation, you can still submit your election request. The eligibility documents can be submitted later. You have an additional 60-days from the end of the Open Enrollment period to submit the eligibility documents to your agency Benefits Administrator.
28. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner.

Select/Update Health Medical Plan (if applicable)

29 Under the **Enroll Your Dependents** section, choose the blue **Enroll** checkbox option for the appropriate dependent(s) who should receive coverage.
Note: If you uncheck the dependent, you are removing that dependent from coverage.

30 Under the **Enroll in Your Plan** section, click the **Select** button to select the applicable Benefits Plan.

31 Click the **Done** button in the upper right-hand corner.

32 The **Medical** tile now displays the coverage selected, the number of dependents enrolled, the Pay Period Cost (or annual, depending on your agency), and the Status field updated to "Changed".

Flexible Spending Accounts (if applicable)

33 If you are not enrolling in a Flexible Spending Account (FSA), skip to Step 36.

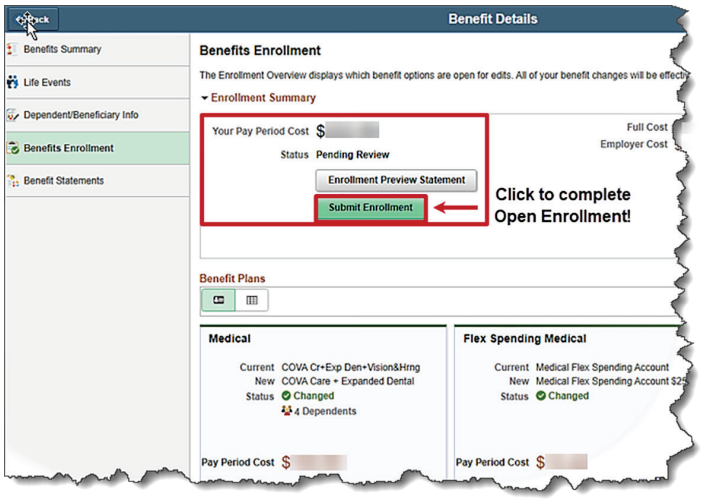
34 Flex Spending Medical and/or Flex Spending Dependent Care.
Note: If you use these plans, you must re-elect each year!

- Click the **Flex Spending Medical** tile (or the **Flex Spending Dependent Care** tile).
- Click the **Select** button to elect Flex Spending Medical (or Flex Spending Dependent Care).
- Enter the amount in the **Annual Pledge** field. The amount entered must be the amount you want to come out of your pay for the **entire** plan year.
- Click the **Done** button in the upper right-hand corner.

35 Skip the Flex Spending Admin Fee tile, this is automatically elected for anyone enrolling in an FSA.

Final Step

36 Click the **Submit Enrollment** button to complete the Open Enrollment process!



You will receive an automated email from the Cardinal system overnight directing you to log into Cardinal to review your Confirmation Statement for Open Enrollment.

Need additional information on completing Open Enrollment? Please refer to the Open Enrollment page - www.cardinalproject.virginia.gov/OE

Questions? Contact your agency Benefits Administrator.

Be sure to submit your online elections beginning May 1 and by 11:59 p.m. on May 15, 2023!

Submitting Your Open Enrollment Election Using Paper

Complete and Submit an Enrollment Form for Employees

- Complete the fillable form on the DHRM website at https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2023-24. Print it, sign it and submit to your Benefits Administrator by the close of business on **May 15, 2023**!

Remember to complete all applicable sections of the enrollment form.

2023 BENEFITS AT A GLANCE

Health Plans	COVA Care	COVA HealthAware	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, 2023**	Not available	$600 employee $600 enrolled spouse	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	$300	$1,500	$1,750	None	$150
· Two or more persons	$600	$3,000	$3,500	None	$300
Out-of-pocket expense limit – per plan year					
· One person / Two or more persons	$1,500 / $3,000	$3,000 / $6,000	$5,000 / $10,000	$1,500 / $3,000	$1,500 / $3,000
Doctor's visits (in person and telemedicine)					
· Primary care physician	$25	20% after deductible	20% after deductible	$25	Tier 1: $5 / Tier 2: $25
· Telehealth physician visit	$0 Sydney Health app and livehealthonline.com	$0 www.teladoc.com/aetna	20% after deductible Sydney Health app and www.livehealthonline.com	$0 www.kp.org • 1-800-777-7904	$0 MDLIVE 866-648-3638
· Specialist	$40	20% after deductible	20% after deductible	$40	Tier 1: $10 / Tier 2: $40
Hospital services					
· Inpatient / Outpatient	$300 per stay / $125 per visit	20% after deductible	20% after deductible	$300 per admission / $75 per visit	$300 per admission / $125 per visit
Emergency room visits	$150 per visit (waived if admitted)	20% after deductible	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	Non-Emergency - 20% after deductible Emergency - $150
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	$25 PCP/$35 specialist	20% after deductible	20% after deductible	$40 (30 visits/episode)	$25*
· Physical therapy only	$15	20% after deductible	20% after deductible	$40 (30 visits/episode)	$25*
· Physical therapy and other related services, including manual intervention & spinal manipulation	$25 PCP/$35 specialist	20% after deductible	20% after deductible	$40 (30 visits/episode)	$25*
· Chiropractic services (30-visit plan year limit per member)	$25 PCP/$35 specialist	20% after deductible	20% after deductible	$40	$35
Autism spectrum disorder treatment and related services	$25 per service/ $40 specialist	20% after deductible	20% after deductible	$25 per service/ $40 specialist	PCP Tier 1: $5 Tier 2: $25 Specialist Tier 1: $10 Tier 2: $40
Behavioral health					
· Medical and non-medical professional visits	$25	20% after deductible	20% after deductible	$12 group/$25 individual	$10
· Inpatient residential treatment	$300 per stay	20% after deductible	20% after deductible	$300 per admission	$300 per admission
· Intensive outpatient treatment (IOP)	$125 per episode of care	20% after deductible	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	Up to 34-day supply $15/$30/$45/$55	20% after deductible	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	Up to 90-day supply $30/$60/$90/$110	20% after deductible	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.

2023 BENEFITS AT A GLANCE

Health Plans	COVA Care	COVA HealthAware	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	$15	$0	$15	$25 PCP/$40 specialist	$15
Annual Routine Hearing Exam	*Optional benefit**	$0	Not available	$25 PCP/$40 specialist	$40
Dental Services					
· Diagnostic and preventive	$0	$0	$0	$0	$0
Expanded Dental	*Optional Benefit*:*	*Optional Benefit*:*	*Optional Benefit*:*	*Included with Medical:*	*Included with Medical:*
· 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	*Included with Medical:*	*Included with Medical:*	*Included with Medical:*	*Included with Medical:*	*Included with Medical:*
· Annual Routine Vision Exam	$15	$0	$15	$25 PCP/$40 specialist	$15
· Eyeglass frames	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	65% of the retail price	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	 $50 $70 $105	 $40 $60 $80	 $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 (discount applies to materials only)	Conventional contact lenses: 85% of the retail price	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	*Optional Benefit*:*	*Optional Benefit*:*			
· 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 balance after plan pays $100 Balance after plan pays $100 Balance after plan pays $250	 85% of the retail price Balance after plan pays $100 Balance after plan pays $250	Not available	Not available	Not available
Routine Hearing	*Optional Benefit*:*	*Included in Basic Plan:*		*Included in Basic Plan:*	*Included in Basic Plan:*
· Routine hearing exam (once every plan year)	$40	$0	Not available	$25 PCP / $40 Specialist	$40
· Hearing aids and other hearing-aid related services	Balance after plan pays $1,200 (once every 48 months)	Not available	Not available	Not available	Balance after plan pays $1,200 (once every 48 months)
· Benefit maximum	$1,200	Not available	Not available	Not available	$1,200
Out-of-Network	*Optional Benefit*:*	*Included in Basic Plan:*			
	Plan payment reduced by 25%. Balance billing may apply.	Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of $3,000/$6,000. 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.

FOCUS FOR 2023-24
MORE $0 MEMBER COST SHARE OPTIONS

You will find that most of the benefit changes being offered provide more $0 options to help you and your family save on out-of-pocket costs. Changes are effective on July 1, 2023.

COVA Care and COVA HDHP

Diabetes Prevention Program (DPP)

A personalized digital health coaching solution powered by Lark, that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in this 12-month program which has been shown to lower a person's risk for type 2 diabetes by 60%. Once a member is found eligible and enrolls in the program, they will receive a link to download the Lark app.

Program participants receive instant, unlimited, individualized text-based coaching and daily education on prediabetes and how to avoid progression to diabetes. Participants can work towards goals directly tied to weight management such as healthy eating, physical activity, stress management, and improved sleep. After achieving specific program milestones, participants receive free weight management tools to help track their weight so they can adopt lifelong healthy behaviors. There is **no cost** to participate for both COVA Care and COVA HDHP members.

Find out more and see if you are eligible by logging into the Sydney Health app.

Expanded Virtual Care via the Sydney Health app

We're making it easier for you to get the care you need. New this year, you can take advantage of virtual video visits for **primary care, preventive care, and chronic condition management** using the Sydney Health app. Use virtual visits when you need condition-related care plans, prescriptions, preventive tests, labs, and referrals.

You can also use the Sydney Health app when you are feeling sick. Log in to **check symptoms** or use **secure in-app medical text chat** to connect 24/7 to urgent care doctors that can treat many common health concerns like colds, flu, sinus infections, sore throat, allergies, pink eye, and stomach ailments.

Access all your virtual care options by logging into the Sydney Health app and clicking on the Care icon at the bottom of the screen.

There is a **$0 member cost** share for COVA Care members. COVA HDHP members pay 20% coinsurance after the deductible is met.

LiveHealth Online – Dermatology

LiveHealth Online now offers the convenience of visiting a dermatologist online, 24 hours a day, 7 days per week, without an appointment. Commonly treated conditions include acne, athlete's foot, eczema, hair loss, insect bites, rash, suspicious moles, etc.

LiveHealth Online video visits continue to be available 24/7 for urgent care and dermatologists, and by appointment for mental health and sleep specialists. Access LiveHealth Online via the Sydney Health app or by going to anthem.com/cova or livehealthonline.com.

There is a **$0 member cost** share for COVA Care members. COVA HDHP members pay 20% coinsurance after the deductible is met.

In-Home Addiction Treatment/I-HAT

An innovative in-home drug and alcohol addiction treatment program that provides a multi-disciplinary rehabilitation team to teach individuals new skills and daily habits so they can develop proper coping mechanisms to overcome the social aspects of their addiction as they work, live, and thrive while recovering - in the comfort and privacy of the communities where they live. The member cost of this treatment is the same as other Outpatient Treatment services.

COVA HealthAware

MinuteClinic Visits

The care you need – In person or Virtually

You can access covered MinuteClinic Services at **no cost to you**.

With your included MinuteClinic benefit in your plan, healthier happens together. You get more options for where and when you get care.

MinuteClinic is a walk-in clinic inside select CVS Pharmacy and Target stores and is the largest provider of retail health care in the United States, making it easy to access care in your neighborhood.

- Get care 7 days a week, including evenings, so you can feel better faster.
- Choose in-person and virtual care options to easily access care your way.
- Treat a variety of conditions, illnesses and injuries including:
  - Asthma and allergies
  - Bronchitis and upper respiratory infections
  - Insect stings
  - Diabetes
  - Sore throats and ear infections
  - Minor cuts, blisters and wounds

Teladoc Dermatology

Personalized online reviews for new or ongoing skin issues.

Don't wait weeks for a dermatology appointment. Start a virtual consult anytime with one of Teladoc's U.S. board-certified dermatologists at **no cost to you**. In 24 hours or less, you'll get a diagnosis, customized treatment plan and prescriptions if needed.

Teladoc's virtual dermatologists can diagnose and treat thousands of skin conditions, including:

- Acne
- Dermatitis
- Eczema
- Herpes
- Poison ivy
- Psoriasis
- Rash
- Rosacea
- Skin infections
- And more

To access log into your Teladoc account via the Teladoc app or online at www.teladoc.com/aetna.

COVA Care, COVA HDHP and COVA HealthAware

Pharmacy Formulary – CarelonRx (Anthem's Pharmacy Benefits Manager) will be transitioning to the National 4-Tier Drug List. **Only impacted members will receive a direct communication with additional details.**

SIMPLIFY YOUR HEALTHCARE WITH YOUR HEALTH PLAN'S MOBILE APP

Managing your health is easier when you use the powerful tools that are available in your health plan's mobile app. Use the QR codes below to download your health plan's app today so you can:

- View benefits, claims, and ID cards
- Manage prescriptions
- Find care
- Compare costs
- Connect with customer service
- Track health goals
- Engage in health and wellness programs

COVA Care and COVA HDHP	ANTHEM SYDNEY HEALTH APP
COVA HealthAware	AETNA HEALTH APP
Kaiser Permanente HMO	KAISER PERMANENTE APP
Optima Health Vantage HMO	OPTIMA HEALTH APP

HEALTH AND WELLNESS PROGRAMS – MORE WAYS TO SAVE

Helping you manage certain health conditions by providing support when you need it most. COVA Care, COVA HealthAware and COVA HDHP plans include a host of free and confidential health and wellness programs. Some of these programs offer incentives to enrolled health plan members.

These voluntary programs help you and your family on the journey to improved health and wellness. Incentives are an added bonus to help you save money.

Program	Program Details	Incentives
Medication and Health Coaching Incentives • Hypertension • Diabetes • Asthma • Chronic Obstructive Pulmonary Disease/COPD	Members who enroll and work with a nurse coach, have appropriate exams or tests at certain times, and meet other program requirements.	COVA Care and COVA HealthAware members can receive certain medications and supplies at **no cost** for the conditions listed.
Maternity Management • Future Moms (Anthem) • Aetna Maternity Program	Provides pre- and post-natal support and access to a nurse coach. Other maternity support specially designed to help expectant mothers have healthy pregnancies and healthy babies.	Expectant members must enroll within the first 16 weeks of pregnancy, actively participate, and complete a 28-week health assessment to earn: • COVA Care: $300 hospital copay waiver • COVA HealthAware: $300 hospital Health Reimbursement Arrangement (HRA) incentive

See the Member Handbook and contact the specific health plan for additional information.
COVA HDHP members may participate in programs; however, incentives are not available.

Shared Savings Incentive Programs

COVA Care, COVA HDHP and COVA HealthAware members are eligible for the Shared Savings Program.

The Shared Savings Incentive programs offer cash rewards to members when they shop for better-value healthcare services and select lower-cost options when available. Program participation is voluntary and could decrease your out-of-pocket costs and earn you a cash reward. See the Member Handbook and contact the specific health plan for additional information.

- SmartShopper – COVA Care and COVA HDHP
- Informed Rewards – COVA HealthAware

Help with Life's Challenges Big and Small -

Get to Know Your Employee Assistance Program/EAP

It's important to take the time to care for your mental and emotional well-being. EAP is designed to help you with life's challenges, big and small. EAP is **entirely confidential**, and available to enrolled health plan members, and their household members. Take advantage of **up to 4 no-cost counseling visits** per issue per plan year whether face-to-face, telephonic, or virtual visits.

Speak with a trained counselor or therapist about anxiety, grief, depression, family conflict, or work-life balance. In addition to providing support during life's tough moments, EAP provides quick and easy access to no-cost, short-term, solution-focused resources to help meet the challenges of everyday life.

Contact EAP to access services like:

- Financial counseling and free online resources
- Legal services and free forms including wills, advance directives, bills of sale, etc.
- Child and elder care referral resources
- Pet care resources

Contact your health plan for additional information regarding coverage and additional EAP offerings.

Regional Plans Health and Wellness Programs

Members enrolled in Kaiser Permanente HMO and Optima Health HMO also have special coaching and wellness programs for members and their covered family members. See their Evidence of Coverage from their plan's website for more information.

Don't forget Preventive Screenings

Early detection of health issues is key to positive health outcomes and can help to keep treatment costs down. Preventive care is included in all the Commonwealth's health plans offered. Remembering these important screenings is one of the best ways to make sure you and your family are at your healthy best. Preventive Screenings are **covered at 100%** for in-network providers.

Make it a habit to keep up with some of the following annual preventive screenings:

- Adult and child wellness exams
- Gynecological exams
- Prostate exams
- Mammograms
- Colorectal screenings

To find out more about recommended screenings, consult your plan Member Handbook or Evidence of Coverage, call your health plan or visit the plan's website.

Haven't been to the Dentist

Did you know that your dental health can have an impact to your overall health? Gum disease or periodontal disease is one example of an oral health problem that can affect the whole body. If you're not going to the dentist, it can have an impact on your smile, your wallet and your overall health.

Regular visits to the dentist for cleanings and checkups are necessary for good oral health and are **covered under Basic plan benefits at 100%** for in-network providers. You will need to purchase the **Expanded Dental option** for primary, major and orthodontic dental coverage.

CommonHealth
WORKING WELL IN VIRGINIA
SINCE 1986

commonhealth.virginia.gov

PROMOTING A HEALTHY WORKPLACE

- Team of Wellness Consultants spread across the Commonwealth
- Education to improve health outcomes
- Engaging original content and tailored communications
- Guidance on health behavior change and strategy to sustain a wellness culture

TOPICS INCLUDE:

- Recharge - Rest and Energy
- Reset to Resilient - Stress Management
- Better Nights Ahead - Sleep Hygiene
- Build A Better Meal - Nutrition
- Breathe Well - Allergies, Asthma, COPD
- Seasonal challenges for physical activity
- And many more!

MOTIVATE

- Health incentive program for state employees
- Points earned for completing wellness activities
- Points redeemed for employee-selected rewards
- Registration space is limited
- Register at: https://hurman.dhrm.virginia.gov/CHIP/

WEIGHTWATCHERS

- #1 Weight Loss Program 12 years in a row (U.S. News & World Report)
- 50% discount for benefits-eligible state employees, spouses, and adult dependents
- Healthy recipes and tips
- Join at: www.weightwatchers.com/us/commonhealth

CommonHealth supports employee health and morale by bringing wellness to your workplace. DHRM's team of highly trained health education experts create unique wellness materials and programs focused on healthy eating, fitness, stress management, and much more.

For further information, please visit our website or contact your Benefits Administrator.

EARN PREMIUM REWARDS EVERY MONTH!

Premium Rewards health plan 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, 2023, you will need to submit a health assessment as described 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, 2023:

Visit your plan's website or mobile app to access your health assessment. **Complete or update your health assessment between May 1 and May 15, 2023**. Health assessments submitted before May 1, 2023, **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, 2023 to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plans for July 1, 2023, will need to complete their assessment with their current health plan administrator.

When You Meet the Requirement

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

Accessing 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 *"Additional Programs"*, select *"Learn more"* on the WebMD Health Risk Assessment tile.
- Click *"Start your assessment"*; then click *"Take it again"* if you have previously completed an assessment.
- After completing your assessment, click on the *"Save and finalize"* button, then answer three questions and click *"Save and continue"*.
- Answer the feedback questions, then click *"Finish"*. Be sure to print your confirmation page, or save a screenshot for your records.

Sydney Health mobile app

- Log in to the Sydney Health app, from the welcome screen click *"Menu"* on the bottom right.
- Select *"My Health Dashboard"* from the menu list.
- Scroll down to the *"Featured Programs section"*, then click *"View All"*, then click on the *"WebMD Health Risk Assessment"* tile.
- Click *"Start your assessment"*; then click *"Take it again"* if you have previously completed an assessment.
- Click on the *"Save and finalize"* button, then answer three questions, then click *"Save and continue"*.
- Answer the feedback questions, then click *"Finish"*. Be sure to print your confirmation page, or save a screenshot for your records.

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 Platforms 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"*.

The Aetna website and the Aetna Health app will experience a system outage from Saturday, May 13, 2023 at 4:00pm EST through Sunday, May 14, 2023 at 12:00 noon EST. Please plan accordingly.

For more information on earning a Premium Reward after July 1, 2023, 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 health 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 and/or Dependent Care FSA.**

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.

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 and pharmacy expenses.

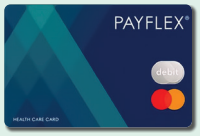
Consult Your FSA Sourcebook for Assistance

Review the *2023 PayFlex FSA Sourcebook* and visit the PayFlex website for details about what expenses are eligible, how the accounts work, and more. Visit https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2023-24 or call **855-516-8595**.

Don't Lose Money!

If your account **ends on June 30, 2023**, you have until **September 30, 2023**, 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.

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 website for more information.
- Resolve all card transactions by the end of your runout period.

Things to Know About FSAs

Maximum FSA Contributions

- **Health FSA:** *Increase for 2023!* Up to **$3,050** 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-enrollment2023-24 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, 2024**, you have until **September 30, 2024** to file your claims for reimbursement for dates of service during the plan year ending on June 30, 2024.

If You Have Dependent Care Expenses

You are not *required* to enroll in a Dependent Care FSA 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 Dependent Care FSA at that time. Please plan accordingly.

ELIGIBILITY AND ENROLLMENT

Dependents Eligible for Coverage and Required Documentation

Dependents	Eligibility Definitions	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.**	• 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.	• 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. **Note: Stepchildren are only eligible, while their natural parent remains eligible.**	• 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." **Note:** All financial information and Social Security Numbers can be redacted.
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: • 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.	• Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.

Submitting Required Documentation

When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline. You have an additional 60 days from the end of the Open Enrollment period to submit the eligibility documentation.**

Health care coverage **will not** be effective until approved documentation is received. See your agency Benefits Administrator.

Life Events/QMEs Outside of Open Enrollment

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 life events/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. You have an additional 60 days from the election request to submit all the supporting documentation.**

Health care coverage **will not** be effective until approved documentation is received. See your agency Benefits Administrator.

Remove Ineligible Dependents

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.

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, are not planning to participate in Premium Rewards, and are not enrolling in a flexible spending account (FSA). You will need to take action to participate in the Premium Reward Program and to enroll in a flexible spending account (FSA) for the 2023-2024 plan year.

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 1 and May 15, 2023, for a Premium Reward effective July 1, 2023. Employees should continue to update and complete a health assessment with their current vendor through June 30, 2023. Employees and/or spouses enrolling in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2023, 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 12 for information about how to access the health assessment.

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 15, 2023. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2024 or with a consistent life event/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 health 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 health 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 15. Do not miss the Open Enrollment deadline. The documentation can be submitted later. You have an additional 60 days from the end of the Open Enrollment period to submit the eligibility documentation.

Note: Health care coverage will not be effective until approved documentation is received. See your agency Benefits Administrator.

Q. Do I need to remove my dependent child(ren) that have or will turn age 26 this year?

A. There is no requirement for you to remove your dependent during Open Enrollment or the month that the dependent turns age 26. Eligible dependents remain eligible under the State Health Benefits Program until the end of the calendar year that they turn age 26. These dependents will automatically be removed from coverage on December 31.

Q. Who is my Benefits Administrator?

A. Your Benefits Administrator is the person appointed by your agency to assist you with your health care benefits. Please contact your agency human resource office to identify your Benefits Administrator.

Q. How do I determine my current health plan?

A. You can log into Cardinal HCM to view your current health plan elections or contact your agency Benefits Administrator. See page 4.

Q. What do I need to do if I am unable to log into Cardinal HCM?

A. If you have reviewed the login instructions at www.cardinalproject.virginia.gov/OE and still are unable to access Cardinal HCM, please contact your agency Benefits Administrator.

Q. Once the new plan year starts, can I use my PayFlex MasterCard to pay for expenses from the last plan year?

A. No. You may not use your PayFlex MasterCard after June 30 to pay for expenses from the previous plan year. You may only use your PayFlex MasterCard for expenses incurred on or after July 1 of each plan year. You must file paper claims for the previous plan year's expenses after June 30.

WHO TO CONTACT

dhrm Virginia Department of Human Resource Management

Plan or Benefit	Contact Information
COVA Care and COVA HDHP	Medical, Vision & Hearing - Anthem: **800-552-2682** or **www.anthem.com/cova**
	Prescription Drug - Anthem Pharmacy (CarelonRx): **833-267-3108** or **www.anthem.com**
	Behavioral Health & Employee Assistance Program (EAP) - Anthem: **855-223-9277** or **www.AnthemEAP.com** *(Company Code: Commonwealth of Virginia)*
	Dental - Delta Dental of Virginia: **888-335-8296** or **www.deltadentalva.com**
	Virtual Care Options Including LiveHealth Online: Sydney Health app or **anthem.com/cova**
	Health Assessment - Login at **www.anthem.com** (or the Sydney mobile app) > My Health Dashboard > Programs Contact Anthem at **800-552-2682** to complete a telephonic health assessment.
	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**
COVA HealthAware	Medical, Vision, Hearing & Behavioral Health - Aetna: **855-414-1901** or **www.covahealthaware.com** Behavioral Health**: 866-885-5596**
	Prescription Drug - Anthem Pharmacy (CarelonRx): **833-267-3108** or **www.anthem.com**
	Employee Assistance Program (EAP) - Aetna: **888-238-6232** or **www.mylifevalues.com** (Username & Password: *COVA*)
	Dental - Delta Dental of Virginia: **888-335-8296** or **www.deltadentalva.com**
	Teladoc: **www.teladoc.com/aetna** or **855-835-2362**
	Health Assessment - Log in at **www.aetna.com** (or the Aetna mobile app) > *Member Resources > Well-being Resources*
	Health and Wellness Programs - **855-414-1901** or log in at **www.aetna.com** > *Member Resources > Well-being Resources*
Kaiser Permanente HMO (Primarily Northern Virginia - see website for specific zip codes)	Medical, Prescription Drug and Vision - Kaiser Permanente: **800-777-7902**, **301-468-6000** in Washington, D.C. or **www.myhealth.kp.org/commonwealthofvirginia**
	Online doctor visit: **www.kp.org** or **800-777-7904**
	Dental - Dominion National: **855-733-7524** or **http://www.DominionNational.com/kaiser**
	Behavioral Health - Kaiser: **866-530-8778**
	Employee Assistance Program (EAP) - Carelon Behavioral Health: **866-517-7042** or **www.achievesolutions.net/kaiser**
Optima Health Vantage HMO (Primarily Hampton Roads - see website for specific zip codes)	Medical, Prescription Drug, Dental, Vision and Behavioral Health - Optima Health: **866-846-2682**, **www.optimahealth.com/cova**, or **members@optimahealth.com**
	Online doctor visit: **MDLIVE** or **866-648-3638**
	Employee Assistance Program (EAP): **www.optimaeap.com** (User name: *COVA*) or **800-899-8174**
TRICARE Supplement	Selman & Company (SelmanCo): **800-638-2610 (press Option 1)**
Flexible Spending Accounts (FSA)	PayFlex FSA: **855-516-8595** or **www.payflex.com**
Online Open Enrollment Tools	- Alex Benefits Counselor: **https://www.myalex.com/cova/2023** - Cardinal HCM: **https://my.cardinal.virginia.gov/**
The Office of Health Benefits	**https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2023-24** Office of Health Benefits: **openenrollment@dhrm.virginia.gov** Having problems with Cardinal? Contact your **Benefits Administrator**

This is only an overview of your health care and Flexible Spending Account (FSA) benefits. More information is available on the DHRM website at **https://www.dhrm.virginia.gov/employeebenefits/open-enrollment2023-24**.

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