Health Benefits



Health Insurance Basics

- Two Main Components:
 - Health Insurance
 - With basic dental, vision, hearing, and prescription coverage
 - With the option to buy up to expanded dental, vision, hearing and out-of-network
 - Flexible Spending Accounts (FSA)
 - Health FSA
 - Dependent Care FSA
- Plan Year July 1 through June 30
- Open Enrollment First two weeks of May each year



Health Benefits Enrollment

- Employees have 30 days from the official start date found on the offer letter they received to enroll in health insurance and/or flexible spending accounts. Benefits begin the first day of the month following date of hire. If deadline is missed, only can enroll during:
 - Open Enrollment each year around the first two weeks in May (watch for announcements). Effective date is July 1st
 - 2022-2023 Open Enrollment: May 2nd-May 16th
 - Within 60 days of a Qualifying Event marriage, divorce, birth of child, etc. Effective date is dependent on the event and receipt of the form or when the request is made in the Cardinal HCM System.
- Paper form enrollment
- Online using Cardinal HCM
- A submitted enrollment forms and approved enrollment requests made using Cardinal cannot be changed after the effective date
- Documentation is required for dependent enrollment



Required Supporting Documents

- When adding dependents the Office of Health Benefits requires supporting documentation to prove their eligibility.
- When submitting a request in the Cardinal HCM employees are still required to submit supporting documents to HR. Without supporting documents requests cannot be approved.
- All documentation must be translated into English

A delay in the submission of required supporting documentation can cause a delay in processing AND increase payroll deductions due to the amount of retro deductions required to cover pay periods the employee was covered by University health insurance without having premiums deducted.

Dependent	Documentation
Spouse	Marriage certificate and the first page of your most recent 1040 tax form
Child	Birth certificate
Step Child	Birth certificate
Dependent without SSN	l94 form, Valid Visa



International Employees

- Check visa requirements before electing a health insurance plan to ensure it meets regulations
- The only policies that meet J1 Visa requirements are COVA Care policies administered by Anthem
- Employees will need to acquire evacuation and reparation coverage outside of the University
- Contact Belinda Pauley or Human Resources for additional help
- Belinda Pauley: J1 Program Manager, International Support Services
 - bpauley@vt.edu
 - 540-231-6459



Definitions

- Co-pay A <u>fixed</u> amount you pay for covered services.
- Deductible Amount you owe for certain covered services BEFORE your <u>plan</u> begins to pay.
- Co-Insurance Your share of the costs of a covered service <u>after</u> your deductible is met.
- Out-of-Pocket Limit The most you could pay during the plan year for covered services.
- **In-Network Provider** Facilities, providers, and suppliers that <u>your plan has a contract with to provide services.</u>
- Out-of-Network Provider Facilities, providers, and supplies that do not have a contract with your plan.



Health Insurance Comparison - Medical

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
	1		1	1	

A Closer Look: COVA Care

- "Traditional" insurance with copays on doctors visits, prescription drugs, etc.
- Individual deductibles and out-of-pockets for each member
- Single: \$300 2 or more: \$600
- Anthem PPO Network
 - In-Network only unless employee buys the Out-of-Network option
 - Search for In-Network providers at <u>www.anthem.com/cova</u>
 - Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
 - Dental Delta Dental
 - Vision Blue Vision
- Available buy-up options
 - Vision & Hearing
 - Expanded Dental
 - Out of Network





A Closer Look: COVA HealthAware

- High deductible health plan where all covered expenses run through deductible and coinsurance
- Paired with a Health Reimbursement Arrangement (HRA)
 - Funded each plan year with \$600 for employee and \$600 for spouse
 - Pro-rated amount if plan starts mid-plan year (reduced by approximately 1/12th for each month after July)
 - Unused funds roll over each plan year while on plans
 - Earn extra money in the HRA by performing "Do-Rights"
- Individual deductibles and out-of-pockets for each member
 - Single: \$1,500 2 or more: \$3,000
- Aetna COVA HealthAware Network
 - In-Network and Out-of-Network
 - Search for In-Network providers at <u>www.covahealthaware.com</u>
 - · Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
- Dental Delta Dental
- Vision Aetna
- Available buy-up options
 - Expanded Dental
 - Expanded Dental & Vision





A Closer Look: COVA HDHP

- High deductible health plan where all covered expenses run through deductible and coinsurance
- Can pair with a Health Savings Account (HSA)
 - Tax-sheltered savings account only available with qualified plans
 - Employee opens it directly; not through employer
 - Account is owned by employee and money rolls over each year
 - 2022 contribution limits: Self-Only: \$3,650 Family: \$7,300
- Full family deductibles and out-of-pockets apply for families
- Anthem PPO Network
 - In-Network only
 - Search for In-Network providers at <u>www.anthem.com/cova</u>
- Dental Delta Dental
- Vision Blue Vision
- Available buy-up options
 - Expanded Dental





A Closer Look: Kaiser Permanente

- Available to employees in Northern Virginia zip codes
- Plan service area extends to Fauquier County
- "Traditional" HMO plan with copays
- Medical, prescription drug, dental, vision and hearing benefits
- Preventive care covered at 100%
- Kaiser HMO Network
 - In-Network only
 - Search for In-Network providers at <u>my.kp.org/commonwealthofvirginia</u>
- Dental Dominion Dental
- Vision
- Hearing





A Closer Look: Optima Health Vantage HMO

- Available to employees in Hampton Roads
- "Traditional" HMO plan with copays
- Medical, prescription drug, dental, vision and hearing benefits
- Preventive care covered at 100%
- 100% of hospitals in Hampton Roads are in-network
- Optima HMO Network
 - In-Network only
 - Search for In-Network providers at <u>optimahealth.com/cova</u>
- Dental Dominion National Dental
- Vision
- Hearing





Health Insurance – TRICARE Supplement

- TRICARE-eligible employees can voluntarily enroll in the TRICARE supplement plan
- Administered by Selman & Company
- To check eligibility and for additional information call
 - 800-638-2610, press option 1
- Information is available at <u>www.dhrm.Virginia.gov/healthcoverage/tricare</u>



Health Insurance Comparison – Wellness

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

Receive certain Wellness & Preventative services at a low or no cost including:

- Annual Check Up
- Routine Labs
- Physicals
 - Flu Shots & Other Immunizations •
- Pap Test
- Prostate Exam
- Mammogram
 - And more!



Health Insurance Comparison – Buy-Up Options

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
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
Expanded Routine Vision	Optional Benefit*:	Optional Benefit*:		Included with Medical:	Included with Medical:
Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	75% of balance (age 19+)	80% after plan pays \$100
Lenses Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20 Not available 75% of balance		75% of balance	\$20
Contact lenses** Conventional** Disposable** Non-elective**	85% after plan pays \$100 Balance after plan pays \$100 Balance after plan pays \$250	85% after plan pays \$100 Balance after plan pays \$100 Balance after plan pays \$250	Not available Not available Not available	85% for initial fitting and pair 85% for initial fitting and pair 85% for initial fitting and pair Pediatric Eyewear -contact Kaiser	85% after plan pays \$100 Balance after plan pays \$100 Paid-in-Full
Routine Hearing	Included in Basic Plan:	Optional Benefit*:		Included in Basic Plan:	Included in Basic Plan:
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 36 months)
Benefit maximum	Not available	\$1,200	Not available	Not available	\$1,200
Out-of-Network	Included in Basic Plan:	Optional Benefit*:			
	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.





Buy-Up Options: Expanded Dental



The expanded dental option is offered by all three COVA plans (COVA Care, COVA Health Aware, & COVA HDHP). There is a separate deductible dependent upon policy level for expanded dental services. Covered Services include: \$2,000 per enrolled member per plan year for primary and complex services.

Primary Dental Care: fillings, simple extractions of natural teeth and surgical extractions of fully erupted teeth, root canal, care for abscesses, repair of broken removable dentures, removing infected parts of the gum, scaling and root planning of the gum, stainless steel crowns for primary teeth only, periodontal evaluation, periodontal maintenance limited to two per Plan Year

Complex Restorative Dental Care: Inlays and onlays, crowns, dentures (full and partial), fixed bridges and repairs

Orthodontic Benefits · Orthodontic appliances (installing only, no replacement or repair), services needed to diagnose the problem, such as study model and diagnostic casts, tooth guidance and harmful habit appliances, surgical access of unerupted teeth when performed for orthodontic purposes, and orthodontic evaluations when no treatment is needed

Orthodontic Benefit offers a \$2,000 benefit for the life of the orthodontics for each covered dependent.



Buy-Up Options: Expanded Vision

The expanded vision option is offered to **COVA Care and COVA Health Aware** Participants and includes coverage for eyeglasses and contact lenses.

Once per plan year:

- The plan pays \$100 towards frames and you would pay 80% of the balance.
- You have a \$20 co-pay for lenses. Please keep in mind that these lenses include your standard plastic lenses.
- The plan pays a set dollar amount towards contact lenses and you would be responsible for either the balance or a percentage, depending on what type of contact lenses you purchase.

For additional information please stop by the HR Office to request a copy of the vision brochure per each policy.



Buy-Up Options: Routine Hearing

The routine hearing option is offered under **COVA Care** and includes:

- One routine hearing exam every plan year
- \$1,200 towards hearing aids once every 48 months.



Buy-Up Options: Out-of-Network

Lastly, the Out of Network buy-up option is offered under **COVA Care**. With this option Anthem will reduce their payment **by 25%**. You would be responsible for **paying the 25% reduction** plus the balance billing from the out of network provider.

You will be responsible for any **Deductible**, **Coinsurance or Copayment** that applies. You also pay any amount the non-network Provider or Facility charges over the Allowable Charge (Balance Bill). Payments for Out-of-Network claims are paid directly to you rather than to the Provider. It is your responsibility to pay the Out-of-Network Provider or Facility.



Health and Wellness Programs

- Disease Management: support to help manage these conditions
 - Asthma
 - Heart Failure
 - Diabetes
 - Chronic obstructive pulmonary disease (COPD)
 - Coronary artery disease (CAD)
- **Medication and Health Coaching Incentives:** COVA Care and COVA HealthAware members can receive certain medications or supplies at no cost for these conditions
 - Asthma
 - COPD
 - Diabetes
 - High blood pressure
- Maternity Management: Expectant mothers have access to a nurse coach
 - Enroll in the first 16 weeks of pregnancy and may earn a financial incentive
- Healthy Smile, Healthy You: COVA Care, COVA HealthAware, and COVA HDHP members can receive an
 addition dental benefit.
 - Delta Dental of Virginia's Healthy Smile, Healthy You™ program provides additional benefits for: pregnancy, diabetes and high risk cardiac conditions.



Employee Assistance Program (EAP)

- Available to all covered employees and covered family members
- Services related to:
 - Stress
 - Depression
 - Anger management
 - Child/adolescent issues
 - Elder care
 - Substance abuse
 - Grief

- Work-related issues
- Relationship concerns
- Divorce or separation
- Domestic violence
- Personal development
- Job dissatisfaction
- Dealing with difficult behaviors
- First four visits per incident are free; copay for additional visits
- Refer to page 3 in your Benefits Summary for contact information
- Hokie Wellness @ <u>hokiewellness@vt.edu</u>



HIPP + HIPP For Kids

HIPP and HIPP for Kids: premium assistance programs that help pay for all or part of the costs of employer-sponsored health insurance

Eligibility:

- A family member must be enrolled in full coverage Medicaid
- Maintain employer-sponsored group health insurance coverage
- Health insurance meets HIPP program criteria

For more information and to apply:

www.dmas.virginia.gov/#/hipp



Employee Monthly Premiums 2021-2022 Plan Year

COMMONWEALTH OF VIRGINIA STATE HEALTH BENEFITS PROGRAM

EMPLOYEE MONTHLY PREMIUMS FOR JULY 1, 2021 - JUNE 30, 2022

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 pay \$17 less a month or \$34 less when both of you meet the requirements.

			PREMIUM			PREMIU	M WITH RE	WARDS	
		You Only	You Plus	You Plus Two or	You Only	You Plus Spouse		You Plus Spouse and More	
HEALTH CARE PLANS		rou only	One	One More		Employee or Spouse	Employee & Spouse	Employee or Spouse	Employee & Spouse
	Employee Pays	\$94	\$217	\$295	\$77	\$200	\$183	\$278	\$261
COVA Care	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
	Total Premium	\$803	\$1,485	\$2,154	\$786	\$1,468	\$1,451	\$2,137	\$2,120
COVA Care	Employee Pays	\$113	\$251	\$346	\$96	\$234	\$217	\$329	\$312
+ Out-of-Network	State Pays	<u>\$709</u>	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
+ out-or-network	Total Premium	\$822	\$1,519	\$2,205	\$805	\$1,502	\$1,485	\$2,188	\$2,171
001/4 0	Employee Pays	\$128	\$280	\$387	\$111	\$263	\$246	\$370	\$353
COVA Care + Expanded Dental	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
· Expanded Delital	Total Premium	\$837	\$1,548	\$2,246	\$820	\$1,531	\$1,514	\$2,229	\$2,212
COVA Care	Employee Pays	\$147	\$314	\$438	\$130	\$297	\$280	\$421	\$404
+ Out-of-Network	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
+ Expanded Dental	Total Premium	\$856	\$1,582	\$2,297	\$839	\$1,565	\$1,548	\$2,280	\$2,263
COVA Care	Employee Pays	\$148	\$316	\$440	\$131	\$299	\$282	\$423	\$406
+ Expanded Dental	State Pays	\$709	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
+ Vision & Hearing	Total Premium	\$857	\$1,584	\$2,299	\$840	\$1,567	\$1,550	\$2,282	\$2,265
COVA Care	Employee Pays	\$166	\$350	\$490	\$149	\$333	\$316	\$473	\$456
+ Out-of-Network	State Pays	<u>\$709</u>	\$1,268	\$1,859	\$709	\$1,268	\$1,268	\$1,859	\$1,859
+ Expanded Dental + Vision & Hearing	Total Premium	\$875	\$1,618	\$2,349	\$858	\$1,601	\$1,584	\$2,332	\$2,315

For employees with health insurance effective dates before July 1, 2022.

COVA HealthAware	Employee Pays State Pays Total Premium	\$17 \$695 \$712	\$52 \$1,268 \$1,320	\$53 \$1,856 \$1,909	
COVA HealthAware + Expanded Dental	Employee Pays State Pays Total Premium	\$49 \$695 \$744	\$111 \$1,268 \$1,379	\$139 \$1,856 \$1,995	
COVA HealthAware + Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$60 \$695 \$755	\$132 \$1,268 \$1,400	\$169 \$1,856 \$2,025	
COVA HDHP	Employee Pays State Pays Total Premium	\$0 \$602 \$602	\$0 \$1,120 \$1,120	\$0 \$1,637 \$1,637	
COVA HDHP + Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$602 \$635	\$61 \$1,120 \$1,181	\$89 \$1,637 \$1,726	
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	\$77 \$641 \$718	\$183 \$1,137 \$1,320	\$261 \$1,662 \$1,923	
Optima Health Vantage HMO (Hampton Roads area)	Employee Pays State Pays Total Premium	\$77 \$702 \$779	\$183 \$1,259 \$1,442	\$261 \$1,826 \$2,087	
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161	

PREMIUM AND PLAN BENEFITS

MAY CHANGE SUBJECT TO

FINAL STATE BUDGET APPROVAL.

\$1,268 \$1,286

\$1,268

\$1,345

\$1,366

\$1,268

\$1,303

\$1,362

\$1,383

\$695 \$727 \$1,856

\$1,892

\$122

\$1,856

\$1,978

\$152

\$2,008

\$1,875

\$1,961

\$1,991



*Your first health insurance premium deduction may be for a full month. This can be affected by when the form is received, when the employee attends orientation, payroll processing deadlines, when all required documentation is received, and when requests are completed.

^{*} Washington State Residents contact Office of Health Benefits for Washington State mandated TRICARE premium amount.

Employee Monthly Premiums 2022-2023 Plan Year

FINAL PREMIUMS

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 pay \$17 less a month or \$34 less when both of you meet the requirements.

		PREMIUM			PREMIUM WITH REWARDS				
		V Ob-	You Plus	You Plus	You Only	You Spo		You Spouse a	Plus and More
HEALTH CARE PLANS		You Only	One	Two or More	Employee	Employee or Spouse	Employee & Spouse	Employee or Spouse	Employe & Spouse
COVA Care	Employee Pays State Pays Total Premium	\$94 \$709 \$803	\$217 \$1,268 \$1,485	\$295 \$1,859 \$2,154	\$77 \$709 \$786	\$200 \$1,268 \$1,468	\$183 \$1,268 \$1,451	\$278 \$1,859 \$2,137	\$26 \$1,85 \$2,12
COVA Care + Out-of-Network	Employee Pays State Pays Total Premium	\$113 \$709 \$822	\$251 \$1,268 \$1,519	\$346 \$1,859 \$2,205	\$96 \$709 \$805	\$234 \$1,268 \$1,502	\$217 \$1,268 \$1,485	\$329 \$1,859 \$2,188	\$31 \$1,85 \$2,1 7
COVA Care + Expanded Dental	Employee Pays State Pays Total Premium	\$128 \$709 \$837	\$280 \$1,268 \$1,548	\$387 \$1,859 \$2,246	\$111 \$709 \$820	\$263 \$1,268 \$1,531	\$246 \$1,268 \$1,514	\$370 \$1,859 \$2,229	\$35 \$1,85 \$2,2 1
COVA Care + Out-of-Network + Expanded Dental	Employee Pays State Pays Total Premium	\$147 \$709 \$856	\$314 \$1,268 \$1,582	\$438 \$1,859 \$2,297	\$130 \$709 \$839	\$297 \$1,268 \$1,565	\$280 \$1,268 \$1,548	\$421 \$1,859 \$2,280	\$40 \$1,85 \$2,26
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$148 \$709 \$857	\$316 \$1,268 \$1,584	\$440 \$1,859 \$2,299	\$131 \$709 \$840	\$299 \$1,268 \$1,567	\$282 \$1,268 \$1,550	\$423 \$1,859 \$2,282	\$40 \$1,85 \$2,26
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$166 \$709 \$875	\$350 \$1,268 \$1,618	\$490 \$1,859 \$2,349	\$149 \$709 \$858	\$333 \$1,268 \$1,601	\$316 \$1,268 \$1,584	\$473 \$1,859 \$2,332	\$45 \$1,85 \$2,3 1
COVA HealthAware	Employee Pays State Pays Total Premium	\$17 \$695 \$712	\$52 \$1,268 \$1,320	\$53 \$1,856 \$1,909	\$0 \$695 \$695	\$35 \$1,268 \$1,303	\$18 \$1,268 \$1,286	\$36 \$1,856 \$1,892	\$1,85 \$1,85 \$1,8 7
COVA HealthAware + Expanded Dental	Employee Pays State Pays Total Premium	\$49 \$695 \$744	\$111 \$1,268 \$1,379	\$139 \$1,856 \$1,995	\$32 \$695 \$727	\$94 \$1,268 \$1,362	\$77 \$1,268 \$1,345	\$122 \$1,856 \$1,978	\$10 \$1,85 \$1,96
COVA HealthAware + Expanded Dental & Vision	Employee Pays State Pays	\$60 \$695	\$132 \$1,268 \$1,400	\$169 \$1,856	\$43 \$695	\$115 \$1,268	\$98 \$1,268	\$152 \$1,856	\$13 \$1,85

COVA HDHP	Employee Pays State Pays Total Premium	\$0 \$602 \$602	\$0 \$1,120 \$1,120	\$0 \$1,637 \$1,637
COVA HDHP + Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$602 \$635	\$61 \$1,120 \$1,181	\$89 <u>\$1,637</u> \$1,726
Kaiser Permanente HMO (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	\$77 \$675 \$7 52	\$183 \$1,199 \$1,382	\$261 \$1,753 \$2,014
Optima Health Vantage HMO + Expanded Dental & Vision (Hampton Roads area)	Employee Pays State Pays Total Premium	\$77 \$705 \$782	\$183 \$1,264 \$1,447	\$261 \$1,834 \$2,095
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161



REVISED JUNE 2022

Not eligible for Premium Rewards*

*Your first health insurance premium deduction may be for a full month. This can be affected by when the form is received, when the employee attends orientation, payroll processing deadlines, when all required documentation is received, and when requests are completed.

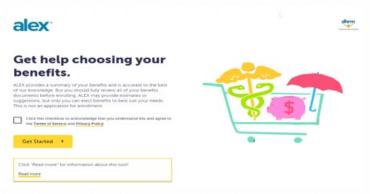




Need help deciding – Call on ALEX!

Trying to decide which health plan options are right for you? Consult with ALEX – your online benefits counselor!





ALEX evaluates your input and recommends a plan tailored just for you!

Visit http://www.myalex.com/cova/2022



Lets take a short break...

Up next...

Health Flexible Spending Accounts and Dependent Care Flexible Spending Accounts

See you in 5!



Flexible Spending Accounts (FSA)

- FSA's are **tax-advantaged accounts** that allow you to contribute money through payroll deductions on a pre-taxed basis.
- Two types of accounts that are governed by IRS regulations
 - Health FSA for medically qualified expenses
 - Dependent Care FSA for dependent care expenses
- Funds that aren't used are forfeited
- Plan year runs July 1 June 30
 - You must re-enroll each year during open enrollment
- Minimum FSA contribution
 - \$10 per pay period
- Administrative Fee
 - \$2.10 fee deducted pre-tax once a month
 - Only one fee for both types of FSAs
- More information: <u>www.dhrm.Virginia.gov/employeebenefits/flexiblespendingaccounts</u>



Health Flexible Spending Accounts

- 2022-2023 Maximum contribution \$2,850/year
- Funds are considered front loaded and are available the date in which health insurance becomes effective
- Cannot use while also contributing to Health Savings Account (HSA)
- Eligible Expenses
 - Copays, coinsurance, and deductibles
 - Other out-of-pocket eligible medical expenses
 - Refer to FSA Sourcebook or IRS Publication 502
- Two ways to pay for expenses
 - PayFlex Master Card
 - File for reimbursement, online or by fax
- Participant's responsibility to keep receipts, invoices, and other documentation



Dependent Care Flexible Spending Accounts

- Maximum contribution \$5,000/year per household, depending on tax filing status
- Care for:
 - Your child under age 13
 - Your qualifying child, spouse, or relative who is physically or mentally incapable of self-care and lives in your home more than half the year
- All reimbursements must be filed



Flexible Spending Accounts – Filing Claims

- Expenses <u>must</u> be incurred by June 30th or last day of the month in which your terminate employment
- Reimbursement Deadline is <u>90 days from the end of your runout period</u>;
 - End of the plan year OR
 - End of the month of your last day of employment
- Employees who terminate before the end of the plan year may only submit for claims incurred by the end of the month of your last day of employment
- Funds that aren't used are forfeited
- If supporting documents are requested, provide as soon as possible, otherwise:
 - PayFlex card may be deactivated
 - You may owe the amount or pay more in taxes



Two Ways to Enroll as a New Employee

- By submitting the Active Employee Health Enrollment From to HR with any required supporting documents
- In the Cardinal HCM at <u>www.my.cardinal.virginia.gov</u>
 - You still must submit supporting documents to HR for any depedents you are adding.

Enrolling with Cardinal

Navigate to <u>www.my.cardinal.virginia.gov</u>

HOKIE TEAM (Tech Employee Access Menu)

Locate "User Registration"

- Your VT Hire Date and VA State Hire Date are based on cont employees only. If you have questions regarding your dates,
- Use your Health Insurance ID to register your account
- four current leave balances are displayed for all leave type

Health Insurance IDs can be found in Hokie Spa

ID Numbers

Hokie Spa→ Hokie Team→ Employment Information

Type ID Number Cardinal 00123456700 Virginia Tech 901234567

- Once you have registered you can use the Cardinal HCM to enroll in health insurance as a new employee
- After enrolling submit the required documentation for any dependents you have added to HR

Still have questions? Go to www.cardinalproject.virginia.gov/job-aids then use the drop down menu under User Guide and select Employee Self-Service (ESS)



How to Enroll

State Health Benefits Program Enrollment Form For Employees	Section 4: Health Care Coverage Election						
Review each section and carefully PRINT your enrollment information. For state health benefits eligibility	I do not wish to participate in health care coverage (W) No change to my current health plan selection and family members/membership level						
information, visit the DHRM website at www.dhrm.virginia.gov or contact your Benefits Administrator.	(If you check either box above proceed to Section 5.)						
Section 1: Personal Information	A. Health Plan Selection - Check the box that applies						
Name Identification Number	No change to my current health care plan						
Last Name First Name M.I. Assigned ID or Social Security Number	STATEWIDE HEALTH PLANS Administered by Anthem Blue Cross Blue Shield* Administered by Aethor*						
Date of Birth Gender: Mark Female	COVA Care (with preventive dental) (ACCO) COVA HealthAware (with preventive dental) (CHA)						
Important! Be sure to verify the correct format of your address at http://zip4.usps.com/zip4/welcome.jsp.	COVA Care + Out of Network (ACC1) COVA HealthAware + Expanded Dental (ACC2) COVA Gree + Expanded Dental (ACC2) COVA HealthAware + Expanded Dental & Vision (CHA1)						
Street Address P.O. Box	COVA Care + Out of Network and Expanded Dental (ACC3) COVA Care + Expanded Dental + Vision & Hearing (ACC4) Administered by Selman & Company						
City State Zip + 4	COVA Care + Out of Network + Expanded Dental + Vision & Hearing (ACC5) TRICARE Supplement (TRC)						
State E-mail: Personal E-mail:	COVA HDHP- High Deductible Plan (with preventive dental) (CHD) COVA HDHP- High Deductible Plan + Expanded Dental (CHD1) COVA HDHP- High Deductible Plan + Expanded Dental (CHD1)						
State Phone: () Personal Phone: () Mobile	*Anthem Pharmacy delivered by IngenioRx administers pharmacy benefits. Delta Dental administers dental benefits.						
	REGIONAL HEALTH PLANS						
Section 2: Reason For This Enrollment or Election Change Request	Administered by Kaiser Permanente of the Mid-Atlantic States, Inc. Kaiser Permanente HMO- available in Northern Virginia, Central Virginia and Northern Nock designated zip codes (KP)						
Check the box that applies. The numbers in parentheses are for agency use.	Administered by Optima Optima Health HMO – available primarily in Hampton Roads zip codes (OH)						
Open Enrollment (56) Initial Enrollment for Newly Eligible Employee: (01)	Uptima Hearth HMU — available primarily in Hampton Hoads zip codds (UH)						
Qualifying Mid-Year Event/Documentation to Support the Event	B. Family Members - Check the box that applies						
Check the type of event below, and attach the appropriate supporting documentation as indicated. Date of Event:	No change to my existing covered family members I do not wish to cover any family members						
Events consistent with adding family members to coverage: Other events:	I wish to cover the eligible family members listed below. (Note: you will be required to submit documentation when adding family						
Marriage (certified marriage certificate) (07) ©Employment Change: ©Full-time to Part-time (77)	members to your coverage.) PELATIONSHIP DATE OF BIRTH SOCIAL SECURITY						
Dirth or Adoption (birth certificate/hospital announcement or adoption agreement) (15) Outgrand, Decree, or Order to Add Child (court order) (71) Outpaid Leave Bagan (49)	CODE** LAST NAME FIRST NAME MIDDLE INITIAL MM/DD/YYYY NUMBER						
DLord eligibility Under Governmental Plan (government documentation) (76) Unpaid Leave Ended (50) Under Medicare or Medicard (government documentation) (09) Under Medicare Credit or Coverage Change (documentation from	Spouse Children						
Spouse or Child Lost Eligibility Under Their Employers Plan (employer documentation) (13) dependent care provider) (61) OHIPAA Special Enrollment Due to Loss of Other Coverage	Crician						
Events consistent with removing family members from coverage: (HPAA certificate) (70) Otherwood (Harran decreal (10)) Move Affecting Eligibility for Health Care Plan (agency validates							
Doesth of Source (documentation validating death) (OB) move) (O5)	"Relationship Codes: SMuspouse male SFuspouse female Suson Durdaughter SSustepson SDustepdaughter OF other female child OM other male child						
Child Covered Under Plan Lock Eligibility (documentation to support) (38) documentation) (62)							
Salined Eligibility Under Medicare or Medi	Section 5: Employee Certification and Authorization Locatify that I have reviewed and understand the State Health Benefits Program eligibility and enrollment information and I agree to abide by						
Spouse or Child Gained Eligibility Under Their Employers Plan (employer documentation) (28)	participation requirements. I certify that all dependents listed meet the eligibility requirements of the program and that the information I have provided on this form is complete and accurate to the best of my knowledge. I understand that intentionally giving incorrect information is considered per						
Add to existing Family Membership (documentation to support eligibility) (19)	and punishable to the fullest extent of the law. I understand that the health plan and its business associates have the right to use protected has information in connection with the treatment, payment and health plan operations allowed for by HIPAA. I understand that participating in a Flexit						
Section 5: Flexible Spending Accounts Election - You Must Enroll Every Plan Year	Spending Account (FSA) is completely voluntary, and that payments from my FSA are independently reviewed for compliance with IRS regulation further understand that the IRS requires me to reimburse the Plan for any improper, erroneous or excess reimbursement amount that I do not reso						
To enroll in or change an FSA, enter the amount you wish deducted each pay period. For assistance in determining your pay period election,	within the timeframe provided by the Plan. In accordance with §40.1-29(C) of the Code of Virginia, by enrolling in an FSA I specifically authorize the Commonwealth of Virginia to withhold from my paycheck on a post-tax basis such amounts as are necessary to replenish my FSA for any improp						
complete the FSA worksheet available on the DHRM website at www.dhrm.virginia.gov or from your Benefits Administrator.	erroneous or excess reimbursement.						
	Print Your Name Assigned ID or Social Security Number						
HEALTH FLEXIBLE SPENDING ACCOUNT For eligible medical expansas incurred by you, your spouse and eligible dependents. For eligible dependent care expenses incurred by you, your spouse and eligible	Sign Here Date						
(Minimum is \$10 per pay period; Maximum allowable contribution is up to \$2,750.) dependents. (Minimum is \$10 per pay period; Maximum allowable contribution is	Section 6: Agency Verification and Approval						
up to \$5,000 depending on your tax filing status.) Amount per regular psycheck	Date Received Date Keyed BES Effective Date Month/Dav/Year Nonth/Dav/Year Nonth/Dav/Year Nonth/Dav/Year Date Keyed Date Keyed BES Effective Date Nonth/Dav/Year						
(Whole dollar amounts only) = Amount per regular psychock (Whole dollar amounts only) =	Print Contact Name Phone Agency/Group Number						
A10459 (3/2020)	Important: The daily Agency Transaction Turnaround document is the official record of this change. It is your responsibility to review and confirm t document to ensure that changes made are accurate.						
3/2020 Eligibility and Enrollment Information For Employees Page 1	3/2020 Eligibility and Enrollment Information For Employees Page						
SZEVEO ENGINENTY and ENTORMEDIA INFORMATION FOR EMPLOYEES PAGE 1	SYZUZU ENGININY and Enformation intermation for Employees Page						

- 1. Personal Information
 - 2. Initial Enrollment
 - 3. Date of Hire
 - 4. FSA Election
 - 5. Insurance Election
 - 6. Select one plan
 - 7. Add family members that you wish to cover
- 8. Provide documentation for those members Your spouse/children <u>can not</u> be added until all documents are received.
- 9. Sign and date
- 10. Submit completed form to Human Resources within 30 days from your hire date



Reminders

- Health insurance is effective the first day of the first <u>full month</u> of employment
- You have 30 days from your date of hire to enroll in health insurance
 - Official Start Date found on your offer letter PLUS 29 days
- A submitted enrollment form or a request made in Cardinal HCM cannot be changed after the effective date
- Completed forms can be submitted in the following ways;
 - Secure E-Drop Box
 - Faxed to 540-231-6479 or 540-231-3830
 - Mailed to:
 - Division of Human Resources 300 Turner Street, Suite 2300 Blacksburg, VA 24061



Good Resources

- Human Resources Service Center:
 - Suite 2300 in the North End Center
 - Phone: (540) 231-9331
 - Email: hrservicecenter@vt.edu
 - www.hr.vt.edu/benefits/health.html
 - www.hr.vt.edu/orientation for a copy of this presentation
- Department of Human Resources Management website:
 - www.dhrm.Virginia.gov/healthcoverage
 - www.dhrm.Virginia.gov/employeebenefits/flexiblespendingaccounts
 - Flexible Spending Accounts Sourcebook available
 - www.dhrm.Virginia.gov/covid-19



Questions?

