



# 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 1<sup>st</sup>
    - **2022-2023 Open Enrollment:** May 2<sup>nd</sup>-May 16<sup>th</sup>
  - 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 | 194 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](mailto:bpauley@vt.edu)
  - 540-231-6459

## ■ Definitions

- **Co-pay** – A fixed amount you pay for covered services.
- **Deductible** – Amount you owe for certain covered services **BEFORE** your plan begins to pay.
- **Co-Insurance** – Your share of the costs of a covered service after 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 your plan has a contract with to provide services.
- **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                             |
| <b>Health Reimbursement Arrangement (HRA)</b><br>Employer deposit to your HRA on July 1, 2022 | \$600 employee<br>\$600 enrolled spouse                                 | Not available   | Not available  | Not available  | Not available                           |
| In-Network Benefits   | You Pay   | You Pay   | You Pay  | You Pay  | You Pay                                 |
| <b>Deductible – per plan year</b>   |   |   |  |  |   |
| • One person  | \$1,500   | \$300   | \$1,750  | None   | \$150                                   |
| • Two or more persons   | \$3,000   | \$600   | \$3,500  | None   | \$300                                   |
| <b>Out-of-pocket expense limit – per plan year</b>  |   |   |  |  |   |
| • 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                                 |
| <b>Doctor's visits</b> (in person and telemedicine)   |   |   |  |  |   |
| • Primary care physician  | 20% after deductible  | \$25  | 20% after deductible   | \$25   | Tier 1: \$5<br>Tier 2: \$25             |
| • Telehealth physician visit  | \$0<br><a href="http://www.teladoc.com/aetna">www.teladoc.com/aetna</a> | \$0<br><a href="http://www.livehealthonline.com">www.livehealthonline.com</a> | 20% after deductible<br><a href="http://www.livehealthonline.com">www.livehealthonline.com</a> | \$0<br><a href="http://www.kp.org">www.kp.org</a> • 1-800-777-7904 | \$0<br>MDLIVE 866-648-3638              |
| • Specialist  | 20% after deductible  | \$40  | 20% after deductible   | \$40   | Tier 1: \$10<br>Tier 2: \$40            |
| <b>Hospital services</b>  |   |   |  |  |   |
| • 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                         |
| <b>Emergency room visits</b>  | 20% after deductible  | \$150 per visit<br>(waived if admitted)                                       | 20% after deductible   | \$75 per visit<br>(waived if admitted)                             | \$150 per visit<br>(waived if admitted) |
| <b>Ambulance travel</b>   | 20% after deductible  | 20% after deductible  | 20% after deductible   | \$50 per service   | 20% after deductible                    |

Welcome! >



## ■ 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 [www.anthem.com/cova](http://www.anthem.com/cova)
  - 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 1/12<sup>th</sup> 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 [www.covahealthaware.com](http://www.covahealthaware.com)
  - 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



Welcome! >



## ■ 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 [www.anthem.com/cova](http://www.anthem.com/cova)
- Dental – Delta Dental
- Vision – Blue Vision
- Available buy-up options
  - Expanded Dental

# COVA HDHP

Welcome! >



## ■ 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 [my.kp.org/commonwealthofvirginia](https://my.kp.org/commonwealthofvirginia)
- Dental – Dominion Dental
- Vision
- Hearing



## ■ A Closer Look: Optima Health Vantage HMO

- Available to employees in Hampton Roads
- “Traditional” HMO plan with copays
- 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 [optimahealth.com/cova](https://optimahealth.com/cova)
- 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 [www.dhrm.Virginia.gov/healthcoverage/tricare](http://www.dhrm.Virginia.gov/healthcoverage/tricare)



## 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       |
| <b>Wellness &amp; Preventive Services</b>   |                          |                  |               |                          |               |
| • 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           |
| <b>Annual Routine Vision Exam</b>   | \$15                     | \$0              | \$15          | \$25 PCP/\$40 specialist | \$15          |
| <b>Annual Routine Hearing Exam</b>  | <i>Optional benefit*</i> | \$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!

**Welcome!** >



# 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  |
| <b>Expanded Dental</b>   | <i>Optional Benefit*:</i>   | <i>Optional Benefit*:</i>   | <i>Optional Benefit*:</i>                       | <i>Included with Medical:</i>  | <i>Included with Medical:</i>  |
| • Maximum benefit – per member   | \$2,000   | \$2,000   | \$2,000   | \$1,000  | \$2,000  |
| • Deductible   | \$50/\$100/\$150  | \$50/\$100/\$150  | \$50/\$100/\$150                                | \$25 per person/\$75 family  | \$50/\$150   |
| • Primary (basic) care   | 20% after deductible  | 20% after deductible  | 20% after deductible                            | 20% after deductible   | 20% after deductible   |
| • Complex restorative (Inlays, onlays, crowns, dentures, bridgework)             | 50% after deductible  | 50% after deductible  | 50% after deductible                            | 50% after deductible   | 50% after deductible   |
| • Orthodontic<br>- Lifetime maximum benefit                                      | 50% no deductible<br>\$2,000  | 50% no deductible<br>\$2,000  | 50% no deductible<br>\$2,000                    | 50% up to \$1,000<br>(age 19 and under)  | 50% no deductible<br>\$2,000   |
| <b>Expanded Routine Vision</b>   | <i>Optional Benefit*:</i>   | <i>Optional Benefit*:</i>   |   | <i>Included with Medical:</i>  | <i>Included with Medical:</i>  |
| • 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<br>- Eyeglass lenses (standard plastic, single, bifocal or trifocal) or | \$20  | \$20  | Not available                                   | 75% of balance   | \$20   |
| • Contact lenses**<br>- Conventional**<br>- Disposable**<br>- Non-elective**     | 85% after plan pays \$100<br>Balance after plan pays \$100<br>Balance after plan pays \$250   | 85% after plan pays \$100<br>Balance after plan pays \$100<br>Balance after plan pays \$250 | Not available<br>Not available<br>Not available | 85% for initial fitting and pair<br>85% for initial fitting and pair<br>85% for initial fitting and pair<br>Pediatric Eyewear<br>-contact Kaiser | 85% after plan pays \$100<br>Balance after plan pays \$100<br>Paid-in-full |
| <b>Routine Hearing</b>   | <i>Included in Basic Plan:</i>  | <i>Optional Benefit*:</i>   |   | <i>Included in Basic Plan:</i>   | <i>Included in Basic Plan:</i>   |
| • Routine hearing exam (once every plan year)                                    | \$0   | \$40  | Not available                                   | \$25 PCP<br>\$40 Specialist  | \$40   |
| • Hearing aids and other hearing-aid related services                            | Not available   | Balance after plan pays \$1,200<br>(once every 48 months)                                   | Not available                                   | Not available  | Balance after plan pays \$1,200<br>(once every 36 months)                  |
| • Benefit maximum  | Not available   | \$1,200   | Not available                                   | Not available  | \$1,200  |
| <b>Out-of-Network</b>  | <i>Included in Basic Plan:</i>  | <i>Optional Benefit*:</i>   |   |  |  |
|  | Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply. | Plan payment reduced by 25%. Balance billing may apply.                                     | Not available                                   | Not available  | Not available.<br>Out-of-area Dependent Children Program available.        |

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## ■ 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 @ [hokiewellness@vt.edu](mailto:hokiewellness@vt.edu)

## ■ 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](http://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.

| HEALTH CARE PLANS  | PREMIUM                                      |                         |                             | PREMIUM WITH REWARDS        |                         |                             |                             |                             |                             |
|--|--|-------------------------|-----------------------------|-----------------------------|-------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|  | You Only                                     | You Plus One            | You Plus Two or More        | You Plus Spouse             |                         | You Plus Spouse and More    |                             |                             |                             |
|  |  |                         |                             | Employee or Spouse          | Employee & Spouse       | Employee or Spouse          | Employee & Spouse           |                             |                             |
| <b>COVA Care</b>   | Employee Pays<br>State Pays<br>Total Premium | \$94<br>\$702<br>\$803  | \$217<br>\$1,268<br>\$1,485 | \$295<br>\$1,859<br>\$2,154 | \$77<br>\$702<br>\$786  | \$200<br>\$1,268<br>\$1,468 | \$183<br>\$1,268<br>\$1,451 | \$278<br>\$1,859<br>\$2,137 | \$261<br>\$1,859<br>\$2,120 |
| <b>COVA Care + Out-of-Network</b>  | Employee Pays<br>State Pays<br>Total Premium | \$113<br>\$702<br>\$822 | \$251<br>\$1,268<br>\$1,519 | \$346<br>\$1,859<br>\$2,205 | \$96<br>\$702<br>\$805  | \$234<br>\$1,268<br>\$1,502 | \$217<br>\$1,268<br>\$1,485 | \$329<br>\$1,859<br>\$2,188 | \$312<br>\$1,859<br>\$2,171 |
| <b>COVA Care + Expanded Dental</b>   | Employee Pays<br>State Pays<br>Total Premium | \$128<br>\$702<br>\$837 | \$280<br>\$1,268<br>\$1,548 | \$387<br>\$1,859<br>\$2,246 | \$111<br>\$702<br>\$820 | \$263<br>\$1,268<br>\$1,531 | \$246<br>\$1,268<br>\$1,514 | \$370<br>\$1,859<br>\$2,229 | \$353<br>\$1,859<br>\$2,212 |
| <b>COVA Care + Out-of-Network + Expanded Dental</b>                        | Employee Pays<br>State Pays<br>Total Premium | \$147<br>\$702<br>\$856 | \$314<br>\$1,268<br>\$1,582 | \$438<br>\$1,859<br>\$2,297 | \$130<br>\$702<br>\$839 | \$297<br>\$1,268<br>\$1,565 | \$280<br>\$1,268<br>\$1,548 | \$421<br>\$1,859<br>\$2,280 | \$404<br>\$1,859<br>\$2,263 |
| <b>COVA Care + Expanded Dental + Vision &amp; Hearing</b>                  | Employee Pays<br>State Pays<br>Total Premium | \$148<br>\$702<br>\$857 | \$316<br>\$1,268<br>\$1,584 | \$440<br>\$1,859<br>\$2,299 | \$131<br>\$702<br>\$840 | \$299<br>\$1,268<br>\$1,567 | \$282<br>\$1,268<br>\$1,550 | \$423<br>\$1,859<br>\$2,282 | \$406<br>\$1,859<br>\$2,265 |
| <b>COVA Care + Out-of-Network + Expanded Dental + Vision &amp; Hearing</b> | Employee Pays<br>State Pays<br>Total Premium | \$166<br>\$702<br>\$875 | \$350<br>\$1,268<br>\$1,618 | \$490<br>\$1,859<br>\$2,349 | \$149<br>\$702<br>\$858 | \$333<br>\$1,268<br>\$1,601 | \$316<br>\$1,268<br>\$1,584 | \$473<br>\$1,859<br>\$2,332 | \$456<br>\$1,859<br>\$2,315 |

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

|   |  |                        |                             |                             |                        |                             |                            |                             |                             |
|---|--|------------------------|-----------------------------|-----------------------------|------------------------|-----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>COVA HealthAware</b>   | Employee Pays<br>State Pays<br>Total Premium | \$17<br>\$625<br>\$712 | \$52<br>\$1,268<br>\$1,320  | \$53<br>\$1,856<br>\$1,909  | \$0<br>\$625<br>\$695  | \$35<br>\$1,268<br>\$1,303  | \$18<br>\$1,268<br>\$1,286 | \$36<br>\$1,856<br>\$1,892  | \$19<br>\$1,856<br>\$1,875  |
| <b>COVA HealthAware + Expanded Dental</b>   | Employee Pays<br>State Pays<br>Total Premium | \$49<br>\$625<br>\$744 | \$111<br>\$1,268<br>\$1,379 | \$139<br>\$1,856<br>\$1,995 | \$32<br>\$625<br>\$727 | \$94<br>\$1,268<br>\$1,362  | \$77<br>\$1,268<br>\$1,345 | \$122<br>\$1,856<br>\$1,978 | \$105<br>\$1,856<br>\$1,961 |
| <b>COVA HealthAware + Expanded Dental &amp; Vision</b>                                    | Employee Pays<br>State Pays<br>Total Premium | \$60<br>\$625<br>\$755 | \$132<br>\$1,268<br>\$1,400 | \$169<br>\$1,856<br>\$2,025 | \$43<br>\$625<br>\$738 | \$115<br>\$1,268<br>\$1,383 | \$98<br>\$1,268<br>\$1,366 | \$152<br>\$1,856<br>\$2,008 | \$135<br>\$1,856<br>\$1,991 |
| <b>COVA HDHP</b>  | Employee Pays<br>State Pays<br>Total Premium | \$0<br>\$602<br>\$602  | \$0<br>\$1,120<br>\$1,120   | \$0<br>\$1,637<br>\$1,637   |                        |                             |                            |                             |                             |
| <b>COVA HDHP + Expanded Dental</b>  | Employee Pays<br>State Pays<br>Total Premium | \$33<br>\$602<br>\$635 | \$61<br>\$1,120<br>\$1,181  | \$89<br>\$1,637<br>\$1,726  |                        |                             |                            |                             |                             |
| <b>Kaiser Permanente HMO</b><br><small>(available primarily in Northern Virginia)</small> | Employee Pays<br>State Pays<br>Total Premium | \$77<br>\$641<br>\$718 | \$183<br>\$1,137<br>\$1,320 | \$261<br>\$1,662<br>\$1,923 |                        |                             |                            |                             |                             |
| <b>Optima Health Vantage HMO</b><br><small>(Hampton Roads area)</small>                   | Employee Pays<br>State Pays<br>Total Premium | \$77<br>\$702<br>\$779 | \$183<br>\$1,259<br>\$1,442 | \$261<br>\$1,826<br>\$2,087 |                        |                             |                            |                             |                             |
| <b>TRICARE Voluntary Supplement*</b>  | Total Premium                                | \$61                   | \$120                       | \$161                       |                        |                             |                            |                             |                             |

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

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



\*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.

# 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.

| HEALTH CARE PLANS   |                      | PREMIUM      |                |                      | PREMIUM WITH REWARDS |                    |                   |                    |                          |  |
|---|----------------------|--------------|----------------|----------------------|----------------------|--------------------|-------------------|--------------------|--------------------------|--|
|   |                      | You Only     | You Plus One   | You Plus Two or More | You Only             |                    | You Plus Spouse   |                    | You Plus Spouse and More |  |
|   |                      |              |                |                      | Employee             | Employee or Spouse | Employee & Spouse | Employee or Spouse | Employee & Spouse        |  |
| COVA Care   | Employee Pays        | \$94         | \$217          | \$295                | \$77                 | \$200              | \$183             | \$278              | \$261                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$803</b> | <b>\$1,485</b> | <b>\$2,154</b>       | <b>\$786</b>         | <b>\$1,468</b>     | <b>\$1,451</b>    | <b>\$2,137</b>     | <b>\$2,120</b>           |  |
| COVA Care + Out-of-Network                                      | Employee Pays        | \$113        | \$251          | \$346                | \$96                 | \$234              | \$217             | \$329              | \$312                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$822</b> | <b>\$1,519</b> | <b>\$2,205</b>       | <b>\$805</b>         | <b>\$1,502</b>     | <b>\$1,485</b>    | <b>\$2,188</b>     | <b>\$2,171</b>           |  |
| COVA Care + Expanded Dental                                     | Employee Pays        | \$128        | \$280          | \$387                | \$111                | \$263              | \$246             | \$370              | \$353                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$837</b> | <b>\$1,548</b> | <b>\$2,246</b>       | <b>\$820</b>         | <b>\$1,531</b>     | <b>\$1,514</b>    | <b>\$2,229</b>     | <b>\$2,212</b>           |  |
| COVA Care + Out-of-Network + Expanded Dental                    | Employee Pays        | \$147        | \$314          | \$438                | \$130                | \$297              | \$280             | \$421              | \$404                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$856</b> | <b>\$1,582</b> | <b>\$2,297</b>       | <b>\$839</b>         | <b>\$1,565</b>     | <b>\$1,548</b>    | <b>\$2,280</b>     | <b>\$2,263</b>           |  |
| COVA Care + Expanded Dental + Vision & Hearing                  | Employee Pays        | \$148        | \$316          | \$440                | \$131                | \$299              | \$282             | \$423              | \$406                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$857</b> | <b>\$1,584</b> | <b>\$2,299</b>       | <b>\$840</b>         | <b>\$1,567</b>     | <b>\$1,550</b>    | <b>\$2,282</b>     | <b>\$2,265</b>           |  |
| COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing | Employee Pays        | \$166        | \$350          | \$490                | \$149                | \$333              | \$316             | \$473              | \$456                    |  |
|   | State Pays           | \$709        | \$1,268        | \$1,859              | \$709                | \$1,268            | \$1,268           | \$1,859            | \$1,859                  |  |
|   | <b>Total Premium</b> | <b>\$875</b> | <b>\$1,618</b> | <b>\$2,349</b>       | <b>\$858</b>         | <b>\$1,601</b>     | <b>\$1,584</b>    | <b>\$2,332</b>     | <b>\$2,315</b>           |  |
| COVA HealthAware  | Employee Pays        | \$17         | \$52           | \$53                 | \$0                  | \$35               | \$18              | \$36               | \$19                     |  |
|   | State Pays           | \$695        | \$1,268        | \$1,856              | \$695                | \$1,268            | \$1,268           | \$1,856            | \$1,856                  |  |
|   | <b>Total Premium</b> | <b>\$712</b> | <b>\$1,320</b> | <b>\$1,909</b>       | <b>\$695</b>         | <b>\$1,303</b>     | <b>\$1,286</b>    | <b>\$1,892</b>     | <b>\$1,875</b>           |  |
| COVA HealthAware + Expanded Dental                              | Employee Pays        | \$49         | \$111          | \$139                | \$32                 | \$94               | \$77              | \$122              | \$105                    |  |
|   | State Pays           | \$695        | \$1,268        | \$1,856              | \$695                | \$1,268            | \$1,268           | \$1,856            | \$1,856                  |  |
|   | <b>Total Premium</b> | <b>\$744</b> | <b>\$1,379</b> | <b>\$1,995</b>       | <b>\$727</b>         | <b>\$1,362</b>     | <b>\$1,345</b>    | <b>\$1,978</b>     | <b>\$1,961</b>           |  |
| COVA HealthAware + Expanded Dental + Vision                     | Employee Pays        | \$60         | \$132          | \$169                | \$43                 | \$115              | \$98              | \$152              | \$135                    |  |
|   | State Pays           | \$695        | \$1,268        | \$1,856              | \$695                | \$1,268            | \$1,268           | \$1,856            | \$1,856                  |  |
|   | <b>Total Premium</b> | <b>\$755</b> | <b>\$1,400</b> | <b>\$2,025</b>       | <b>\$738</b>         | <b>\$1,383</b>     | <b>\$1,366</b>    | <b>\$2,008</b>     | <b>\$1,991</b>           |  |

|   |                      |              |                |                |
|---|----------------------|--------------|----------------|----------------|
| COVA HDHP   | Employee Pays        | \$0          | \$0            | \$0            |
|   | State Pays           | \$602        | \$1,120        | \$1,637        |
|   | <b>Total Premium</b> | <b>\$602</b> | <b>\$1,120</b> | <b>\$1,637</b> |
| COVA HDHP + Expanded Dental   | Employee Pays        | \$33         | \$61           | \$89           |
|   | State Pays           | \$602        | \$1,120        | \$1,637        |
|   | <b>Total Premium</b> | <b>\$635</b> | <b>\$1,181</b> | <b>\$1,726</b> |
| Kaiser Permanent HMO<br><small>(available primarily in Northern Virginia)</small>           | Employee Pays        | \$77         | \$183          | \$261          |
|   | State Pays           | \$675        | \$1,199        | \$1,753        |
|   | <b>Total Premium</b> | <b>\$752</b> | <b>\$1,382</b> | <b>\$2,014</b> |
| Optima Health Vantage HMO + Expanded Dental & Vision<br><small>(Hampton Roads area)</small> | Employee Pays        | \$77         | \$183          | \$261          |
|   | State Pays           | \$705        | \$1,264        | \$1,834        |
|   | <b>Total Premium</b> | <b>\$782</b> | <b>\$1,447</b> | <b>\$2,095</b> |
| TRICARE Voluntary Supplement*   | <b>Total Premium</b> | \$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

### Get help choosing your benefits.

ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment.

Click this checkbox to acknowledge that you understand this and agree to the [Terms of Service and Privacy Policy](#)

Get Started ▶

Click "Read more" for information about this tool!

[Read more](#)



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: [www.dhrm.Virginia.gov/employeebenefits/flexiblependingaccounts](http://www.dhrm.Virginia.gov/employeebenefits/flexiblependingaccounts)

## ■ 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 must be incurred by June 30<sup>th</sup> or last day of the month in which your terminate employment
- Reimbursement Deadline is 90 days from the end of your runout period;
  - 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

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- By submitting the Active Employee Health Enrollment Form to HR with any required supporting documents
- In the Cardinal HCM at [www.my.cardinal.virginia.gov](http://www.my.cardinal.virginia.gov)
  - You still must submit supporting documents to HR for any dependents you are adding.

## ■ Enrolling with Cardinal

- Navigate to [www.my.cardinal.virginia.gov](http://www.my.cardinal.virginia.gov)
- Locate “User Registration”
- Use your Health Insurance ID to register your account
  - Health Insurance IDs can be found in Hokie Spa
  - Hokie Spa → Hokie Team → Employment Information
  - 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](http://www.cardinalproject.virginia.gov/job-aids) then use the drop down menu under User Guide and select Employee Self-Service (ESS)

**Hokie TEAM** (Tech Employee Access Menu)

Your VT Hire Date and VA State Hire Date are based on **cont** employees only. If you have questions regarding your dates,

Your current leave balances are displayed for all leave types

#### ID Numbers

| Type          | ID Number   |
|---------------|-------------|
| Cardinal      | 00123456700 |
| Virginia Tech | 901234567   |





## ■ Reminders

- Health insurance is effective the first day of the first **full month** of employment
- You have 30 days from your date of hire to enroll in health insurance
  - 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](mailto:hrservicecenter@vt.edu)
  - [www.hr.vt.edu/benefits/health.html](http://www.hr.vt.edu/benefits/health.html)
  - [www.hr.vt.edu/orientation](http://www.hr.vt.edu/orientation) - for a copy of this presentation
- **Department of Human Resources Management website:**
  - [www.dhrm.Virginia.gov/healthcoverage](http://www.dhrm.Virginia.gov/healthcoverage)
  - [www.dhrm.Virginia.gov/employeebenefits/flexiblespendingaccounts](http://www.dhrm.Virginia.gov/employeebenefits/flexiblespendingaccounts)
    - Flexible Spending Accounts Sourcebook available
  - [www.dhrm.Virginia.gov/covid-19](http://www.dhrm.Virginia.gov/covid-19)



Questions?

