

Health Benefits

Health Insurance Team

Teresa Lyons- Benefits Manager

Leah Atkins- Health Insurance Specialist

Lizzie Ogle- Health Insurance Specialist

Amy Haislip- Benefits Specialist

Judy Hughes- Benefits Assistant

General Mailbox: healthinsurance@vt.edu



Health Benefits 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- **May 1- May 15, 2023**
- New Employee Health Benefits begin the **first day of the first full month of employment**



Enrollment Deadlines



- Employees have **30 days** from their official start date found on the offer letter they received to enroll in health insurance and/or flexible spending accounts
 - **Start Date + 29**
 - **MAKE SURE TO COUNT THE START DATE**
- If the 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
 - **Within 60 days of a Qualifying Event** - marriage, divorce, birth of child, etc. Effective date is dependent on the event and receipt of the request (physical form or digital request using Cardinal HCM)
- New Employees should utilize Cardinal to enroll
- Once a request has been submitted, is approved, and has become effective no changes can be made
- Documentation is required to enroll eligible dependents; requests cannot be processed without them.

Required Supporting Documents

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	I94 form, Valid Visa

- When adding dependents, the Office of Health Benefits (OHB) requires supporting documentation to prove participant eligibility
- When adding a dependent using the Cardinal System, supporting documents are still required and must be submitted to the Virginia Tech Central HR office for approval
 - Secure E-Drop Box at www.hr.vt.edu Click on the orange box that says “Submit Documents to Human Resources”
- All documents must be officially translated into English
 - The Office of Health Benefits will not accept a document translated by the employee
- 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 premium deductions being taken out.

International Employees J1 Visa Holders

- Check J1 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 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 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

Health Insurance Policies

The following COVA policies are offered to all full-time benefits eligible Virginia Tech employees regardless of where they live and/or work:

- COVA Care (Anthem) The logo for COVAcare features a stylized heart shape on the left, composed of a red and a green section, with a green leaf sprouting from the top. To the right of the heart, the word "COVAcare" is written in a sans-serif font, with "COVA" in blue and "care" in red.
- COVA HealthAware (Aetna) The logo for COVA HealthAware features a stylized green apple shape on the left, with a green leaf sprouting from the top. To the right of the apple, the word "COVA" is written in blue and "HealthAware" is written in green.
- COVA High Deductible Health Plan (Anthem) **COVA HDHP**

All COVA policies offer **WORLD WIDE** coverage. There is no additional coverage required to see **MOST** providers outside of Virginia. This is contingent upon providers accepting Anthem and Aetna.

A Closer Look: COVA Care

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

Administered by **Anthem**



- “Traditional” insurance with copays on doctor 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 the employee buys the **Out-of-Network** option
 - Search for In-Network providers at www.anthem.com/cova
 - Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
- **Included in Basic Coverage**
 - **Basic Vision-** Blue View Vision
 - Includes 1 basic eye exam and a % off glasses per year for each covered dependent
 - **Preventative Dental-** Delta Dental
 - Includes 2 cleanings and 1 set of X-rays per year for each covered dependent
- **Available buy-up options:**
 - Vision & Hearing
 - Expanded Dental
 - Out-of-Network

A Closer Look: COVA HealthAware

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA HealthAware	Employee Pays	\$17	\$53	\$54
	State Pays	\$723	\$1,320	\$1,932
	Total Premium	\$740	\$1,373	\$1,986

- 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
 - Unused funds roll over each plan year while on plan with no cap
- 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

Administered by Aetna

• Aetna COVA HealthAware Network

- *In-Network and Out-of-Network*
- Search for In-Network providers at www.covahealthaware.com
- Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
- **Included in Basic Coverage**
 - **Basic Vision- Aetna**
 - See Handout
 - **Preventative Dental- Delta Dental**
 - Includes 2 cleanings and 1 set of x-rays per year for each covered dependent
- **Available buy-up options**
 - Expanded Dental
 - Expanded Dental & Vision



A Closer Look: COVA High Deductible Health Plan (HDHP)

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA HDHP	Employee Pays	\$0	\$0	\$0
	State Pays	\$626	\$1,166	\$1,704
	Total Premium	\$626	\$1,166	\$1,704

- Administered by **Anthem**
- High deductible health plan where all covered expenses run through deductible and coinsurance
- Full family deductibles and out-of-pockets apply for families
 - **Single:** \$1,750
 - **2 or more:** \$3,500
- Anthem PPO Network
 - *In-Network only*
 - Search for In-Network providers at www.anthem.com/cova

Administered by **Anthem**

- **Can pair with a Health Savings Account (HSA)**

- This plan meets the IRS standards to be eligible for an HSA
- **NOT OFFERED AS PAYROLL DEDUCTION THROUGH VT**

- **Included in Basic Coverage**

- **Basic Vision- Blue View Vision**

- Includes 1 basic eye exam and a % off glasses per year for each covered dependent

- **Preventative Dental- Delta Dental**

- Includes 2 cleanings and 1 set of x-rays per year for each covered dependent

- **Available buy-up options**

- Expanded Dental

COVA HDHP

The following policies require that employees live and/or work in certain areas:

- Kaiser Permanente



- Optima Health Vantage HMO



Kaiser and **Optima** are **HMO** policies, or **health maintenance organizations**, that provide health services through a network of doctors all under one “umbrella.”

HMO policies typically do not cover out-of-network providers.

A Closer Look: Kaiser Permanente

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
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

- Available to employees in **Northern Virginia zip codes**
- Plan service area extends to Fauquier County
- “Traditional” **HMO** plan with copays
- **Includes:** 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
- **Dental** - Dominion Dental
- **Vision** - Kaiser Permanente
- **Hearing** - Kaiser Permanente



A Closer Look: Optima Health Vantage HMO

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
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

- Available to employees in **Hampton Roads**
- “Traditional” **HMO** plan with copays
- **Includes:** 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

- **Dental** - Dominion National Dental
- **Vision**- Optima Health Vantage
- **Hearing**- Optima Health Vantage



Supplemental Health Insurance Policy: TRICARE

Administered by
Selman & Company

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
TRICARE Voluntary Supplement*	Total Premium	\$61	\$120	\$161

- **Eligible Employees:** state employees and early retirees who are military retirees, or the spouse of a military retiree
- Must be eligible for **TRICARE**, the military health benefits program, and the State Health Benefits Program
- The **TRICARE Supplement Plan** is a supplement to TRICARE similar to a Medicare supplement plan and will be the **secondary payer** of medical benefits while TRICARE is the primary payer.
- To check eligibility and for additional information call **800-638-2610**, press **option 1**
- Information is available at www.dhrm.Virginia.gov/healthcoverage/tricare
- For additional information please ask for a TRICARE Packet.



Health Plans	COVA HealthAware	COVA Care	COVA HDHP	Health Plans	COVA HealthAware	COVA Care	COVA HDHP
In-Network Benefits	You Pay	You Pay	You Pay	In-Network Benefits	You Pay	You Pay	You Pay
Expanded Dental	<i>Optional Benefit</i> *	<i>Optional Benefit</i> *	<i>Optional Benefit</i> *	Expanded Routine Vision	<i>Optional Benefit</i> *	<i>Optional Benefit</i> *	
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available
• Primary (basic) care	20% after deductible	20% after deductible	20% after deductible	• Contact lenses** - Conventional**	85% of the retail price	85% of the retail price (discount applies to materials only)	Not available
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible	50% after deductible	- Disposable**	Balance after plan pays \$100	Balance after plan pays \$100	
• Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000	- Non-elective**	Balance after plan pays \$250	Balance after plan pays \$250	
Routine Vision - Basic Plan	<i>Included with Medical</i>	<i>Included with Medical</i>	<i>Included with Medical</i>	Routine Hearing	<i>Included in Basic Plan:</i>	<i>Optional Benefit</i> *	
• Annual Routine Vision Exam	\$0	\$15	\$15	• Routine hearing exam (once every plan year)	\$0	\$40	Not available
• Eyeglass frames	65% of the retail price	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	• Hearing aids and other hearing-aid related services	Not available	Balance after plan pays \$1,200 (once every 48 months)	Not available
• Eyeglass lenses - standard plastic - Single - Bifocal - Trifocal	\$40 \$60 \$80	\$50 \$70 \$105	\$50 \$70 \$105	• Benefit maximum	Not available	\$1,200	Not available
• Contact lenses** - Conventional** - Disposable** - Non-elective**	Conventional contact lenses: 85% of the retail price	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Conventional contact lenses: 85% of the retail price (discount applies to materials only)	Out-of-Network	<i>Included in Basic Plan:</i>	<i>Optional Benefit</i> *	
					Additional deductible and out-of-pocket limits apply. 40% coinsurance after deductible of \$3,000/\$6,000. Balance billing may apply.	Plan payment reduced by 25%. Balance billing may apply.	Not available

Buy-Up Options for COVA Members

Page 7 of the Spotlight on Your Benefits packet

When selecting Buy-Up Options...

- Buy-Up options are only offered to **COVA** enrollees. Kaiser Permanente and Optima Health Vantage do not offer additional benefits at an increased premium.
- You cannot enroll in the buy-up options without the basic health insurance policy; they go together.
 - Example: An employee cannot enroll only in Dental coverage, they must be enrolled in health insurance (**COVA Care, COVA HealthAware, or COVA HDHP**) to be eligible for the buy-up.
- When enrolling in a Buy-Up option you are enrolling **everyone covered under the policy**. You cannot only enroll one member and not the others.
- Not all policies offer all the Buy-Up options.
- Buy-Up options will increase your premium.
- Buy-Up options have a cap on how much is allotted for services rendered each plan year.
 - **Example:** Dental: \$2,000 per year, \$2,000 *Life Time Orthodontic Benefit*. Once the limits have been met members are responsible for the full cost of services.

Expanded Dental: Delta 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.

Health Plans	COVA Care	COVA HealthAware	COVA HDHP
In-Network Benefits	You Pay	You Pay	You Pay
Dental Services			
- Diagnostic and preventive	\$0	\$0	\$0
Expanded Dental	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>
- Maximum benefit – per member	\$2,000	\$2,000	\$2,000
- Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150
- Primary (basic) care	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
- Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000	50% no deductible \$2,000

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 on lays, 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.

Expanded Vision

The expanded vision option is offered to **COVA Care** and **COVA HealthAware** participants and includes coverage for eyeglasses and contact lenses. See page 7 of the Spotlight on Benefits packet for additional information.

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.*

Routine Hearing

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

Routine Hearing	<i>Optional Benefit*:</i>
· Routine hearing exam (once every plan year)	\$40
· Hearing aids and other hearing-aid related services	Balance after plan pays \$1,200 (once every 48 months)
· Benefit maximum	\$1,200

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

Out-of-Network

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

If a doctor lives outside of Virginia they are not necessarily out-of-network. Anthem offers not only local coverage but national and world wide coverage. It would be a prudent idea to check with your providers to see if they accept Anthem before enrolling.

Wellness & Preventative Services

Certain Wellness & Preventative services are offered for free or at a low cost!

These services include:

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

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

For COVA HealthAware members, some of these services are also *“Do Rights”* and can earn you extra money in your HRA!

*\$50 per service up to \$150 for single coverage or \$300 if an eligible spouse is enrolled.

COVA Health & Wellness Programs

These programs are offered at no cost to you and any covered dependents as long as you are enrolled in health insurance. In a lot of cases, they can actually help you save money!

- **Diabetes Prevention Program (DPP):** COVA Care and COVA HDHP (Anthem) members have access to digital health coaching to reduce the risk of type 2 diabetes at no cost to them.
- **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 additional dental benefit.
 - Delta Dental of Virginia's Healthy Smile, Healthy You™ program provides additional benefits for pregnancy, diabetes, and high-risk cardiac conditions.

*All Health & Wellness Programs are offered directly through the health insurance provider. Please see the last page of the Spotlight on Your Benefits packet for contact information for each program.

*COVA HealthAware members receive their Rx benefits through Anthem and will receive any prescription-related incentive from Anthem. If you have questions regarding this benefit or an incentive associated with Rx benefits contact Anthem Pharmacy at 833-267-3108.

Regional Health & Wellness Programs

- Kaiser Permanente HMO and Optima Health HMO members also have special coaching and wellness programs for members and their covered family members.
- Enrollees should see their Evidence of Coverage from their plan's website for more information.

Employee Assistance Program (EAP)

The EAP offers all covered employees and their covered dependents access to 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

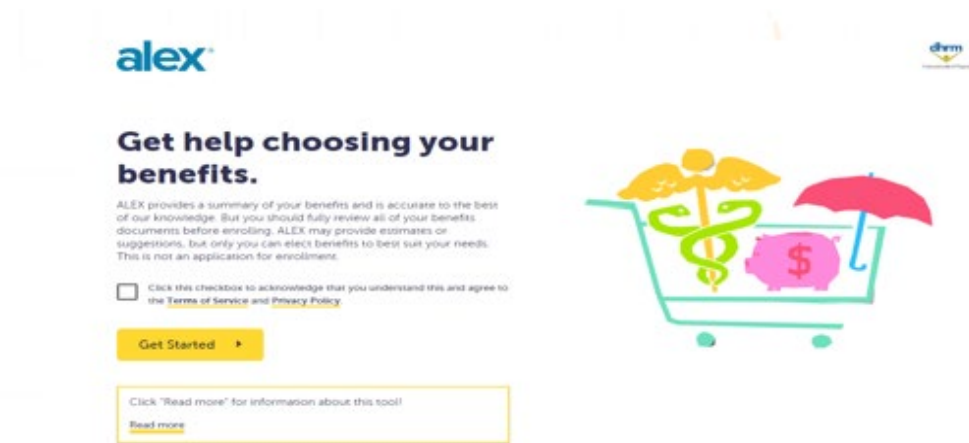
- The first 4 visits per incident are free; a copay will apply to additional visits
- Not all therapists/counselors that are considered in-network are a part of the EAP. Please be sure to check with your provider.
- EAP is administered by the health insurance providers
- Refer to the last page of the Spotlight on Your Benefits packet for additional information
- **Hokie Wellness:** 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

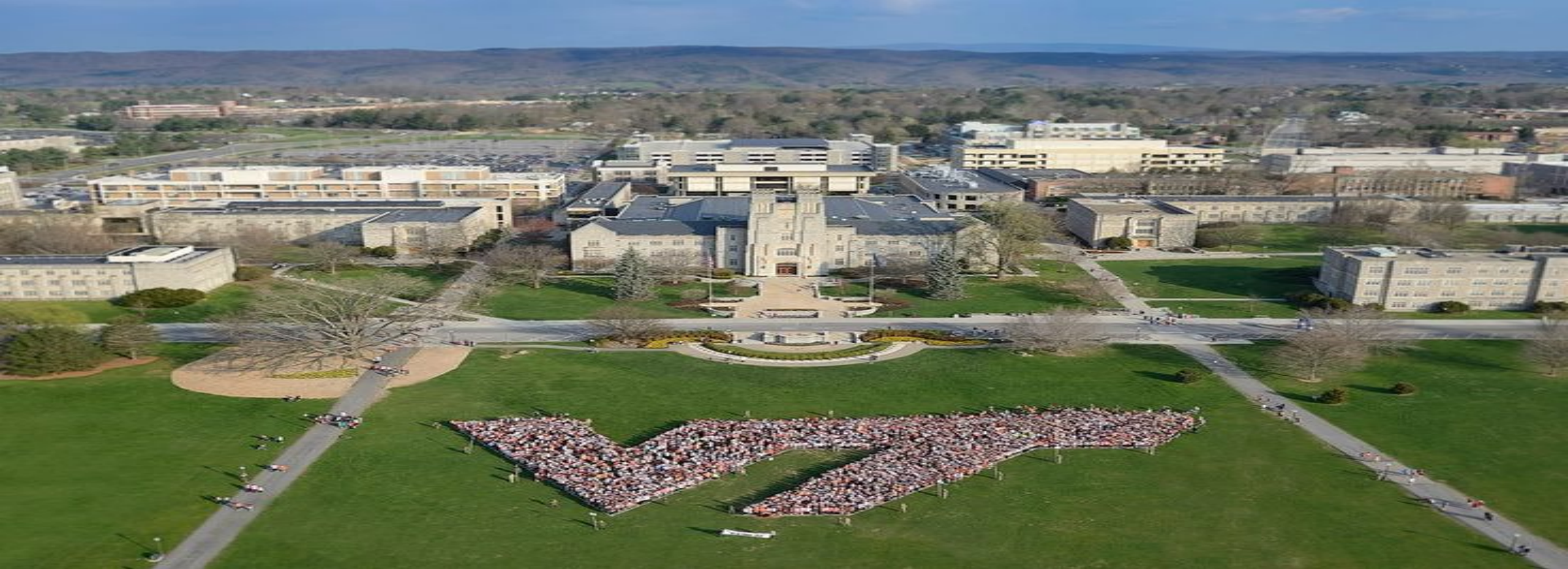
Still Not Sure What Plan is Best for You?

Choosing a health insurance policy is an important decision that can be difficult to make. If you are still not sure which will work best for you, consult **ALEX**!



ALEX will evaluate your input and recommend a plan tailored to you and your specific needs.

Visit <http://www.myalex.com/cova/2023>



Premiums

Page 3 of the Spotlight on Your Benefits Packet

General Premium Information

- See Page 3 of the **Spotlight on Your Benefits** packet for the full chart
- Premiums listed on the chart are for the **full month**. Divide the shown amount by 2 to see the per pay period amount.
- The first deduction for newly enrolled employees is typically a full month's deduction (or more) due to the submission date, processing completion date, and payroll processing deadlines.
- There is a survey that enrolled employees and eligible spouses can complete to receive a reduction in their monthly premiums
- Until your health insurance is processed your payroll deduction and other information found in Hokie Spa will reflect as **“WAIVED”**. This is a placeholder and does **not** reflect the actual status of your health insurance request.
- Premium and plan benefits may change subject to final state budget approval.

Premium Rewards

Save on your monthly premiums with Premium Rewards!

- Employees enrolled in **COVA Care** and **COVA HealthAware** policies are eligible to earn a reduction off their premium by completing a brief survey
- **Employees and their spouse** can complete the survey. Children are not eligible to complete the survey
- The survey can be found on the health insurance provider websites
 - COVA Care: www.anthem.com/cova
 - COVA HealthAware: www.aetna.com
- Employees are urged to wait until they receive their health insurance cards in the mail to attempt to complete the survey
- The survey cannot be taken before enrollment is completed
- It can take up to 6 weeks for the reduced premium to reflect on payroll deductions

Employee: \$17/ month

Employee & Spouse: \$34/ month

COVA Premiums

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA Care	Employee Pays	\$97	\$224	\$306
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$835	\$1,544	\$2,241
COVA Care + Out-of-Network	Employee Pays	\$117	\$260	\$359
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$855	\$1,580	\$2,294
COVA Care + Expanded Dental	Employee Pays	\$130	\$285	\$395
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$868	\$1,605	\$2,330
COVA Care + Out-of-Network + Expanded Dental	Employee Pays	\$150	\$321	\$448
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$888	\$1,641	\$2,383
COVA Care + Expanded Dental + Vision & Hearing	Employee Pays	\$150	\$321	\$448
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$888	\$1,641	\$2,383
COVA Care + Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays	\$170	\$357	\$500
	State Pays	<u>\$738</u>	<u>\$1,320</u>	<u>\$1,935</u>
	Total Premium	\$908	\$1,677	\$2,435

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
COVA HealthAware	Employee Pays	\$17	\$53	\$54
	State Pays	<u>\$723</u>	<u>\$1,320</u>	<u>\$1,932</u>
	Total Premium	\$740	\$1,373	\$1,986
COVA HealthAware + Expanded Dental	Employee Pays	\$49	\$112	\$140
	State Pays	<u>\$723</u>	<u>\$1,320</u>	<u>\$1,932</u>
	Total Premium	\$772	\$1,432	\$2,072
COVA HealthAware + Expanded Dental & Vision	Employee Pays	\$60	\$133	\$170
	State Pays	<u>\$723</u>	<u>\$1,320</u>	<u>\$1,932</u>
	Total Premium	\$783	\$1,453	\$2,102
COVA HDHP	Employee Pays	\$0	\$0	\$0
	State Pays	<u>\$626</u>	<u>\$1,166</u>	<u>\$1,704</u>
	Total Premium	\$626	\$1,166	\$1,704
COVA HDHP + Expanded Dental	Employee Pays	\$33	\$60	\$88
	State Pays	<u>\$626</u>	<u>\$1,166</u>	<u>\$1,704</u>
	Total Premium	\$659	\$1,226	\$1,792

Regional Policy Premiums

HEALTH CARE PLANS		PREMIUM		
		You Only	You Plus One	You Plus Two or More
Kaiser Permanente HMO + Dental & Vision (available primarily in Northern Virginia)	Employee Pays	\$80	\$190	\$272
	State Pays	<u>\$737</u>	<u>\$1,311</u>	<u>\$1,916</u>
	Total Premium	\$817	\$1,501	\$2,188
Optima Health Vantage HMO + Dental & Vision (Hampton Roads area)	Employee Pays	\$80	\$190	\$272
	State Pays	<u>\$733</u>	<u>\$1,315</u>	<u>\$1,907</u>
	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

Questions?



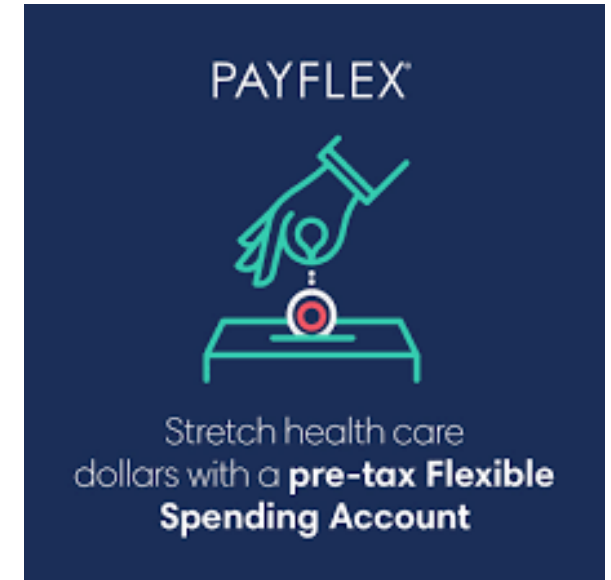


Flexible Spending Accounts

Page 13 of Spotlight on Your Benefits packet
www.payflex.com

General Information: Flexible Spending Accounts

- Flexible Spending Accounts (FSA) are tax-advantaged accounts that allow you to contribute money through payroll deductions on a pre-taxed basis.
- You do not need to be enrolled in a health insurance policy to enroll in an FSA.
- You cannot contribute to an FSA and an HSA at the same time
- Two types of accounts that are governed by IRS regulations:
 - Health FSA for medically qualified expenses
 - Dependent Care FSA for dependent care expenses
- Both accounts are administered by PayFlex (www.payflex.com)
- Funds that aren't used are forfeited "Use it or Lose it"
- Plan year runs July 1 - June 30
 - You must re-enroll each year during open enrollment
- 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/flexiblespendingaccounts



Health Flexible Spending Account

- 2023-2024 OPEN ENROLLMENT Maximum Contribution \$3,050
- Cannot contribute while also contributing to Health Savings Account (HSA)
- Health Flexible Spending Accounts are “front-loaded”. The annual amount elected will be accessible beginning on your health insurance effective date.
- 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 with a physical form, online, in the PayFlex App, or by fax
- Participant’s responsibility to keep receipts, invoices, and other documentation



Dependent Care Flexible Spending Account

- 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
- There is no card associated with this account.
- The funds build upon themselves based on payroll deductions
- Expenses must be paid for out-of-pocket until the amount needed to cover the service is available
- All reimbursements must be filed via a physical form, by fax, in the mail, online, or in the PayFlex App
- Participant's responsibility to keep receipts, invoices, and other documentation
 - All requests for reimbursement will require supporting documents



Flexible Spending Account Expenses and Reimbursements

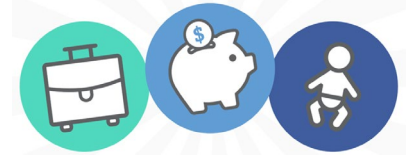
- Expenses must be incurred by **June 30th** or the last day of the month in which you terminate employment
- Reimbursement Deadline is **90 days from the end of your runout period;**
 - End of the plan year

OR

- End of the month of your last day of employment

Example: If you terminated on 10/2/2023 you have until 10/31/2023 to incur expenses. You can submit reimbursement requests to PayFlex for 3 months.

- Health Flexible Spending Accounts have a **PayFlex Master Card** associated with the account.
- Dependent Care Flexible Spending Accounts **do not** have a card. All reimbursements must be filed.
- PayFlex may request supporting documentation. It is vital to get them these documents **AS SOON AS POSSIBLE**. If they are not received your PayFlex card may be deactivated which may have tax implications.
- Funds that aren't used are forfeited **"Use it or Lose it"**
- Flexible Spending Accounts are governed by the IRS
- If you are enrolled in the **COVA HealthAware** policy that has a built-in HRA, the HRA will pay first and the Flexible Spending Account can only be used once the HRA is depleted. There is no way to change the order of payment.
- If you currently have a Health Savings Account (HSA) but are not contributing you **CAN** enroll in a Flexible Spending Account. If you are still contributing you **CANNOT** also contribute to an FSA.





Enrollment

Pages 4-5 of the Spotlight on Your Benefits packet

New Employee Enrollment: Cardinal HCM

- Navigate to 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

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

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)

*Your Cardinal ID, without the 0's, will also be the numbers associated with your Health Insurance ID.

COVA Care: FVICARDINALIDXU

COVA HealthAware: 00CARDINALID

New Employee Enrollment: State Transfers

- If you are **transferring from another state agency that subscribes to the COVA health insurance policies** you **CANNOT** make any changes to your health insurance policy, enrolled dependents, dependent care flexible spending accounts, or health flexible spending accounts.

- Transfers are asked to complete a physical form so that we can make sure everything is re-elected correctly. It helps us if you indicate on your form that you are a transfer.

- **Examples of state agencies:** Radford University, Old Dominion University, William and Mary



- If you are coming from a **local government agency, The Local Choice Group**, you will need to enroll/re-enroll in health insurance benefits based on the new employee deadline.

- **Examples of The Local Choice Group agencies:** Montgomery County Schools, the town of Blacksburg, Floyd County

Enrollment Reminders

- If you are enrolling dependents you must submit the required supporting documentation before the request can be approved
 - Secure E-Drop Box at www.hr.vt.edu Click on the orange box that says “Submit Documents to Human Resources”
- You must complete enrollment within 30 days of your initial start date (start date + 29 days)
- Once your request has been submitted, approved, and has become effective absolutely no changes can be made
- Flexible Spending Account funds are “use it or lose it”, plan accordingly. **YOU MUST RE-ENROLL EACH YEAR DURING OPEN ENROLLMENT TO CONTINUE THE ACCOUNT.**
- Cardinal is only used by Virginia Tech for tracking health insurance. Please do not be concerned by information about retirement or other benefits that you see in Cardinal.
- Your coverage, regardless of submission and approval status, will become effective the first day of the first full month you are employed.
 - Example 1: Start Date- 10/3/2023 Effective Date- 11/1/2023
 - Example 2: Start Date- 10/1/2023 Effective Date- 10/1/2023

Good Resources

- Human Resources Service Center:
 - Suite 2300 in the North End Center
 - Phone: (540) 231-9331
 - Email: hrrservicecenter@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
- PayFlex
 - www.payflex.com

Meet the Health Insurance Team!

Teresa Lyons: Benefits Manager

Email: tlyons@vt.edu

Leah Atkins: Health Insurance Specialist

Email: leahatkins@vt.edu

Lizzie Ogle: Health Insurance Specialist

Email: elizabethogle@vt.edu

Amy Haislip: Benefits Specialist

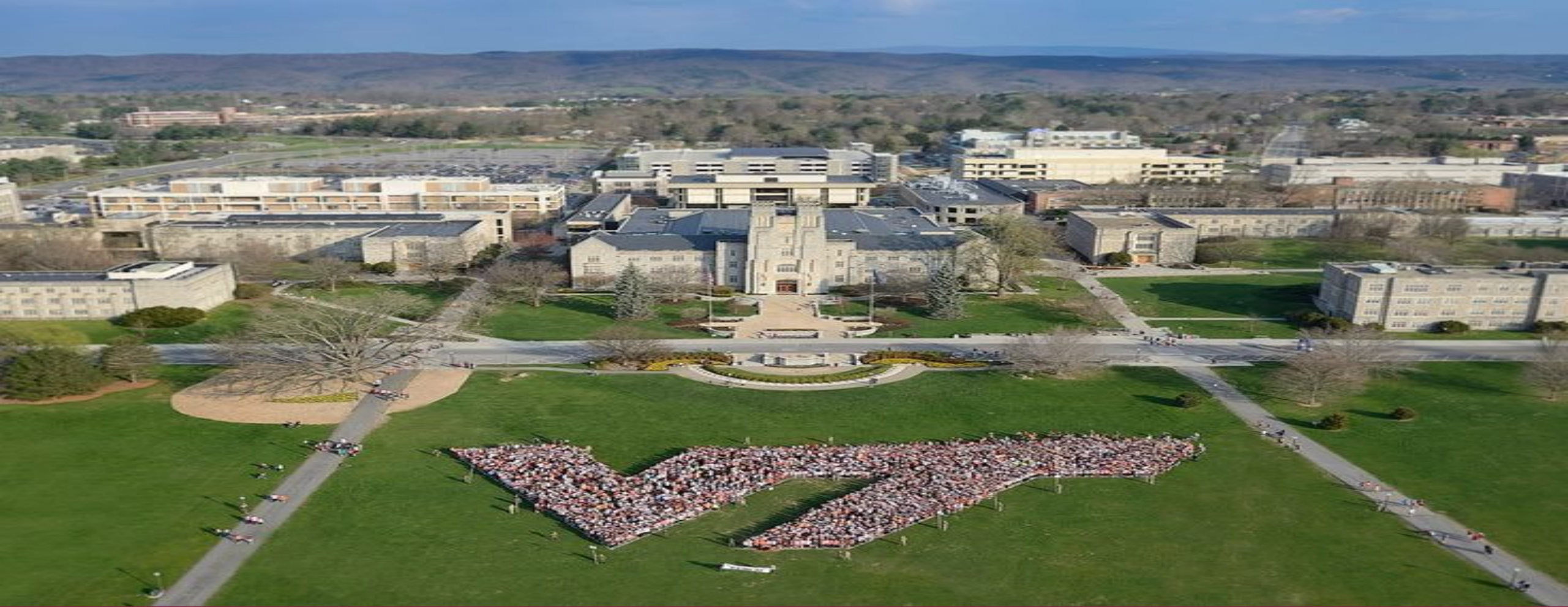
Email: amyph@vt.edu

Judy Hughes: Benefits Assistant

Email: judyh@vt.edu



General Questions:
healthinsurance@vt.edu



Questions?

At this time, we will take a brief break and split into breakout rooms:

Staff: In-person, please go to room 2440. On Zoom, please accept breakout room invitation.

Faculty: In-person, please stay in room 2420. On Zoom, please stay in main Zoom room.

**Please look at your welcome letter to determine whether you are restricted or regular faculty – this information will be helpful to know for the next session.*