

Health Benefits

Health Insurance Team

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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 – May of each year. Dates are set by the Office of Health Benefits
 - 2025: May 16- May 30, 2025
- 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, you can only enroll during:
 - Open Enrollment – May of each year. The 2025 OE is May 16- May 30. Changes become effective on July 1st
 - Within 60 days of a Qualifying Event – marriage, divorce, birth of a child, etc. The 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

Required Supporting Documents

Dependent	Documentation
Spouse	Marriage certificate <i>and</i> the first page of your most recent 1040 tax form
Child	Birth certificate
Step Child	Birth certificate
Dependent without SSN	Valid Visa <i>or</i> i94

- 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 Mingzhi Li or Global Strategic Services for additional help
 - Mingzhi Li: Senior Immigration Program Manager, Responsible Officer for J-1 Exchange Visitor Program
mingzhil@vt.edu / 540-231-1425
 - Global Strategic Services: vtgss@vt.edu

2024 BENEFITS AT A GLANCE

Health Plans	COVA HealthAware	COVA Care	COVA HDHP	Kaiser Permanente HMO	Sentara Health Plans HMO
Benefits	You Receive	You Receive	You Receive	You Receive	You Receive
Health Reimbursement Arrangement (HRA) <i>Employer deposit to your HRA on July 1, 2024</i>	\$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	\$200
Two or more persons	\$3,000	\$600	\$3,500	None	\$400
Out-of-pocket expense limit – per plan year					
• One person / Two or more persons	\$3,000 / \$6,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$2,000 / \$4,000
Doctor's visits (in person and telemedicine)					
• Primary care physician	20% after deductible	\$25	20% after deductible	\$25	Tier 1: \$10 / Tier 2: \$30
• Telehealth physician visit	\$0 www.teladoc.com/aetna	\$0 Sydney Health app and www.livehealthonline.com	20% after deductible Sydney Health app and 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: \$20 / Tier 2: \$50
• Urgent Care	20% after deductible	\$25 PCP/\$40 specialist	20% after deductible	\$40	\$60

Health Insurance Policies

Page 8 of the Spotlight on Your Benefits Packet "2024 Benefits at a Glance"

A Closer Look: COVA Care

HEALTH CARE PLANS		PROPOSED 2024-2025 MONTHLY PREMIUMS		
COVA Care	Employee Pays	You Only	You Plus One	You Plus Two or More
	State Pays	\$103	\$236	\$323
	Total Premium	\$783	\$1,404	\$2,056
		\$886	\$1,640	\$2,379

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
 - Basic Hearing FOR MINORS ONLY- Anthem
 - A \$1,500 benefit for a minor pays every 24 months
- Available buy-up options:
 - Vision & Hearing
 - Expanded Dental
 - Out-of-Network

A Closer Look: COVA HealthAware

HEALTH CARE PLANS		PROPOSED 2024-2025 MONTHLY PREMIUMS		
COVA HealthAware	Employee Pays	You Only	You Plus One	You Plus Two or More
	State Pays	\$17	\$53	\$54
	Total Premium	\$768	\$1,404	\$2,056
		\$785	\$1,457	\$2,110

Administered by Aetna



- 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
- 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
 - Basic Hearing FOR MINORS ONLY- Aetna
 - A \$1,500 benefit for a minor pays every 24 months
- Available buy-up options
 - Expanded Dental
 - Expanded Dental & Vision

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

HEALTH CARE PLANS		PROPOSED 2024-2025 MONTHLY PREMIUMS		
COVA HDHP	Employee Pays State Pays Total Premium	You Only	You Plus One	You Plus Two or More
		\$0	\$0	\$0
		\$665	\$1,239	\$1,810
		\$665	\$1,239	\$1,810

Administered by Anthem

COVA HDHP

- 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
- HealthKeepers HMO network.
 - The network includes most providers and all hospitals in Virginia. Members do not need a referral for services but should check that providers are in-network with HealthKeepers,
 - Search for In-Network providers at www.anthem.com/cova
 - Outside of Virginia members will use *Anthem's Blue Card national PPO networks*
- Includes out-of-network benefits with a separate deductible and out-of-pocket limit for in-network and out-of-network services.
- 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
 - Basic Hearing FOR MINORS ONLY- Anthem
 - A \$1,500 benefit for a minor pays every 24 months
- Available buy-up options
 - Expanded Dental

A Closer Look: Kaiser Permanente

HEALTH CARE PLANS		PROPOSED 2024-2025 MONTHLY PREMIUMS		
Kaiser Permanente HMO + Dental & Vision (available primarily in Northern Virginia)	Employee Pays State Pays Total Premium	You Only	You Plus One	You Plus Two or More
		\$86	\$202	\$289
		\$783	\$1,395	\$2,038
		\$869	\$1,597	\$2,327



- 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
- Basic Hearing FOR MINORS ONLY
 - A \$1,500 benefit for a minor pays every 24 months
- “Care Anywhere” which offers coverage for emergencies and travel
 - Visit: kp.org/facilities or kp.org/travel for more information
- Preventive care covered at 100%
- Kaiser HMO Network
 - *In-Network only**
 - Search for In-Network providers at my.kp.org/commonwealthofvirginia
 - Dental – Liberty Dental Plan
 - Vision – Kaiser Permanente
 - Hearing FOR MINORS ONLY: A \$1,500 benefit for a minor pays every 24 months

A Closer Look: Sentara Health Plans Vantage HMO

HEALTH CARE PLANS		PROPOSED 2024-2025 MONTHLY PREMIUMS		
Optima Health Vantage HMO + Dental & Vision (Hampton Roads area)	Employee Pays State Pays Total Premium	You Only	You Plus One	You Plus Two or More
		\$86	\$202	\$289
		<u>\$769</u>	<u>\$1,382</u>	<u>\$2,004</u>
		\$855	\$1,584	\$2,293



- 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
- Access to a national network of providers outside of the Sentara Health Plans service area through PHCS/Multiplan at the in-network benefit level for eligible covered dependents
- Optima HMO Network
 - *In-Network only**
 - Search for In-Network providers at <https://www.sentarahealthplans.com/cova>
 - Coverage Includes:
 - Dental – Dominion National Dental
 - Vision- VSP Vision Care
 - Hearing FOR MINORS ONLY: A \$1,500 benefit for a minor pays every 24 months

Supplemental Health Insurance Policy: TRICARE

Tier of Coverage	Employee Pays
Employee Only	\$61.00
Employee Plus Spouse	\$120.00
Employee Plus Children <small>(no spouse)</small>	\$120.00
Employee Plus Family <small>(one or more children AND spouse)</small>	\$161.00

Administered by Selman & Company



- Open to 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.
- 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.
- For more information including specific eligibility call 1-800-638-2610, press Option 1
<https://info.selmanco.com/cova> www.dhrm.Virginia.gov/healthcoverage/tricare
- New York State residents should contact the Office of Health for premiums

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
Annual Routine Vision Exam	\$0	\$15		Expanded Routine Vision	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>	
Annual Routine Hearing Exam	\$0	Optional benefit*		• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available
Hearing aids and other hearing-aid related services children age 18 and younger (per hearing impaired ear)	Balance after plan pays \$1,500 (once every 24 months)	Balance after plan pays \$1,500 (once every 24 months)		• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available
Dental Services				• Contact lenses** - Conventional**	85% of the retail price	85% of balance after plan pays \$100	Not available
Diagnostic and preventive	\$0	\$0		- Disposable**	Balance after plan pays \$100	Balance after plan pays \$100	
Expanded Dental	<i>Optional Benefit*:</i>	<i>Optional Benefit*:</i>		- Non-elective**	Balance after plan pays \$250	Covered in full	
• Maximum benefit – per member	\$2,000	\$2,000		Routine Hearing	<i>Included in Basic Plan:</i>	<i>Optional Benefit*:</i>	
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150		• Routine hearing exam (once every plan year)	\$0	\$40	Not available
• Primary (basic) care	20% after deductible	20% after deductible		• Hearing aids and other hearing-aid related services*	Not available	Balance after plan pays \$1,200 (once every 48 months)	Not available
• Complex restorative (inlays, onlays, crowns, dentures, bridgework)	50% after deductible	50% after deductible		• Benefit maximum	Not available	\$1,200	Not available
• Orthodontic - Lifetime maximum benefit	50% no deductible \$2,000	50% no deductible \$2,000		Out-of-Network	<i>Included in Basic Plan:</i>	<i>Optional Benefit*:</i>	<i>Included in Basic Plan:</i>
Routine Vision – Basic Plan	<i>Included with Medical:</i>	<i>Included with Medical:</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.	Additional deductible and out-of-pocket limits apply. 30% coinsurance after deductible of \$1,750/\$3,500. Balance billing may apply.
• Annual Routine Vision Exam	\$0	\$15					
• Eyeglass frames	65% of the retail price	80% of the retail price. OR 65% of the retail price when purchased as a complete pair of eyeglasses					
• Eyeglass lenses - standard plastic - Single - Bifocal - Trifocal	\$40 \$60 \$80	\$50 \$70 \$105					
• 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)					

Buy-Up Options for COVA Members

Page 9 of the Spotlight on Your Benefits packet “Benefits at a Glance”
Under Wellness & Preventative Services

When selecting Buy-Up Options...

- Buy-up options are only offered to COVA enrollees. Kaiser Permanente and Sentara Health Plans Vantage HMO 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.
- All policies include basic dental, basic vision, and a \$1,500 hearing benefit for minors with no increased premium.
- Not all policies offer all the Buy-Up options.
- Buy-up options will increase your premium.

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 HealthAware	COVA Care	COVA HDHP
In-Network Benefits	You Pay	You Pay	You Pay
Dental Services			
Diagnostic and preventive	\$0	\$0	\$0
Expanded Dental	Optional Benefit*:	Optional Benefit*:	Optional Benefit*:
• 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	50% no deductible	50% no deductible	50% no deductible
- Lifetime maximum benefit	\$2,000	\$2,000	\$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.

Once per plan year:

- The plan pays \$100 towards frames and you would pay 80% of the balance.
- You have a \$20 copay 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.

Health Plans	COVA HealthAware	COVA Care
In-Network Benefits	You Pay	You Pay
Expanded Routine Vision	Optional Benefit*:	Optional Benefit*:
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100
• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20
• Contact lenses** - Conventional**	85% of the retail price	85% of balance after plan pays \$100
- Disposable**	Balance after plan pays \$100	Balance after plan pays \$100
- Non-elective**	Balance after plan pays \$250	Covered in full

*Routine vision includes coverage for a basic eye exam, standard plastic lenses, and a % of the cost of conventional contact lenses.

*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	Optional Benefit*:
• 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.
- COVA Care *with Optional Vision & Hearing Benefit*: The \$1,500 benefit will pay first for a minor every 24 months, if the benefit doesn't cover the hearing aid, the minor can utilize the optional benefit of \$1,200 every 48 months.
- Basic hearing includes hearing aids and related services for minor children (18 and younger). Coverage includes the cost of one hearing aid, per hearing-impaired ear, every 24 months, up to \$1,500.

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 also national and worldwide 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 HealthAware	COVA Care	COVA HDHP	Kaiser Permanente HMO	Sentara Health Plans HMO
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!

- PreventativeRx: Members can receive certain medications and supplies at no cost for hypertension, diabetes, asthma, and chronic obstructive pulmonary disease/COPD. See PreventiveRx Plus on page 14 of the Spotlight on Your Benefits packet.
- Talkspace: Members and dependents 13 years or older will be able to utilize Talkspace for their behavioral health needs. The health plan's applicable behavioral health copay and/or coinsurance will apply, or Talkspace can be used as an option for the member's EAP visits.
- SmartShopper: Incentive programs to reduce healthcare costs and reward members for making informed, cost-effective decisions about healthcare <https://cova.smartshopper.com>
- Maternity Management: Expectant mothers have access to a nurse coach
 - Enroll and complete the plan's required tasks to earn a financial incentive
 - COVA Care, COVA HDHP: Building Health Families \$300 waiver on the night spent in the hospital giving birth
 - COVA HealthAware: Aetna Maternity Program \$300 deposit in HRA
- 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.

COVA Health & Wellness Programs

COVA Care and COVA HDHP (Anthem)

- Virtual Physical Therapy from LIVEHEALTH online powered by Sword: LiveHealth Online Healthy Back & Joints powered by Sword offers virtual in-home physical therapy. There is no cost to participate for both COVA Care and COVA HDHP members.
- Cancer Care Navigator: Cancer Care Navigators are health educators specially trained to support members undergoing cancer treatment.
- 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.

*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.

COVA Health & Wellness Programs

COVA HealthAware (Aetna)

- **Aetna Cancer Support:** A digital information hub for members to use as a source for information and guidance on what to expect while managing cancer treatment and care. Includes access to a personal navigator and guided genetic health program.

*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.

* Kaiser and Sentara members see their Evidence of Coverage from their plan's website for more information about wellness programs

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

Insurance	Website	Phone Number
Anthem COVA Care & COVA HDHP	www.anthemeap.com	1-855-223-9277
Aetna	www.mylifevalues.com	1-888-238-6232
Kaiser	www.achievesolutions.net/kaiser	866-517-7042
Sentara	https://sentaraeap.personaladvantage.com/auth/hashcode	1-800-899-8174

- 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
- TalkSpace can be used for EAP
- 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 Medicaid coverage
 - Maintain employer-sponsored group health insurance coverage
 - Health insurance meets HIPP program criteria
- For more information and to apply:
 - Website: www.dmas.virginia.gov/#/hipp
 - Email: HIPPcustomerservice@dmas.virginia.gov
 - Phone: (804) 225-4236



Still Not Sure What Plan is Best for You?

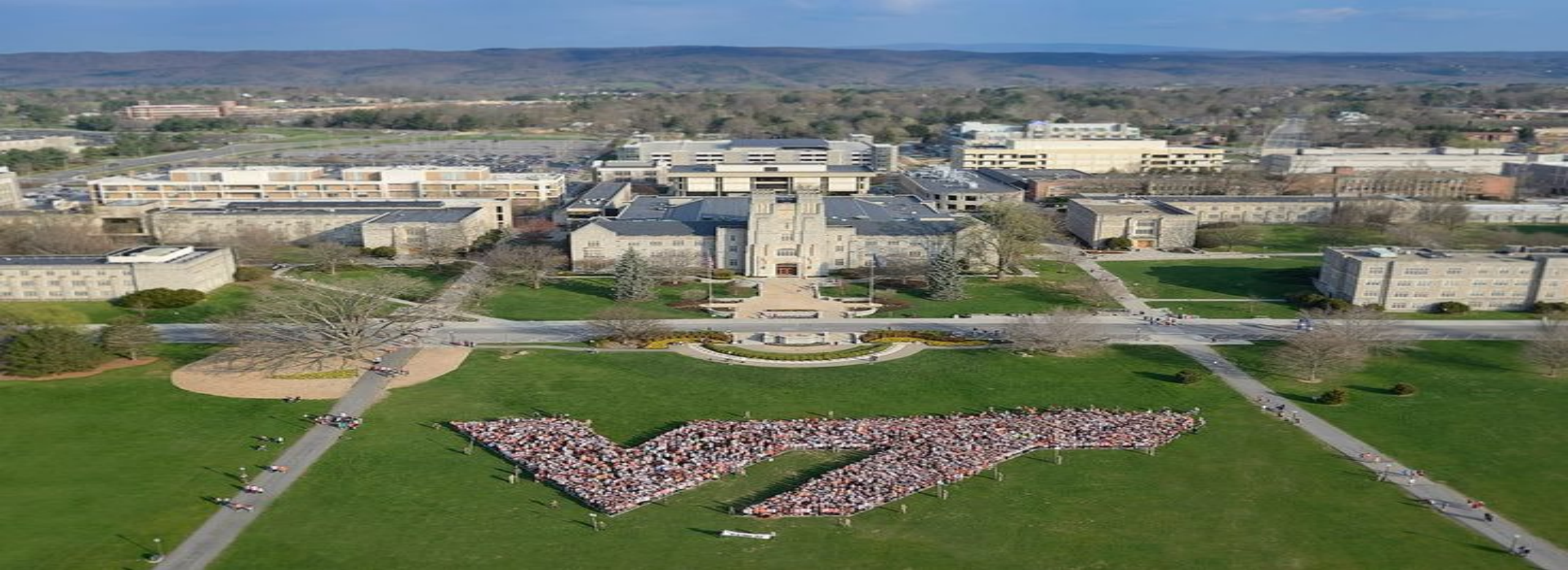
Choosing a health insurance policy is an important decision that can be difficult to make. If you are still not sure which will work best for you, consult ALEX!



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

Visit <https://start.myalex.com/cova>

See page 3 of the Spotlight on Benefits packet for QR code



Premiums

Page 7 of the Spotlight on Your Benefits Packet
Proposed premiums have been approved

General Premium Information

- See Page 7 of the Spotlight on Your Benefits packet for premium amounts. Proposed premiums have been approved and are final.
- Premiums listed on the chart are for the full month. Divide the shown amount by 2 to see the per pay period amount.
- Cardinal will list the TOTAL premium amount for the remaining months of the health insurance year based on the effective date of coverage.
- The first deduction for newly enrolled employees is typically a full month's deduction (or more) due to the submission date, when the request is processed, and payroll processing deadlines.
- Until health insurance requests are processed, payroll deductions and other details in Hokie Spa will show as "WAIVED." This serves as a temporary placeholder and doesn't indicate the actual status of enrollment. For specific information on health insurance and FSA enrollment, refer to Cardinal. Only current details will be displayed; future-dated information will appear once it becomes effective.
- Employees cannot enroll or make changes to their health insurance policy, membership level, or FSA enrollment in Hokie Spa. Initial enrollment, qualifying mid-year event changes, and open enrollment elections must be made in Cardinal or by using the Active Employee Enrollment Form.

Questions?





Flexible Spending Accounts

Page 20 of Spotlight on Your Benefits packet
www.inspirafinancial.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 (health savings account) at the same time. Virginia Tech DOES NOT offer an HSA as a benefit or payroll deduction.
- 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 Inspira Financial: <https://inspirafinancial.com/>
- Funds that aren't used are forfeited "Use it or Lose it"
- Plan year runs July 1 – June 30
 - *To continue the FSA 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

- 2024-2025 Maximum Contribution \$3,200
- Cannot contribute while also contributing to Health Savings Account (HSA)
- Health Savings Accounts are not offered as a benefit or payroll deduction at Virginia Tech.
- 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
 - Inspira Financial Master Card
 - File for reimbursement with a physical form, online, in the Inspira Financial App, or by fax
- It is the participant’s responsibility to keep receipts, invoices, and other documentation that might be needed for reimbursement.



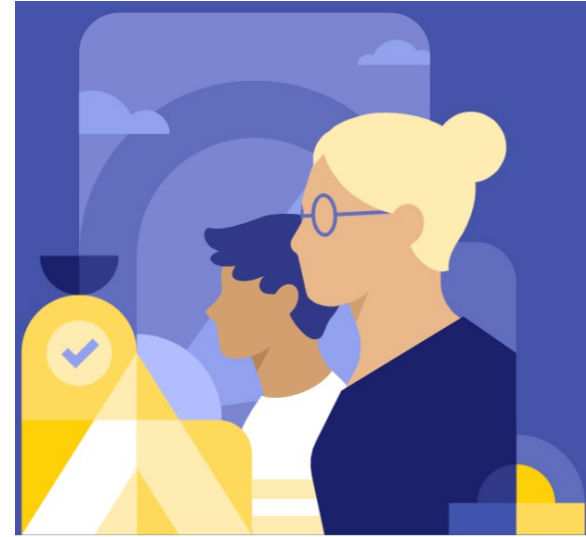
Dependent Care Flexible Spending Account



- Maximum contribution of \$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 for 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 Inspira Mobile
- Participant's responsibility to keep receipts, invoices, and other documentation
 - All requests for reimbursement will require supporting documents

Flexible Spending Account Expenses and Reimbursements

- The reimbursement deadline is 90 days from the end of the runout period.
- Account terms on June 30 or the last day of the month of employee separation.
- Example:
 - Separation Date: April 2, 2025
 - Account Open Until: April 30, 2025
 - Reimbursement Submission Deadline: July 29, 2025
- Health Flexible Spending Accounts include an Inspira Financial MasterCard.
- Dependent Care Flexible Spending Accounts do not have a card; you must pay out of pocket and file for reimbursement.
- Inspira Financial may request supporting documentation. It's essential to provide these documents promptly. Failure to do so could result in the account tax implications.
- "Use it or Lose it": Funds that are not used will be forfeited.
- These accounts are governed by the IRS.
- If you are enrolled in the COVA HealthAware policy with a built-in HRA, the HRA will be applied first. The Flexible Spending Account can only be used once the HRA is depleted or for dental and vision services. The order of payment cannot be changed.
- If you have a Health Savings Account (HSA) but *are not* contributing, you can enroll in a Flexible Spending Account. However, if you are *still contributing* to an HSA, you cannot also contribute to an FSA.
- Requires re-enrollment to continue account each year during Open Enrollment!!



Flexible Spending Account and Open Enrollment

Flexible Spending Accounts (FSAs) for New Employees

If you choose to enroll in a Health or Dependent Care FSA during your *initial enrollment*, your funds can be used for eligible expenses incurred through **June 30, 2025**.

To have FSAs in the new plan year, you'll need to submit another request for Open Enrollment. These elections will begin on July 1 and be effective through June 30, 2026.

FSA elections do not carry over automatically, so both steps are required to maintain coverage.



Enrollment

Page 4-5 of Spotlight on Your Benefits packet, "Submitting Your Open Enrollment Elections in Cardinal"
The events differ but the steps remain the same

New Employee Enrollment: Cardinal HCM Registration

- 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- Cardinal Id
 - 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** dates apply for salaried employees only. If you have question

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)

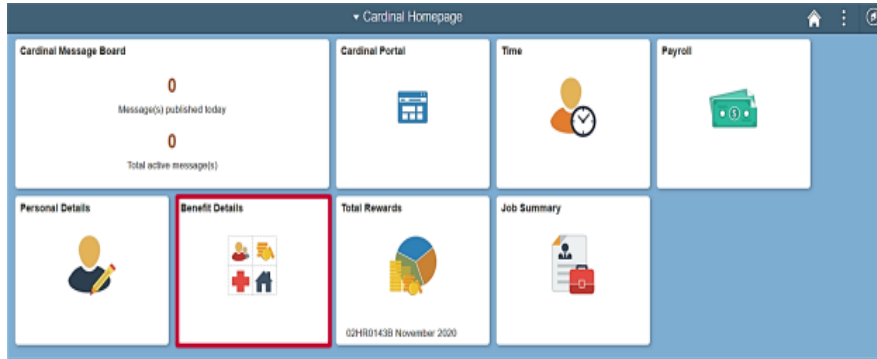
*Your Cardinal ID, without the 0's, will also be the numbers associated with your Health Insurance ID.

COVA Care: FVICARDINALIDXU

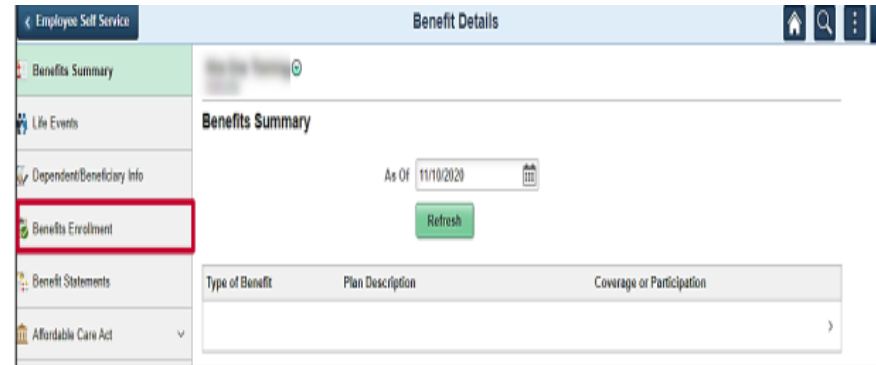
COVA HealthAware: 00CARDINALID

New Employee Enrollment: Cardinal HCM

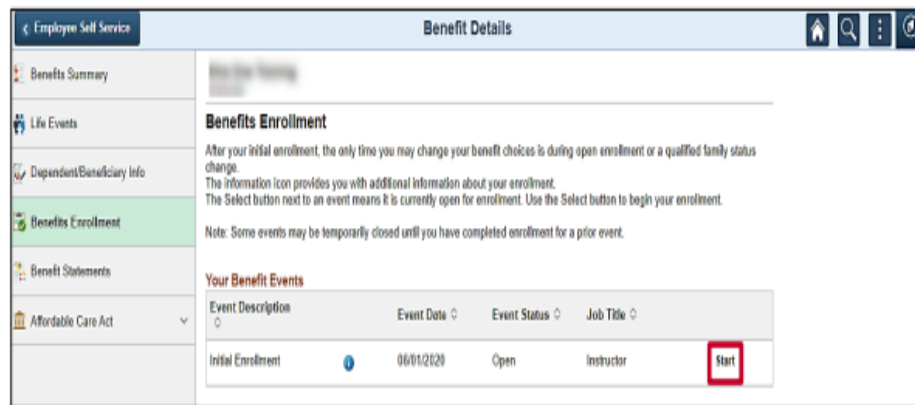
Click Benefit Details Tile



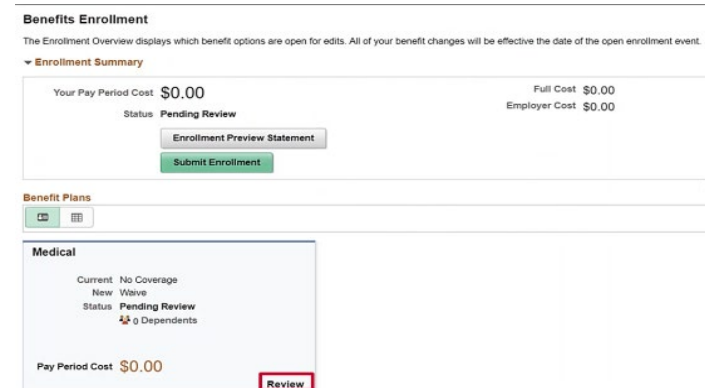
Benefit Enrollment



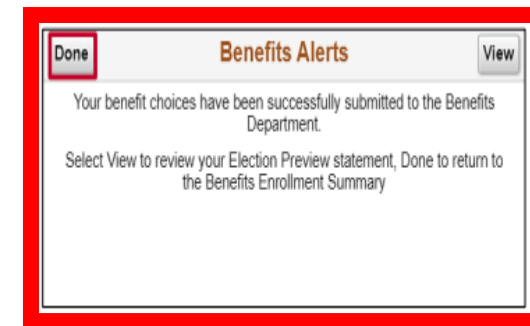
Start



Review and Make Elections in Each Tile



MAKE SURE YOU CLICK DONE!



*When adding dependents DO NOT change the effective date that should reflect as your start date.

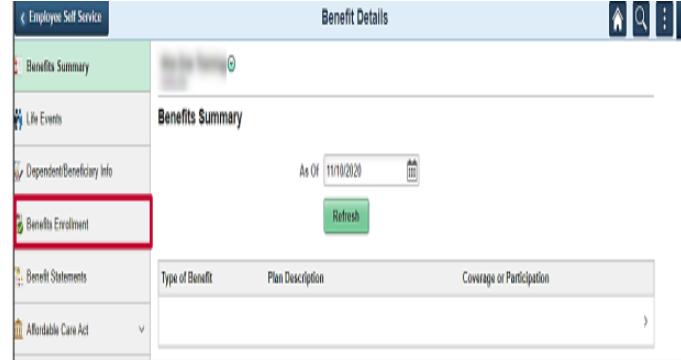
*If a dependent has an SSN, it must be included. The request won't be processed without one.

New Employee Enrollment: Cardinal HCM WAIVING COVERAGE

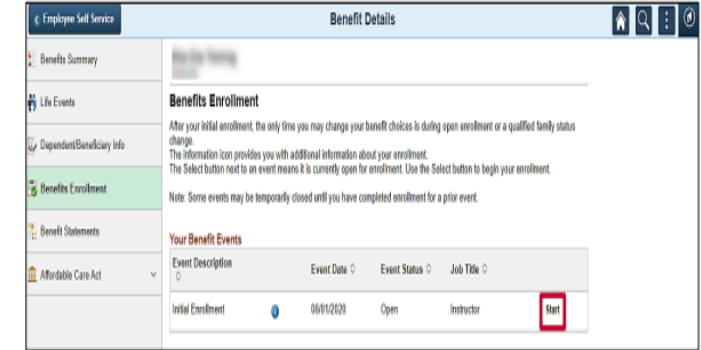
Click Benefit Details Tile



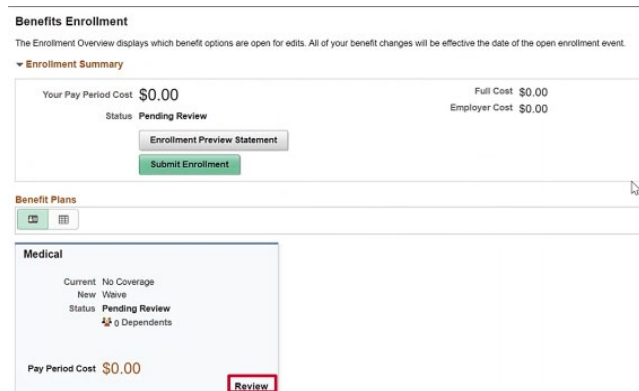
Benefit Enrollment



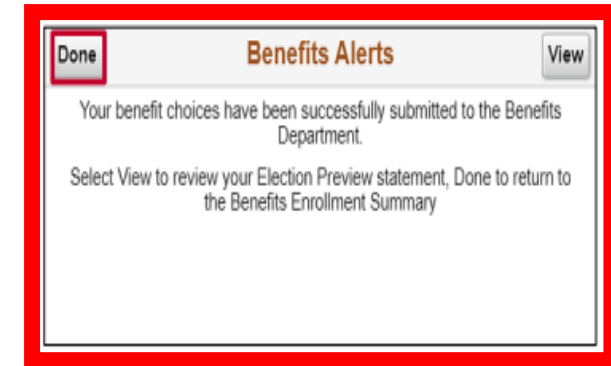
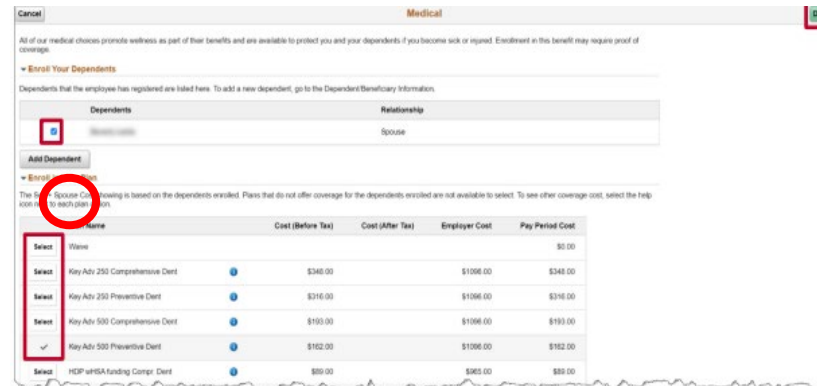
Start



Review Medical Tile



Select the first option under "Enroll in Your Plan"



MAKE SURE YOU CLICK DONE!

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

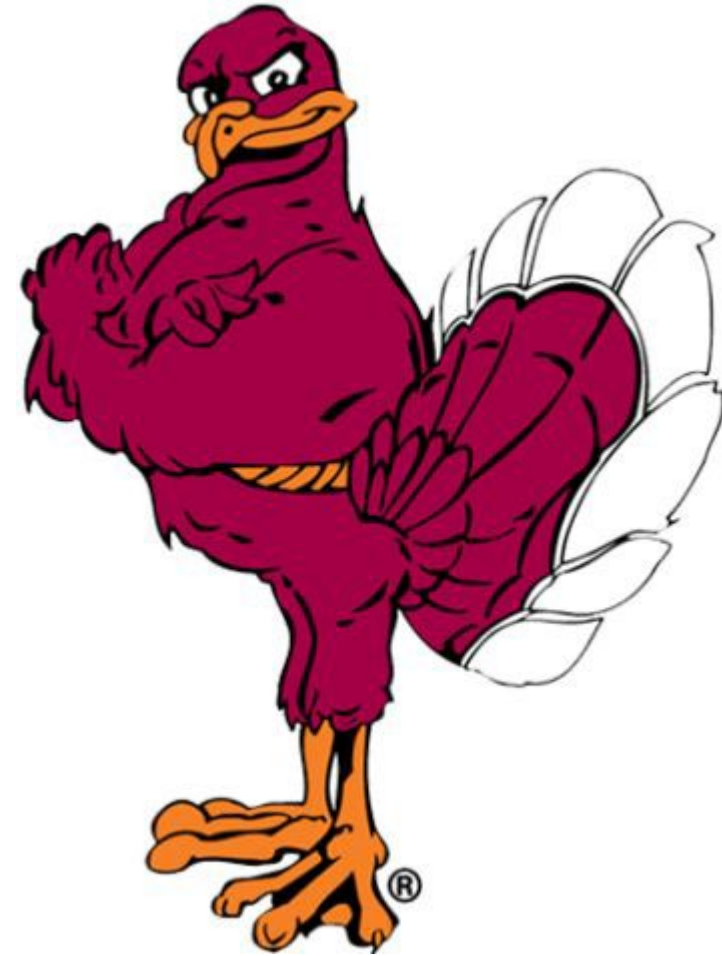


Enrollment Reminders

- 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.
- 2025-2026 Open Enrollment: May 16- May 30
 - Initial enrollment FSA funds expire June 30, 2025
 - Must re-enroll during OE for July 1, 2025- June 30, 2026
- Cardinal is only used by Virginia Tech for tracking health insurance. Please do not be concerned by information about retirement, marital status, 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- 4/1/2025, Effective Date- 4/1/2025
 - Example 2: Start Date- 4/4/2025, Effective Date- 5/1/2025

Good Resources

- General Questions: healthinsurance@vt.edu
- Human Resources Service Center:
 - North End Center, 300 Turner Street NW, Suite 2300 M-F 8 am-5 pm
 - Phone: (540) 231-9331
 - Email: hrrservicecenter@vt.edu
 - www.hr.vt.edu/benefits/health.html
 - www.hr.vt.edu/orientation
- Department of Human Resources Management website:
 - www.dhrm.Virginia.gov/healthcoverage
 - www.dhrm.Virginia.gov/employeebenefits/flexiblespendingaccounts
 - Flexible Spending Accounts Sourcebook available
- Inspira Financial
 - www.inspirafinancial.com





Questions?