DEPARTMENT OF HEALTH INSURANCE HUMAN RESOURCES
HEALTH INSURANCE PLANS

COVA care

KAISER PERMANENTE®

COVA HealthAware
Know Your Numbers

COVA HDHP

TRICARE®
COVERAGE BEGINS

Plan year is from July 1 – June 30.

Employees must enroll within 30 days of HIRE date (date employment begins).

If enrollment form is received by Human Resources within 30 days, insurance will begin the first day of the first full month of employment.

Example: If hire date is January 1, insurance is effective January 1. If hire date is January 2-31, insurance is effective February 1.
MISS THE 30 DAY DEADLINE?

Employees may only enroll:

- During the next open enrollment period.
- Within 60 days of a qualifying mid-year event.
OPEN ENROLLMENT

- Enrollment period usually occurs during the month of May with a July 1 effective date.

- DHRM will send a mailing to home address and Virginia Tech will communicate via VT News and HR website.

- Employee maintains same health insurance election if no action is taken during open enrollment.
TYPES OF QUALIFYING MID-YEAR EVENTS

- Marriage or divorce.
- Birth or adoption of child.
- Death of spouse or child.
- Loss of other eligibility.
- Unpaid leave of absence.
- Dependent moves to the United States.
QUALIFYING MID-YEAR EVENTS

All requests must be received by Human Resources within 60 days of the event with documentation.

The effective date will be the first of the month after request is received by Humans Resources or on Employee Direct.

Additional information can be found on the State Health Enrollment form.
TO ENROLL OR MAKE A CHANGE

- Initial enrollment must be completed with a hardcopy enrollment form.
- Changes can be made using the enrollment form or by going online to Employee Direct.
- All changes require documentation to be submitted to Human Resources.
ELIGIBLE DEPENDENTS

Legally married spouse.

Children and stepchildren

Through the end of the calendar year that they turn 26.

Incapacitated adult dependents.

Discuss individual restrictions, qualifications, and exceptions with Human Resources.
ELIGIBLE DEPENDENTS – COURT ORDER

Other child that a court has ordered the employee or the employee’s legal spouse to assume sole permanent custody of may also be covered until the end of the year that he or she turns age 26 if:

- The principal place of residence is with the employee.
- They are a member of the employee’s household.
- They receive over one-half of their support from the employee.
- The custody was awarded prior to the child’s 18th birthday.
ELIGIBLE DEPENDENTS
DOCUMENTATION

- Documentation on dependents is required.
- Please remit copies of the documentation with enrollment form:
  - Registered marriage certificate and first page of most recent tax return (1040) showing employee and spouse filing as married.
  - Birth certificate.
  - Adoption agreement.
  - Court order.
- Any documents in a foreign language must be translated to English.
VISA REQUIREMENTS

Employees should check their visa requirements before electing a health insurance plan to ensure it meets regulations.

If a plan does not meet requirements, employee is responsible to pick up a secondary insurance through a private provider.

This does not constitute as an eligible qualifying mid-year event.
COVA CARE PROVIDERS

- Health: Anthem.
- Behavioral Health: Anthem.
- Prescriptions: Anthem.
- Dental: Delta Dental.
COVA CARE ANNUAL DEDUCTIBLE

$300 Individual / $600 Dual or Family.

- Diagnostic lab tests, shots, x-rays.
- Ambulance services.
- Medical equipment and supplies.

After the deductible is met, insurance company pays 80 percent and employee pays 20 percent.
COVA CARE COPAY

- Family Doctor: $25.
- Specialist: $40.
- Outpatient surgery: $125.
- Inpatient hospital: $300.
- Emergency room: $150.

Outpatient, inpatient, and emergency room copays are for the facility fee only.

Copays are in addition to any testing, lab work, or other services performed.
COVA CARE OUT-OF-POCKET LIMIT

- $1,500 limit for employee only.
- $3,000 limit for two or family.

In-network limits includes copayments for physicians, specialists, mental health providers, in-patient and out-patient hospital copayments.
COVA CARE OUT-OF-POCKET LIMIT RESTRICTIONS

Services not included in put-of-pocket:
- Vision and hearing (if benefit purchased).
- Out-of-network (if benefit purchased).
- Dental expenses.
- Services not covered under the plan.
PRESCRIPTION DRUGS

- Tier I – Generic: $15.
- Tier II – Mid-cost brand: $30.
- Tier III – High cost brand: $45.
- Tier IV – Specialty: $55.

Mandatory Generic Rule – If generic is available and you receive the brand name drug, you will pay the brand name copayment, plus the difference in cost between the brand name and generic.
PRESRIPTION MAIL ORDER

90-day supply of maintenance drugs.

- Tier I: $30.
- Tier II: $60.
- Tier III: $90.
- Specialty: $110.
COVA HEALTHAWARE PROVIDER

- Health: Aetna.
- Behavioral Health: Aetna.
- Prescriptions: Aetna.
- Dental: Aetna.
COVA HEALTHWARE

Deductible per plan year:
- One person: $1,500 in-network / $3,000 out-of-network.
- Two or more: $3,000 in-network / $6,000 out-of-network.

No copays for doctor visits or prescriptions.
- Employee is responsible for the allowable charge which applies towards the deductible.
COVA HEALTHAWARE PLAN
CONTINUED

After deductible is met, insurance provider pays 80 percent and employee pays 20 percent.

Out of pocket maximums:

- One person: $3,000 in-network / $6,000 out-of-network.
- Two or more: $6,000 in-network / $12,000 out-of-network.

Once out of pocket has been reached, all medical expenses (including prescriptions) are covered at 100 percent.
COVA HEALTHAWARE HRA

Includes a Health Reimbursement Arrangement (HRA).

- COVA HealthAware will fund a HRA for the employee and enrolled spouse.
  - Prorated based upon effective date of coverage.
  - Employee and spouse can earn up to an additional $150 each by completing “do right” health activities: annual physical, dental exam, flu shot, tracking health activity ($50 per activity).
COVA HEALTHAWARE HRA CONTINUED

- All covered members are eligible to use the HRA for medical expenses.
- Expenses will automatically be paid from available HRA fund first.
  - Once the funds have been updated, employee is responsible for the remainder of the deductible and coinsurance.
- Unused funds rollover to the next year provided the employee continues with COVA HealthAware.
- Unused funds are not paid out upon termination or if the employee switches to a different health provider.
PREVENTATIVE SERVICES

- All plan types include preventative services.
- No copay for routine physical office visit.
- Includes preventative services: gynecological exam, pap test, mammography screening, prostate exam, prostate specific antigen test, colorectal cancer screening.
BEHAVIORAL HEALTH BENEFITS

Employee Assistance Program (EAP)
Available to all covered family members.

- Stress.
- Relationship concerns.
- Depression.
- Anger Management.
- Child/adolescent issues.
- Eldercare.
- Substance abuse.
- Grief.
- Work-related issues.
- Divorce or separation.
- Domestic violence.
- Personal development.
- Job dissatisfaction.
- Dealing with difficult behaviors.
EAP EXPENSES

All services must be pre-approved and coordinated through the Employee Assistance Program (EAP).

- First four visits are free.
- Employee will be charged a copay for continued care.
BASIC DENTAL

All plans include basic dental coverage.

$2,000 benefit per person per plan year.

Cleanings: Two per year covered at 100 percent.

Diagnostic and preventative care covered at 100 percent including oral exam and x-rays.
BUY-UP-OPTIONS

- Expanded dental.
- Out-of-network coverage.
- Vision and hearing.
OPTIONAL EXPANDED DENTAL

- Optional for all plans.
- All preventative services covered at 100 percent.
- Primary dental services include fillings, extractions, and root canals.
  - Participant pays a $50 deductible per person.
  - Once deductible is met, plan pays 80 percent and employee pays 20 percent.
EXPANDED DENTAL – MAJOR SERVICES

- Complex (major services) includes crowns, dentures, bridges.
  - Participant pays $50 deductible and 50 percent of charge.

- Orthodontic services covered at 50 percent up to a maximum of $2,000 per person per lifetime (no deductible).
OPTIONAL OUT-OF-NETWORK

- Optional for COVA Care.
- Included with COVA HealthAware.
- Not available for COVA HDHP and Kaiser Permanente.
- Allows access to providers not accepting health insurance plan.
OPTIONAL OUT-OF-NETWORK COSTS

- COVA Care – pays at in-network level minus 25 percent.
- COVA HealthAware – once deductible is met the provider pays 60 percent (included).
- Participants are responsible for difference between allowable charge and billed amount.
EMERGENCIES

If an employee does not purchase this option:

- Insurance covers emergency care ONLY.
- This does not include urgent care visits.
- Has separate deductibles and out-of-pocket maximums.
OPTIONAL BUY-UP VISION & HEARING

- Optional for COVA Care.
- Included with COVA HealthAware with optional components.
- Included with Kaiser Permanente.
- Not available for COVA HDHP.
- Must also purchase expanded dental to add buy-up.
- Medical eye conditions are covered under health insurance.
OPTIONAL BUY-UP VISION

- Visual Exam.
- COVA Care - $40 copay.
- COVA HealthAware – included in the basic plan.
- Hardware allowance is $100 plus additional percentage off balance.
OPTIONAL BUY-UP-HEARING

Benefits available every 12 months. Included automatically with vision buy-up.

Hearing Exam.

COVA Care       $40 copay
COVA HealthAware Included in basic plan

Hardware allowance.

COVA Care       $1,200
COVA HealthAware Not available
COVA HIGH DEDUCTIBLE HEALTH PLAN (HDHP) PROVIDERS

- Health: Anthem.
- Behavioral Health: Anthem.
- Prescriptions: Anthem.
- Dental: Delta Dental.
HIGH DEDUCTIBLE HEALTH PLAN

- Deductible per plan year: $1,750 for individual coverage and $3,500 for two or more.
- No copays for doctor visits or prescriptions.
  - Employee is responsible for the allowable charge which applies towards the deductible.
HIGH DEDUCTIBLE HEALTH PLAN CONTINUED

$5,000 max out-of-pocket for individual.

$10,000 max out-of-pocket for family,

Eligible for Health Savings Account (HSA).

Employee funded.

Employees must set that up with financial institution of choice.
KAISER PERMANENTE

- HMO plan available only in Northern Virginia.
- No deductible.
- Copay: $25 PCP/$40 specialist.
- Prescriptions: $15/$25/$40.
- Out-of-pocket maximum: $1,500/$3,000.
- Vision and dental coverage.
- Review [Kaiser Permanente](https://www.kaiserpermanente.com) information online.
TRICARE SUPPLEMENT

TRICARE eligible employees include:

- Military retirees who are entitled to retiree, retainer or equivalent pay.
- Retired Reservists enrolled in TRICARE Retired Reserves.
- Spouses and surviving spouses of retired uniformed service members.
TRICARE ELIGIBLE EMPLOYEES

Review TRICARE information online.

For additional information, contact Becky Morris at 540-231-3781 or benefit8@vt.edu.
MyActiveHealth

- Provides access to tools and services to encourage healthier lifestyles.
- Features lifestyle and weight loss coaching.
- Includes a free health assessment,
- Includes a maternity and diabetic benefit program.
MyActiveHealth – Premium Rewards

Employees whose health insurance is effective July 1 is eligible to receive discounts on premiums.

Set up an account with MyActiveHealth and complete both items by designated deadlines.

- Complete online health assessment.
- Complete biometric screening.
HEALTH INSURANCE FORM

- Rate sheet shows monthly premium.
- Divide premium in half to determine per paycheck deduction.
- Premiums are deducted pre-taxed.
- If enrollment form is submitted after payroll entry deadlines, your first deduction may be higher in order to “catch up” on the premium.
HEALTH INSURANCE ENROLLMENT FORM

Section 1: Personal Information

Name: [Printed Name]
Address: [Address]
Phone: [Phone Number]
Email: [Email]
Emergency Contact: [Name]
Relationship: [Relationship]
Phone: [Phone Number]

Section 2: Reason For This Enrollment or Election Change Request

Check the box that applies. The numbers in parentheses are for agency use.

[ ] Open Enrollment
[ ] Initial Enrollment for Newly Hired/Benefits-Eligible Employee
[ ] First day of employment
[ ] Qualifying Life Event Document to Support the Event

Section 3: Flexible Spending Accounts Election

To elect an FSA, enter the amount you wish to deduct each pay period. For assistance in determining your pay period election, complete the FSA worksheet available from CHRAV in the HR Office or your Benefits Administrator.

Section 4: Health Care Coverage Election

Check the box that applies. You will not be reimbursed if you select a family plan.

[ ] Single
[ ] Single plus Dependent
[ ] Single plus Dependent(s)

Section 5: Employee Certification and Authorization

You certify that you are eligible to participate in the Flexible Spending Account Plan. You understand and agree to all of the terms and conditions of the Plan, and you are responsible for any claims made under the Plan. You authorize the Plan Administrator to process claims and payments for services covered under the Plan. You authorize the Plan Administrator to deduct the amount of your election from your pay and to provide the Plan Administrator with any information they request to verify your eligibility and the amount of your election.

Print Your Name: [Printed Name]
Social Security Number: [SSN]

Section 6: Agency Verification and Approval

Date: [Date]
Agency Signature: [Signature]
Agency Contact Information: [Phone Number]

Important: The Agency Verification document is the official form of the change. It is your responsibility to review and confirm the document before it is submitted for processing.
CONTACT INFORMATION

Virginia Tech Department of Human Resources
North End Center
300 Turner Street NW, Suite 2300
(0318)
Blacksburg, VA 24061
540-231-9331

Must receive enrollment form within 30 days of hire date.