Health Benefits
Health Benefits Basics

- Two main components:
  - Health Insurance
    - With options to buy up to expanded dental, vision, hearing
  - Flexible Spending Accounts (FSAs)
    - Health FSA
    - Dependent Care FSA
Health Benefits Enrollment

- Employees have 30 days from date of hire to enroll. Benefits begin the first day of the month following date of hire. If deadline is missed, employees can only enroll during:
  - Open Enrollment – each year around the first two weeks in May (watch for announcements). Effective date is July 1
  - Within 60 days of a Qualifying Event – marriage, divorce, birth of child, etc. Effective date is dependent on the event and receipt of the form
- Initial enrollment and subsequent changes must be completed using a paper enrollment form
- Documentation to Human Resources will be required for changes
International Employees

- Check visa requirements before electing a health insurance plan to ensure it meets regulations
- All documentation needs to be translated into English. Cranwell International Center can assist
- See Human Resources if you require further assistance
# Health Insurance Comparison

<table>
<thead>
<tr>
<th>HEALTH PLANS</th>
<th>COVA Care ( Anthem )</th>
<th>COVA HealthAware ( Anthem )</th>
<th>COVA HDHP ( Anthem )</th>
<th>Kaiser Permanent ( Kaiser )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
<td>You Receive</td>
</tr>
<tr>
<td>HEALTH REIMBURSEMENT ARRANGEMENT (HRA) Employer deposit to your HRA on July 1, 2017</td>
<td>Not available</td>
<td>$500 employee</td>
<td>$500 employee spouse</td>
<td>Not available</td>
</tr>
<tr>
<td>In-Network Benefits</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td>DEDUCTIBLE – PER PLAN YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>$300</td>
<td>$1,500</td>
<td>$1,750</td>
<td>None</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$600</td>
<td>$3,000</td>
<td>$3,500</td>
<td>None</td>
</tr>
<tr>
<td>OUT-OF-POCKET EXPENSE LIMIT – PER PLAN YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One person</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$5,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Two or more persons</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$10,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Pharmacy expenses count toward out-of-pocket limit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOCTOR’S VISITS (in person and telemedicine)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care physician</td>
<td>$25</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$40</td>
</tr>
<tr>
<td>HOSPITAL SERVICES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$300 per stay</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$300 per admission</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$125 per visit</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$75 per visit</td>
</tr>
<tr>
<td>EMERGENCY ROOM VISITS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(waived if admitted)</td>
<td>$150 per visit</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>$75 per visit (waived if admitted)</td>
</tr>
<tr>
<td>EMPLOYEE ASSISTANCE PROGRAM (EAP) Up to 4 visits per incident</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>PRESCRIPTION DRUGS – MANDATORY GENERIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETAIL PHARMACY</td>
<td>Up to 34-day supply</td>
<td>$15/$30/$45/$55</td>
<td>Up to 34-day supply</td>
<td>Up to 34-day supply</td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>Medical center: $15/$20/$40</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community participating:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$20/$45/$60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3 x copayment for 90 days)</td>
</tr>
<tr>
<td>HOME DELIVERY PHARMACY</td>
<td>Up to 90-day supply</td>
<td>$300/$600/$900/$110</td>
<td>Up to 90-day supply</td>
<td>Up to 90-day supply</td>
</tr>
<tr>
<td></td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>Up to 90-day supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$13/$23/$38</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2 x copayment for 90 days)</td>
</tr>
</tbody>
</table>
A Closer Look: Cova Care

- “Traditional” insurance with copays on doctor visits, prescription drugs, etc
- Individual deductibles and out-of-pockets for each member
- Anthem PPO Network
  - In-Network only unless employee buys the Out-of-Network option
  - Search for In-Network Providers at [Anthem](#)
  - Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
- Dental - Delta Dental
- Vision & Hearing (optional) - Anthem
A Closer Look: Cova HealthAware

- High deductible health plan where all covered expenses run through deductible and coinsurance
- Paired with a Health Reimbursement Arrangement (HRA)
  - Funded each plan year with $600 for employee and $600 for spouse
  - Pro-rated amount if plan starts mid-plan year (reduced by approximately 1/12 for each month after July)
  - Unused funds roll over each plan year while on plan
  - Earn extra money in the HRA by performing “Do-Rights”
- Individual deductibles and out-of-pockets for each member
- Aetna Cova HealthAware Network
  - In-Network and Out-of-Network
  - Search for In-Network Providers at Aetna DocFind
  - Additional deductible, coinsurance, and out-of-pocket limits apply for out-of-network benefits
- Dental – Aetna Dental
A Closer Look: Cova HDHP

- High deductible health plan where all covered expenses run through deductible and coinsurance
- Can pair with a Health Savings Account (HSA)
  - Tax-sheltered savings account only available with qualified plans
  - Employee opens it directly; not through employer
  - Account is owned by employee and money rolls over each year
  - 2017 contribution limits: $3400 individual/$6750 family
- Full family deductibles and out-of-pockets apply for families
- Anthem PPO Network
  - In-Network only
  - Search for In-Network Providers at Anthem
- Dental - Delta Dental
A Closer Look: Kaiser Permanente

- Available to employees in Northern Virginia
- “Traditional” HMO plan with copays
- Kaiser HMO Network
  - In-Network only
  - Search for In-Network Providers at Kaiser Permanente
- Dental – Dominion Dental
# Health Insurance Comparison – Buy-Up Options

<table>
<thead>
<tr>
<th>HEALTH PLANS</th>
<th>COVA Care ( Anthem)</th>
<th>COVA HealthAware ( Aetna)</th>
<th>COVA HDHP ( Anthem)</th>
<th>Kaiser Permanente ( Kaiser)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Benefits</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
<td><strong>You Pay</strong></td>
</tr>
<tr>
<td><strong>EXPANDED DENTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Maximum benefit – per member</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>▶ Deductible</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$50/$100/$150</td>
<td>$25 per person</td>
</tr>
<tr>
<td>▶ Primary (basic) care</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>▶ Complex restorative (inlays, onlays, crowns, dentures, bridgework)</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>See fee schedule</td>
</tr>
<tr>
<td>▶ Orthodontic</td>
<td>50% no deductible $2,000</td>
<td>50% no deductible $2,000</td>
<td>50% no deductible $2,000</td>
<td>See fee schedule $1,000 (age 19 and under)</td>
</tr>
<tr>
<td>▶ - Lifetime maximum benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ROUTINE VISION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Routine eye exam (once every plan year)</td>
<td>$40</td>
<td>$0 (included in basic plan)</td>
<td>Not available</td>
<td>$25 PCP/$40 Specialist</td>
</tr>
<tr>
<td>▶ Eyeglass frames</td>
<td>80% after plan pays $100</td>
<td>80% after plan pays $100</td>
<td>Not available</td>
<td>75% of balance</td>
</tr>
<tr>
<td>▶ Lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or</td>
<td>$20</td>
<td>$20</td>
<td>Not available</td>
<td>75% of balance</td>
</tr>
<tr>
<td>▶ Contact lenses**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ - Conventional**</td>
<td>85% after plan pays $100</td>
<td>85% after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td>▶ - Disposable**</td>
<td>Balance after plan pays $100</td>
<td>Balance after plan pays $100</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td>▶ - Non-effective**</td>
<td>Balance after plan pays $250</td>
<td>Balance after plan pays $250</td>
<td>Not available</td>
<td>85% for initial fitting and pair</td>
</tr>
<tr>
<td><strong>ROUTINE HEARING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶ Routine hearing exam (once every plan year)</td>
<td>$40</td>
<td>$0 (included in basic plan)</td>
<td>Not available</td>
<td>$25 PCP/$40 Specialist</td>
</tr>
<tr>
<td>▶ Hearing aids and other hearing-aid related services (once every 48 months)</td>
<td>Balance after plan pays $1,200</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>▶ Benefit maximum</td>
<td>$1,200</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>
# Health Insurance Comparison - Wellness

<table>
<thead>
<tr>
<th>HEALTH PLANS</th>
<th>COVA Care (Anthem)</th>
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<th>COVA HDHP (Anthem)</th>
<th>Kaiser Permanenta (Kaiser)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Benefits</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
</tr>
<tr>
<td><strong>WELLNESS &amp; PREVENTIVE SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits at specified intervals, immunizations, lab and x-rays</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual check-up visit (primary care physician or specialist), immunizations, lab and x-rays</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANNUAL ROUTINE VISION EXAM</strong></td>
<td>Optional benefit*</td>
<td>$0</td>
<td>Not available</td>
<td>$25 PCP/$40 specialist</td>
</tr>
<tr>
<td><strong>ANNUAL ROUTINE HEARING EXAM</strong></td>
<td>Optional benefit*</td>
<td>$0</td>
<td>Not available</td>
<td>$25 PCP/$40 specialist</td>
</tr>
<tr>
<td><strong>DENTAL SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and preventive</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>See fee schedule</td>
</tr>
</tbody>
</table>
Health Insurance – TRICARE Supplement

- TRICARE-eligible employees can voluntarily enroll in the TRICARE supplement plan
- Information is available at Department of Human Resources Management
- For additional information, contact Becky Morris at 540-231-3781 or benefit8@vt.edu
Healthy Lifestyles: Personal coaching for:
- Nutrition
- Exercise
- Stress Management
- Tobacco Cessation

Healthy Beginnings for Expectant Moms: One-on-one telephonic coaching with a nurse
- Enroll in the first 16 weeks of pregnancy, and may receive a financial incentive

Healthy Insights: Manage chronic conditions such as
- Diabetes
- Asthma/COPD
- Hypertension

Premium Rewards – Upon completion of an online health assessment, receive discount on premiums for certain health plans
Employee Assistance Program (EAP)

- Available to all covered employees and covered family members
- Services related to:
  - Stress
  - Depression
  - Anger management
  - Child/adolescent issues
  - Elder care
  - Substance abuse
  - Grief
  - Work-related issues
  - Relationship concerns
  - Divorce or separation
  - Domestic violence
  - Personal development
  - Job dissatisfaction
  - Dealing with difficult behaviors
- First four visits per incident are free; copay for additional visits
- Refer to page 3 in your Benefits Summary for contact information
Flexible Spending Accounts (FSA)

- Tax-advantaged accounts to pay for medically qualified expenses and dependent care expenses
- Two types:
  - Health FSA
  - Dependent Care FSA
- Plan year runs July 1 – June 30
  - You must re-enroll each year during open enrollment
- Minimum FSA contribution
  - $10 per pay period
- Administrative fee
  - $3.65 fee deducted pre-tax once a month
  - Only one fee for both types of FSAs
- Funds that aren’t used are forfeited
- IRS governs regulations and requirements
Health Flexible Spending Accounts

- Maximum contribution $2,600/year
- Cannot use while also contributing to Health Savings Account (HSA)
- Eligible expenses
  - Copays, coinsurance, and deductibles
  - Other out-of-pocket eligible medical expenses
  - Refer to FSA Sourcebook or IRS Publication 502
- Two ways to pay for expenses
  - Elite Visa Benefit Card
  - File for reimbursement, online or by fax
- Participant’s responsibility to keep receipts, invoices, and other documentation
Dependent Care Flexible Spending Accounts

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

- Plan Year runs July 1 – June 30
  - Expenses must be incurred by June 30th
  - Can file for reimbursement up until 90 days of the end of the plan year or end of the month of your last day of employment
  - Employees who terminate before the end of the plan year may only submit for claims incurred by the end of the month of your last day of employment
- Funds that aren’t used are forfeited
- If supporting documents are requested, provide as soon as possible, otherwise,
  - Benefits card may be deactivated
  - You may owe the amount or pay more in taxes
Good Resources

- **Benefit Summary** in your Orientation Packet
  - Monthly premiums are on page 4
    - Divide premium by two for the per paycheck deduction
    - Deducted on a pre-tax basis
    - Your first deduction may be higher to “catch-up” any premiums missed

- **Flexible Spending Account Sourcebook**

- Virginia DHRM website:
  - [DHRM Health Coverage Information](#)
  - [DHRM Flexible Spending Accounts Information](#)

- Human Resources Department:
  - Suite 2300 in the North End Center
  - 540-231-9331
  - [Human Resources Benefits Department](#)