



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HUMAN RESOURCE MANAGEMENT

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Important Changes to Your Health Benefits Plan Coverage

Dear Member:

Please read the enclosed ***Notification of Changes to Your Member Handbook***. It describes changes in your COVA Care coverage for the plan year beginning July 1, 2010. Your COVA Care Member Handbook including this update may be found at www.dhrm.virginia.gov.

Thank you.

T20701 (6/2010)

COVA Care

Notification of Changes to Your COVA Care Member Handbook – July 2009

Effective July 1, 2010

Commonwealth of Virginia Health Benefits Program

Keep this notification with your COVA Care Member Handbook. This notification and your member handbook constitute a full and complete description of your coverage. You also may view or download the COVA Care Member Handbook including this update from the DHRM Web site at www.dhrm.virginia.gov.

- 1) Effective February 15, 2010, members seeking bariatric surgery to treat morbid obesity will complete a 12 month pre-surgery program before they may be approved for surgery.**

Pre-surgery program

The goal of this program is to help bariatric surgery candidates break through personal barriers to achieve safe and effective long-term weight loss.

Getting started: Your bariatric surgeon will contact Anthem to request prior authorization for your surgery. If You meet the surgery criteria, You must enroll in the 12 month pre-surgery program. After completing the program, You, your surgeon and an Anthem case manager will determine if bariatric surgery is the best option for You and whether it may be approved under the surgery guidelines.

Pre-surgery program components:

Weight coach: Once You enroll in the program, a ValueOptions weight management coach will provide 12 months of one-on-one goal-oriented support. Your weight coach will help You understand the emotional and behavioral issues that are often linked to weight problems, and work with You toward nutrition and exercise goals.

Weight loss program: You will be required to participate in 12 months of a weight loss program to help You make the best possible food and nutrition choices, and reach your weight loss goals. Enroll within 30 days of registering with your ValueOptions weight management coach.

Post-surgery program

If surgery takes place: You will have the option for continued weight coach support for up to 24 months after surgery. This will help You transition to the changes in your life required for a long-term successful outcome of your surgery. If You remain in the coaching program for 12 months, your plan will refund half of your \$300 inpatient hospital copayment or \$125 outpatient hospital copayment. If You stay in the program for a full two years, You will receive a refund of the remaining amount.

- 2) **Effective July 1, 2010, mental health parity legislation requires that mental health and substance abuse benefits be equivalent to medical/surgical benefits with respect to financial requirements and treatment limits.**

The plan copayment for psychiatrists' office visits will be reduced from the current \$40 to \$25.

Page 5 – Summary of Benefits Behavioral Health and EAP

Page 32 – Professional Services

Page 34 – Behavioral Health Services and Employee Assistance Program

- 3) **Effective July 1, 2010, the following prescription drugs will be excluded from coverage under your plan.**

- Non-sedating antihistamines (NSAs).
- Prescription drugs to treat erectile dysfunction (ED) such as Viagra, Cialis and Levitra.

Page 75 – Exclusions, Outpatient Prescription Drug

- 4) **The following language is added to clarify coverage for clinical trial costs conducted to study the effectiveness of cancer treatments:**

Your health plan includes coverage for patient costs incurred during participation in clinical trials for treatment studies on cancer. Coverage for patient costs incurred during clinical trials for treatment studies on cancer shall be provided if the treatment is being conducted in a Phase II, Phase III, or Phase IV clinical trial. Such treatment may, however, be provided on a case-by-case basis if the treatment is being provided in a Phase I clinical trial.

The reimbursement for patient costs incurred during participation in clinical trials for treatment studies on cancer shall be determined in the same manner that reimbursement is determined for other medical and surgical procedures.

Page 111 – Clinical Trial Costs

- 5) **Effective January 1, 2011, coverage for telemedicine services will be added to your plan.**

"Telemedicine services" means the use of interactive audio, video, or other telecommunications technology by a health care provider to deliver health care services within the scope of the provider's practice at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient. "Telemedicine services" do not include an audio-only telephone conversation, electronic mail message, or facsimile transmission between a health care provider and a patient.

Page 29 – Professional Services

Page 33 – Behavioral Health Services and Employee Assistance Program

Page 76 – Exclusions, Services or Supplies