

SPOTLIGHT ON YOUR BENEFITS

SPRING 2025



GET READY FOR

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OPEN ENROLLMENT MAY 16-30, 2025

EFFECTIVE FOR PLAN YEAR JULY 1, 2025 - JUNE 30, 2026

DHRM OE WEBSITE

<https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26>



It's Time for Open Enrollment!

Annual Open Enrollment is the time each spring that you can make changes related to your health plan and flexible spending accounts (FSAs). Be sure to consider your options carefully.

STARTING JULY 1, 2025

ALL PLANS

- **SMS/Text Messaging to Your Smartphone:** Submit mobile phone number to receive important updates from the Office of Health Benefits (OHB) Program.
- **Dependent Documentation Submission:** Changing from 60-days to 30-days to provide supporting documentation.

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

- **Contribution maximum increases:** You can put aside up to \$3,300 in the 2025-26 plan year.

SENTARA HEALTH PLANS (HMO)

- **Intensive Outpatient Treatment (IOP):** Copay reduces to \$200.
- **Employee Assistance Program (EAP):** Increases to 5 visits per incident.
(See changes on Benefits At A Glance)

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

What to Consider During Open Enrollment

Each year you have choices to make regarding your health benefits and flexible spending accounts (FSAs). If you take no action, your current health plan and membership will continue in the new plan year. **Your FSA must be renewed annually.**

NO ACTION IS REQUIRED IF YOU:

- Have no health plan-related changes,
- Are not enrolling in an FSA, or
- Do not plan to participate in Premium Rewards.

YOU MAY TAKE ACTION TO:

- Enroll in or change your health plan.
- Elect or remove optional buy-ups for COVA Care, COVA HDHP and COVA HealthAware.
- Waive coverage.
- Add or remove family members.

FLEXIBLE SPENDING ACCOUNTS (FSAS)

- Enroll in a Health or Dependent Care FSA or both.
- You must submit an enrollment request every year to have an FSA.

PREMIUM REWARDS

- Eligible members must complete a health assessment to receive the Premium Rewards incentive.

HOW TO GET A COPY OF THE SUMMARY OF BENEFITS AND COVERAGE (SBC)

The Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about health coverage options in the standard format is available on the Department of Human Resource Management's (DHRM) website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26>. Paper copies of the SBCs are available, free of charge, by emailing ohb@dhrm.virginia.gov.

YOUR HEALTH PLAN CHOICES AND WHERE AVAILABLE

Health Plan Choices	Where Available	
COVA Care	Eligible for Premium Rewards	Statewide and elsewhere
COVA HealthAware	Eligible for Premium Rewards	Statewide and elsewhere
COVA HDHP	Statewide and elsewhere	
Kaiser Permanente HMO	Regional, mostly in Northern Virginia	
Sentara Health Plans HMO (formerly Optima Health)	Regional, Greater Hampton Roads and Eastern Shore	
TRICARE Supplement	Statewide and elsewhere for participants or spouses who are military retirees	



PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

SUBMITTING YOUR OPEN ENROLLMENT ELECTIONS IN CARDINAL

Make changes related to your health plan coverage and flexible spending accounts (FSA) during the upcoming Open Enrollment (OE) period from Friday, May 16, 2025 to Friday, May 30, 2025. You will use Cardinal HCM to make your online OE elections. First time in Cardinal? Forgot your Cardinal password? Visit www.cardinalproject.virginia.gov/login-help for log-in tips and assistance.

1. Visit <https://my.cardinal.virginia.gov> to log in.
2. Once in Cardinal, click on the **Human Capital Management (HCM)** link.
3. Click on the **Benefit Details** tile.
4. Click the **Benefits Enrollment** list item (left-hand side of the screen).
5. Click the **Start** (or **Re-Elect**) button to begin the OE process.
6. Click the Medical tile to select or update your health plan.
7. Review your existing dependents covered under your health plan to determine if changes are needed. **If you do not need to add a dependent, skip to Step 29.**

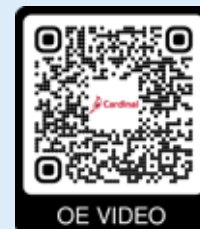
ADD A DEPENDENT

8. Click the **Add Dependent** button.
9. Click the **Add Individual** button.
10. Click the **Add Name** button.
11. Enter your dependent's name information.
12. Click the **Done** button.
13. Input your dependent's **Date of Birth** and **Gender**.
14. Select "Child" or "Spouse" in the **Relationship to Employee**.
15. Select your dependent's marital status using the **Marital Status** dropdown button.
16. The **Student** field defaults to "No". This field is not tracked in Cardinal nor transmitted to the Health Benefits Vendor.
17. The **Disabled** field defaults to "No" and cannot be changed.
18. The **Smoker** field defaults to "Non-smoker". This field is not tracked in Cardinal nor transmitted to the Health Benefits Vendor.
19. If your dependent has the same address as you do, verify that the **Address** section is set to "Same as mine". **Note:** If your dependent has a different address than you, edit accordingly.



Scan the QR Code to watch the Cardinal Open Enrollment tutorial video!

Need additional information? Visit www.cardinalproject.virginia.gov/OE.



20. Click the **Add National ID** button.
21. Complete the **Country, National ID Type, and National ID (SSN)** fields for the dependent.
22. Click the **Done** button.
23. Skip the **Add Phone/Add Email** buttons, this information is not required for dependents.
24. Click the **Save** button in the top right-hand corner. **Note:** If you don't have an SSN for your dependent, you can still save. Your agency Benefits Administrator will contact you later to obtain the SSN.
25. A **Saved Successfully** message displays in a pop-up window.
26. Click the **OK** button.
27. Repeat Steps 8 – 26 as required until all dependents are added.
28. After all dependents are added, click the **Close (X)** icon in the upper right-hand corner.

ENROLL IN HEALTH PLAN

29. Under the **Enroll Your Dependents** section, choose the blue **Enroll** checkbox option for the appropriate dependent(s) who should receive coverage. **Note:** If you uncheck the dependent, you are removing that dependent from coverage.
30. Under the **Enroll in Your Plan** section, click the **Select** button to select the applicable Benefits Plan.
31. Click the **Done** button in the upper right-hand corner.
32. The **Medical** tile now displays the coverage selected, the number of dependents enrolled, the Pay Period Cost (or Annual Cost, depending on your agency), and the Status field is updated to "Changed".

ELECT FLEXIBLE SPENDING ACCOUNTS

33. If you are not enrolling in a Flexible Spending Account (FSA), skip to Step 36.
34. Two Flexible Spending Accounts are available: Flex Spending Medical and Flex Spending Dependent Care. **Note:** If you use these plans, **you must re-elect each year!** Repeat this step to elect both FSAs.
- Click the **Flex Spending Medical** tile (or the **Flex Spending Dependent Care** tile).
 - Click the **Select** button to elect Flex Spending Medical (or Flex Spending Dependent Care).
 - Enter the amount in the **Annual Pledge** field. The amount entered must be the amount you want to come out of your pay for the **entire** plan year.
 - Click the **Done** button in the upper right-hand corner.
35. Skip the **Flex Spending Admin Fee** tile, this is automatically elected and will show the admin fee associated with your FSA.

FINAL STEPS

36. Confirm your elections by checking the following items:
- **Enrollment Summary:** Total Pay Period Cost
 - **Medical tile:** Plan and total dependents enrolled match your coverage elections
 - **FSA tiles:** Plan and Pay period cost match your elections

37. Click the **Submit Enrollment** button to complete Open Enrollment!



DO NOT MISS YOUR OPEN ENROLLMENT DEADLINE!

Submit your online elections in Cardinal beginning May 16 and no later than 11:59 pm EDT on May 30, 2025.

REVIEW YOUR HEALTH BENEFITS CONFIRMATION STATEMENT

After your elections are submitted, an automated email will be sent overnight from Cardinal with the subject line of "Your Health Benefits Confirmation Statement – Now Available Online". You will receive this email whether you or your Benefits Administrator entered your elections. **Log in to** Cardinal and review your Confirmation Statement to ensure your elections are correct! After Open Enrollment, **all eligible participants** will receive a confirmation statement, even if you did not make any elections during the Open Enrollment period. This ensures that all participants have a record of their current benefit status.

Questions?

Contact your agency Benefits Administrator.

DON'T WAIT TO GET INTO CARDINAL!

If it's near the end of the Open Enrollment period (and you haven't tried to access Cardinal) submit a paper enrollment form to your agency Benefits Administrator before the deadline. OHB cannot accept Open Enrollment health plan coverage changes or FSA election requests after the May 30 deadline. See instructions below for submitting a paper form.

SUBMITTING YOUR OPEN ENROLLMENT ELECTION USING PAPER ENROLLMENT FORM

Complete the fillable form on the DHRM website at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26>.

Print, sign and submit to your Benefits Administrator by the close of business on **May 30, 2025!**

Remember to complete all applicable sections of the enrollment form.

COMPARE
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Proposed 2025 - 2026 Employee Monthly Premiums



Salaried employees working 30 hours or more a week pay the "Employee Pays" amount.
Salaried employees working less than 30 hours a week pay the "Total Premium" amount.

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

HEALTH CARE PLANS			2024-2025 MONTHLY PREMIUMS			PROPOSED 2025-2026 MONTHLY PREMIUMS			
			You Only	You Plus One	You Plus Two or More	You Only	You Plus One	You Plus Two or More	
COVA Care			Employee Pays State Pays Total Premium	\$103 \$783 \$886	\$236 \$1,404 \$1,640	\$323 \$2,056 \$2,379	\$108 \$830 \$938	\$248 \$1,488 \$1,736	\$340 \$2,179 \$2,519
COVA Care	+ Out-of-Network	Employee Pays State Pays Total Premium	\$124 \$783 \$907	\$275 \$1,404 \$1,679	\$380 \$2,056 \$2,436	\$131 \$830 \$961	\$291 \$1,488 \$1,779	\$402 \$2,179 \$2,581	
COVA Care	+ Expanded Dental	Employee Pays State Pays Total Premium	\$136 \$783 \$919	\$296 \$1,404 \$1,700	\$411 \$2,056 \$2,467	\$141 \$830 \$971	\$308 \$1,488 \$1,796	\$428 \$2,179 \$2,607	
COVA Care	+ Out-of-Network + Expanded Dental	Employee Pays State Pays Total Premium	\$157 \$783 \$940	\$335 \$1,404 \$1,739	\$468 \$2,056 \$2,524	\$164 \$830 \$994	\$351 \$1,488 \$1,839	\$490 \$2,179 \$2,669	
COVA Care	+ Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$156 \$783 \$939	\$333 \$1,404 \$1,737	\$465 \$2,056 \$2,521	\$161 \$830 \$991	\$345 \$1,488 \$1,833	\$482 \$2,179 \$2,661	
COVA Care	+ Out-of-Network + Expanded Dental + Vision & Hearing	Employee Pays State Pays Total Premium	\$177 \$783 \$960	\$372 \$1,404 \$1,776	\$522 \$2,056 \$2,578	\$184 \$830 \$1,014	\$388 \$1,488 \$1,876	\$544 \$2,179 \$2,723	
COVA HealthAware			Employee Pays State Pays Total Premium	\$17 \$768 \$785	\$53 \$1,404 \$1,457	\$54 \$2,056 \$2,110	\$19 \$830 \$849	\$87 \$1,488 \$1,575	\$106 \$2,179 \$2,285
COVA HealthAware	+ Expanded Dental	Employee Pays State Pays Total Premium	\$50 \$768 \$818	\$113 \$1,404 \$1,517	\$142 \$2,056 \$2,198	\$52 \$830 \$882	\$147 \$1,488 \$1,635	\$194 \$2,179 \$2,373	
COVA HealthAware	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$60 \$768 \$828	\$133 \$1,404 \$1,537	\$170 \$2,056 \$2,226	\$62 \$830 \$892	\$167 \$1,488 \$1,655	\$222 \$2,179 \$2,401	
COVA HDHP			Employee Pays State Pays Total Premium	\$0 \$665 \$665	\$0 \$1,239 \$1,239	\$0 \$1,810 \$1,810	\$0 \$739 \$739	\$0 \$1,366 \$1,366	\$0 \$1,998 \$1,998
COVA HDHP	+ Expanded Dental	Employee Pays State Pays Total Premium	\$33 \$665 \$698	\$60 \$1,239 \$1,299	\$88 \$1,810 \$1,898	\$33 \$739 \$772	\$60 \$1,366 \$1,426	\$88 \$1,998 \$2,086	
Kaiser Permanent HMO <small>(available primarily in Northern Virginia)</small>	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$86 \$783 \$869	\$202 \$1,395 \$1,597	\$289 \$2,038 \$2,327	\$91 \$830 \$921	\$214 \$1,479 \$1,693	\$306 \$2,161 \$2,467	
Sentara Health Plans (HMO) <small>(Hampton Roads/ Eastern Shore)</small>	+ Expanded Dental & Vision	Employee Pays State Pays Total Premium	\$86 \$769 \$855	\$202 \$1,382 \$1,584	\$289 \$2,004 \$2,293	\$91 \$816 \$907	\$214 \$1,464 \$1,678	\$306 \$2,125 \$2,431	
TRICARE Voluntary Supplement*			Total Premium	\$61	\$120	\$161**	\$61	\$120	\$161**

* New York residents contact the Office of Health Benefits for TRICARE premium amount

**If an employee covers multiple children without a spouse the rate is \$120

2025 BENEFITS AT A GLANCE

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

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, 2025</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	\$0	20% after deductible	\$0	\$0
• 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
Hospital services					
• Inpatient / Outpatient	20% after deductible	\$300 per stay / \$125 per visit	20% after deductible	\$300 per admission / \$75 per visit	\$500 per admission / \$200 per visit
Emergency room visits	20% after deductible	\$300 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)	\$200 per visit (waived if admitted)
Ambulance travel	20% after deductible	20% after deductible	20% after deductible	\$50 per service	Non-Emergency - 20% after deductible Emergency - \$200
Outpatient diagnostic laboratory and x-rays	20% after deductible	20% after deductible	20% after deductible	\$0 lab, pathology, shots, radiology, diagnostic tests	20% after deductible
Infusion services (includes IV or injected chemotherapy)	20% after deductible	20% after deductible	20% after deductible	\$25 PCP \$40 specialist	\$40 copay per office visit \$100 copay for pre-authorized Injectable/ Infused Medications
Outpatient therapy visits					
• Occupational and speech therapy	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40 (30 visits/episode)	\$30*
• Physical therapy only	20% after deductible	\$15	20% after deductible	\$40 (30 visits/episode)	\$30*
• Physical therapy and other related services, including manual intervention & spinal manipulation	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40 (30 visits/episode)	\$30*
• Chiropractic services (30-visit plan year limit per member)	20% after deductible	\$25 PCP/\$35 specialist	20% after deductible	\$40	\$35
Autism spectrum disorder treatment and related services	20% after deductible	\$25 per service/ \$40 specialist	20% after deductible	\$25 per service/ \$40 specialist	PCP Tier 1: \$10 Tier 2: \$30 Specialist Tier 1: \$20 Tier 2: \$50
Behavioral health					
• Medical and non-medical professional visits	20% after deductible	\$25	20% after deductible	\$12 group/\$25 individual	\$10
• Inpatient residential treatment	20% after deductible	\$300 per stay	20% after deductible	\$300 per admission	\$500 per admission
• Intensive outpatient treatment (IOP)	20% after deductible	\$125 per episode of care	20% after deductible	\$12 group/\$25 individual	\$200
Employee Assistance Program (EAP)	Up to 4 visits per incident	Up to 4 visits per incident	Up to 4 visits per incident	Up to 4 visits per incident	Up to 5 visits per incident
Prescription drugs – mandatory generic					
Retail Pharmacy	20% after deductible	Up to 34-day supply \$15/\$30/\$45/\$55	20% after deductible	Up to 30-day supply KP center: \$15/\$25/\$40 Specialty: 50%, \$75 max Community participating: \$20/\$45/\$60 (3 x copayment for 90 days)	Up to 30-day supply \$15/\$30/\$45/\$55
Home Delivery Pharmacy	20% after deductible	Up to 90-day supply \$30/\$60/\$90/\$110	20% after deductible	\$13/\$23/\$38 (2 x copayment for 90 days)	Up to 90-day supply \$30/\$60/\$90/NA **

*Occupational and Physical therapy are limited to a maximum combined benefit of 30 visits per plan year. Speech therapy is limited to a maximum of 30 visits per plan year.

**90-day supply for Specialty Tier 4 is not available.

2025 BENEFITS AT A GLANCE

PREMIUM AND PLAN BENEFITS MAY CHANGE SUBJECT TO FINAL STATE BUDGET APPROVAL.

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
Annual Routine Vision Exam	\$0	\$15	\$15	\$25 PCP/\$40 specialist	\$15
Annual Routine Hearing Exam	\$0	Optional benefit*	Not available	\$25 PCP/\$40 specialist	\$40
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)	Subject to the deductible, then 0% coinsurance. Allowance is \$1,500 (once every 24 months)	Balance after plan pays \$1,500 (once every 24 months)	Balance after plan pays \$1,500 (once every 24 months)
Dental Services					
Diagnostic and preventive	\$0	\$0	\$0	\$0	\$0
Expanded Dental	<i>Optional Benefit**:</i>	<i>Optional Benefit**:</i>	<i>Optional Benefit**:</i>	Included with Medical:	Included with Medical:
• Maximum benefit – per member	\$2,000	\$2,000	\$2,000	\$1,000	\$2,000
• Deductible	\$50/\$100/\$150	\$50/\$100/\$150	\$50/\$100/\$150	\$25 per person/\$75 family	\$50/\$150
• Primary (basic) care	20% after deductible	20% after deductible	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	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	50% up to \$1,000 (age 19 and under)	50% no deductible \$2,000
Routine Vision - Basic Plan	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>	<i>Included with Medical:</i>
• Annual Routine Vision Exam	\$0	\$15	\$15	\$25 PCP/\$40 specialist	\$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	80% of the retail price, OR 65% of the retail price when purchased as a complete pair of eyeglasses	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	80% after plan pays \$100
• Eyeglass lenses - standard plastic - Single - Bifocal - Trifocal	\$40 \$60 \$80	\$50 \$70 \$105	\$50 \$70 \$105	Balance after plan pays \$75 (age 19+) <19 \$0 (1 pair/plan year)	\$20 \$20 \$20
• 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)	Balance after plan pays \$25 discount if purchased at KP Optical	85% after plan pays \$100 Balance after plan pays \$100 \$0
Expanded Routine Vision	<i>Optional Benefit**:</i>	<i>Optional Benefit**:</i>			
• Eyeglass frames	80% after plan pays \$100	80% after plan pays \$100	Not available	Not available	Not available
• Lenses - Eyeglass lenses (standard plastic, single, bifocal or trifocal) or	\$20	\$20	Not available	Not available	Not available
• Contact lenses** - Conventional** - Disposable** - Non-elective**	85% of the retail price Balance after plan pays \$100 Balance after plan pays \$250	85% of balance after plan pays \$100 Balance after plan pays \$100 Covered in full	Not available	Not available	Not available
Routine Hearing	<i>Included in Basic Plan:</i>	<i>Optional Benefit**:</i>		<i>Included in Basic Plan:</i>	<i>Included in Basic Plan:</i>
• Routine hearing exam (once every plan year)	\$0	\$40	Not available	\$25 PCP / \$40 Specialist	\$40
• Hearing aids and other hearing-aid related services*	Not available	Balance after plan pays \$1,200 (once every 48 months)	Not available	Not available	Balance after plan pays \$1,200 (once every 48 months)
• Benefit maximum	Not available	\$1,200	Not available	Not available	\$1,200 Adults
Out-of-Network	<i>Included in Basic Plan:</i>	<i>Optional Benefit**:</i>	<i>Included in Basic Plan:</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.	Not available	Not available. Out-of-area Dependent Children Program available. See plan's website for form.

The program also offers the TRICARE voluntary supplement, which coordinates with federal TRICARE benefits.

*Optional benefits are offered for an additional premium and may be purchased in combinations as shown in your Open Enrollment booklet (see premium summary).

**Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

MORE YOU
NEED TO KNOW

MORE YOU
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EXCITING NEWS:

SIGN-UP TO RECEIVE TEXT MESSAGES TO YOUR SMARTPHONE!



Get ready to receive important health benefits program information from the OHB directly to your mobile device. Your agreement to receive text messages, will allow quick real-time notifications to be sent to you.

Signing up is easy! If you would like to receive text messages, go to the DHRM website <https://public.govdelivery.com/accounts/VADHRM/signup/40873> and provide your mobile number and consent.

Signing up for this text messaging feature is separate from any other information that may be captured by your agency and/or DHRM and does not replace any other information. This information is solely for OHB to provide benefits updates and will not be shared with any other entity. This new communication feature will begin once enough participants have signed up.

To Opt-out or discontinue receiving messages, reply STOP from your mobile device. Your Opt-out will be confirmed by text message and you will not receive any additional messages, unless you Opt-in again.

Message and Data rates may apply. For help or to view the Terms and & Conditions visit: <https://granicus.com/wireless/> (DHRM has partnered with Granicus to provide this service). For the DHRM website policy visit <https://www.dhrm.virginia.gov/web-policy>.

HELP WITH LIFE'S CHALLENGES BIG AND SMALL!

GET TO KNOW YOUR EMPLOYEE ASSISTANCE PROGRAM/EAP

It's important to take the time to care for your mental and emotional well-being. EAP is designed to help you with life's challenges, big and small. EAP is **entirely confidential**, and available to enrolled health plan members, and their household members. Take advantage of **up to 4 no-cost counseling visits** per issue per plan year whether face-to-face, telephonic, or virtual visits. Speak with a trained counselor or therapist about anxiety, grief, depression, family conflict, or work-life balance. In addition to providing support during life's tough moments, EAP provides quick and easy access to no-cost, short-term, solution-focused resources to help meet the challenges of everyday life.

Contact EAP to access services like:

- Financial counseling and free online resources
- Legal services and free forms including wills, advance directives, bills of sale, etc.
- Child and elder care referral resources
- Pet care resources

Contact your health plan for additional information regarding coverage and additional EAP offerings.

Note: Sentara Health Plans, effective 7/1/2025 offers up to 5 no-cost counseling visits per incident.

EARN PREMIUM REWARDS EVERY MONTH!

Premium Rewards are health plan incentives for COVA Care and COVA HealthAware plan participants who complete a health assessment. An employee or their enrolled spouse **can receive an incentive of \$204 annually or \$408 annually for both employee and spouse**, if they fulfill the requirements to earn a Premium Reward during Open Enrollment.

HOW DO I EARN A REWARD?

For the plan year starting July 1, 2025, you will need to submit a health assessment as described to receive a Premium Reward.

USE YOUR OWN DEVICE: We strongly encourage participants to use their own personal devices to complete a health assessment since the user can manage limitations such as firewalls and cookies. Participants may receive an error when using a state issued computer to access the health assessment due to the system administrator's limitations.

TO EARN A REWARD BEGINNING JULY 1, 2025:

Visit your plan's website or mobile app to access your health assessment. **Complete or update your health assessment between May 16 and May 30, 2025.** Be sure to keep a copy of your confirmation.

Remember, you must be active and enrolled in COVA Care or COVA HealthAware to be eligible for a reward. Enrolled employees and spouses must register with a separate account to submit a health assessment. Employees and/or spouses enrolling for the first time in COVA Care or COVA HealthAware during Open Enrollment may have to wait until July 1, 2025 to complete a health assessment. Current COVA Care or COVA HealthAware members who may be changing their plans for July 1, 2025, will need to complete their health assessment with their current health plan administrator.

WHEN YOU MEET THE REQUIREMENT

- **Employee OR spouse participates:** You save up to \$204 annually or \$17 per month.
- **Employee AND spouse participate:** You save up to \$408 annually or a total of \$34 in premiums per month.

ACCESSING THE HEALTH ASSESSMENT

COVA CARE MEMBERS

Online

Here are links to access your COVA Care Health Assessment Navigation Guide for the [Sydney Health Mobile App](#) and the Sydney Navigation Guide.

- Log in to www.anthem.com.
- Select **My Health Dashboard** from the top navigation menu and select **Dashboard** from the dropdown menu.
- The My Health Check-in tile will display at the top. Click **Get started**.
- My Health Check-in can also be accessed from the Programs page and click **View assessment**.
- Click on the **submit** button when you have completed your assessment.
- After completing your assessment, you will be shown some custom recommendations based on your answers.
- Within the purple tile for My Health Check-in is a link for **View Completed Assessments**. This will allow you to print or email the date of your last completion of My Health Check-in assessment.
- If you have previously completed the assessment in the current calendar year, you will see the "Retake assessment" link.

Sydney Health Mobile App

- Log in to the Sydney Health app.
- From the Sydney Welcome screen, you can click on the "More" button, in the bottom right corner.
- From the Access Care menu, select **Access to care** dropdown arrow.
- From the Access Care menu, select **My Health Dashboard**.

- My Health Check-in will be at the top; Click **Get Started**.
- At the Welcome Page Click **View Assessment**.
- Once you have answered all the questions click **Submit**.
- After completing your assessment, you will be shown some custom recommendations based on your answers.
- Within the purple tile for My Health Check-in is a link for **View Completed Assessments**. This will allow you to print or email the date of your last completion of My Health Check-in assessment.
- If you have previously completed the assessment in the current calendar year, you will see the “Retake assessment” link.

For COVA Care members with literacy, language, or technological challenges, you may contact Anthem at 1-800-552-2682 for help.

COVA HEALTHAWARE MEMBERS

Online

COVA HealthAware Health Assessment Navigation Guide for the **Aetna Health Mobile App** and the **Aetna Member website**.

- Log in to your Aetna Member Website on www.aetna.com.
- Scroll down until you see “**Member Resources**” on the right side of the page and click on “**Well-being Resources**” in this section to open your Member Engagement Platform.
- Once the Member Engagement Platform opens, hover over “**My Health**” in the menu at the top and then click on “**Health Assessment**”.

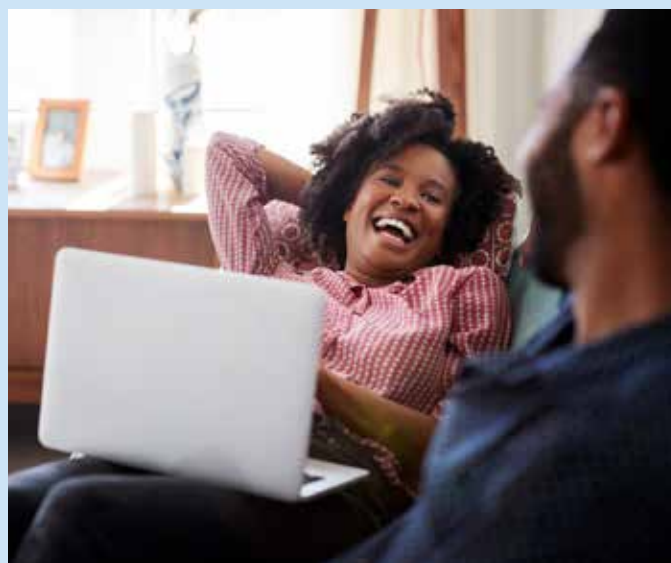
Aetna Health mobile app

- Log in to the Aetna Health mobile app.
- Select the **Improve** tab.
 - When accessing this tab for the first time, select **Get Started**.
 - When accessing this tab after the first time, select **Health Survey**.

For COVA HealthAware members with literacy, language, or technological challenges, you may contact the Aetna Concierge team at 1-855-414-1901 for help.

If you think you’ve earned a Premium Reward and haven’t received it, contact your agency Benefits Administrator. You must provide a copy of your health assessment confirmation from your plan.

The Member Engagement Platform will experience system outages from Saturday, May 17, 2025 at 4:00pm EDT until Sunday, May 18, 2025 at 12:00pm EDT. Tuesday, May 20, 2025 at 11:00pm EDT until Wednesday, May 21, 2025 at 6:00am EDT. Please plan accordingly.



PLAN AHEAD: GET YOUR WELLNESS EXAM

Premium Rewards Requirements changing for the 2026-27 Plan Year

There will be a wellness exam component added to the requirements to qualify for the Premium Reward incentive. In addition, to completing the Health Assessment, a wellness exam will be required to receive your Premium Rewards incentive starting July 1, 2026. We encourage you to have a wellness exam this year to meet the new Premium Rewards requirements. Remember, an annual/preventive wellness exam is \$0 cost to the member. Failure to get your wellness exam could result in the loss of the Premium Rewards incentive effective July 1, 2026. More details to come prior to July 1, 2026.

NEED A TAX SAVINGS? ENROLL IN A FLEXIBLE SPENDING ACCOUNT (FSA)



Save money on out-of-pocket expenses for health or dependent care by enrolling in an FSA! You can contribute to one or both FSAs if you are eligible for health benefits, even if you are not enrolled in a state health plan.

- Enroll in a Health or Dependent Care FSA or both.
- You must submit an enrollment request each year you wish to have a Health and/or Dependent Care FSA.

WHAT EXPENSES ARE ELIGIBLE?

- **Health FSA:** Use your pre-tax dollars to pay for eligible health care expenses, such as:
 - Copays, coinsurance and deductibles.
 - Other out-of-pocket eligible medical expenses.
- **Dependent Care FSA:** Use your pre-tax dollars for eligible work related dependent care expenses, including:
 - Care for your child under the age of 13.
 - Care for your qualifying child, spouse or relative who is physically or mentally incapable of self-care and lives in your home more than half of the year.

COVA HEALTHAWARE MEMBERS

ENROLLING IN AN FSA

- Remember when planning for a Health FSA: The health reimbursement arrangement (HRA) pays first for certain eligible medical and pharmacy expenses.

CONSULT YOUR FSA SOURCEBOOK FOR ASSISTANCE

Review the 2025 Inspira FSA Sourcebook and visit the Inspira website for details about what expenses are eligible, how the accounts work, and more. Visit <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26> or call 855-516-8595.



MAKE IT SIMPLE. PAY WITH YOUR INSPIRA HEALTH FSA MASTERCARD.

Your Health FSA includes an Inspira MasterCard. Once the card is activated, you receive immediate access to your Health FSA funds. Only new participants will receive a new Inspira MasterCard. If you re-enroll in a Health FSA, you can continue to utilize your current Inspira or PayFlex MasterCard until it expires. All others will receive a new Inspira MasterCard.

You simply pay for eligible health care expenses at most merchants where MasterCard is accepted.

- Be sure to pay special attention to Health FSA card transactions that require verification. See the FSA Sourcebook or go to the Inspira website for more information.
- Resolve all card transactions by the end of your runout period.

DON'T LOSE MONEY!

If your account ends on June 30, 2025, you have until September 30, 2025, to file for reimbursement and resolve outstanding card transactions. **(Note:** If your account ends before June 30, you have three months after your coverage ends to take action). Submit your reimbursement request and documentation to Inspira. For more information, contact Inspira at 855-516-8595 or [inspirafinancial.com](https://www.inspirafinancial.com).

THINGS TO KNOW ABOUT FSAS

MAXIMUM FSA CONTRIBUTIONS

- **Health FSA:** Increase for 2025! Up to \$3,300 per plan year.
- **Dependent Care FSA:** Up to \$5,000 per plan year depending on your tax filing status.

CALCULATING YOUR FSA CONTRIBUTION

- Decide how much to set aside for the plan year. Use the FSA worksheet at <https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26> to determine your annual contribution amount.

ADMINISTRATIVE FEE

- \$2.10 deducted monthly on a pre-tax basis for one or both FSAs.

USE IT OR LOSE IT!

- Submit claims for reimbursement by your filing deadline (runout period) or you will forfeit any remaining FSA funds. Your contributions will not roll over to the new plan year.
- If your account is for part of the plan year, you may file eligible FSA claims up to three months after your coverage period ends.
- If your account ends on June 30, 2026, you have until September 30, 2026 to file your claims for reimbursement for dates of service during the plan year ending on June 30, 2026.

IF YOU HAVE DEPENDENT CARE EXPENSES

You are not required to enroll in a Dependent Care FSA for Open Enrollment. If you have a change in dependent care costs, you are allowed to make a corresponding change within 60 days. For example, if your child enrolls in dependent care in the fall, you may enroll in the Dependent Care FSA at that time. Please plan accordingly.

GET TO KNOW YOUR DEPENDENT CARE FSA

You can save money on eligible dependent care expenses that you're paying for out of pocket. With a Dependent Care FSA, you can set aside up to \$5,000 of your income per plan year on a pre-tax basis. Use your pre-tax dollars for eligible dependent care expenses provided to your qualifying individual so you (and your spouse if you're married) can work or look for work. A qualifying individual must meet the IRS requirements and include:

- Your dependent child under the age of 13 who lives with you for more than half the year.
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.

What expenses are eligible for reimbursement under a Dependent Care FSA?

- Preschool or nursery school
- Before and after-school care
- Babysitter (certain rules apply)
- Elder day care for a qualifying individual

What expenses are not eligible for reimbursement under a Dependent Care FSA?

- **Out-of-pocket expenses for medical care received by your spouse or dependent.**
- Tuition and/or educational expenses (such as summer school and tutoring programs)
- Money paid to your spouse or your child under the age of 19
- Food expenses (unless it can't be separated from care)

Be sure to plan your expenses carefully, as any funds that you do not use will be forfeited to the plan. If you experience a change in the cost of the coverage provided to your dependent during the plan year, you may be eligible to make a corresponding election change.

See the Flexible Benefits Sourcebook for more detailed information on the requirements for a qualifying individual and eligible expenses under the Dependent Care FSA.

ELIGIBILITY AND ENROLLMENT

DEPENDENTS ELIGIBLE FOR COVERAGE AND REQUIRED DOCUMENTATION

Dependents	Eligibility Definitions	Documentation Required
Spouse	The marriage must be recognized as legal in the Commonwealth of Virginia. Note: Ex-spouses will not be eligible, even with a court order.	<ul style="list-style-type: none"> • Photocopy of certified or registered marriage certificate, and • Photocopy of the top portion of the first page of the employee's most recent Federal Tax Return that shows the dependent listed as "Spouse." NOTE: All financial information and Social Security Numbers can be redacted.
Natural or Adopted Son/Daughter	A son or daughter may be covered to the end of the year in which he or she turns age 26.	<ul style="list-style-type: none"> • Photocopy of birth certificate or legal adoptive agreement showing employee's name. NOTE: If this is a legal pre-adoptive agreement, it must be reviewed and approved by the Office of Health Benefits.
Stepson or Stepdaughter	A stepson or stepdaughter may be covered to the end of the year in which he or she turns age 26. Note: Stepchildren are only eligible, while their natural parent remains eligible.	<ul style="list-style-type: none"> • Photocopy of birth certificate (or adoption agreement) showing the name of the employee's spouse; and • Photocopy of marriage certificate showing the employee and dependent parent's name and • Photocopy of the most recent Federal Tax Return that shows the dependent's parent listed as "Spouse." NOTE: All financial information and Social Security Numbers can be redacted.
Other Female or Male Child	An unmarried child in which a court has ordered the employee (and/or the employee's legal spouse) to assume sole permanent custody may be covered until the end of the year in which he or she turns age 26 if: <ul style="list-style-type: none"> • 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 and • the custody was awarded prior to the child's 18th birthday. 	<ul style="list-style-type: none"> • Photocopy of the Final Court Order granting permanent custody with presiding judge's signature.

Note: No person can be enrolled in more than one state health benefits plan under any circumstances. If it is determined that a person is covered in error, the plan has the right to take corrective action.

TIME FRAME TO SUBMIT REQUIRED DOCUMENTATION CHANGED

When adding dependents to coverage, supporting documentation is required that provides proof of eligibility. **If you do not have the documentation, do not miss the enrollment deadline. You have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation.**

Health care coverage **will not** be effective until approved documentation is received. See your agency Benefits Administrator for more information..



LIFE EVENTS/QMES OUTSIDE OF OPEN ENROLLMENT

You may make certain election changes during the plan year that are based on certain life events or qualifying mid-year events (QMEs). These include events such as a birth, marriage, or divorce. For a complete list of life events/QMEs, visit the DHRM website. You must submit your election change request and supporting documentation within 60 calendar days of the event. **The countdown begins on the day of the event. If you do not have the documentation, do not miss your deadline. You have an additional 30 days from the election request to submit all the supporting documentation.**

Health care coverage **will not** be effective until approved documentation is received. See your agency Benefits Administrator for more information.

REMOVE INELIGIBLE DEPENDENTS

Only family members who meet the eligibility definition can be covered. You are required to remove dependents that do not meet the plan's eligibility requirements. Outside of Open Enrollment, you have 60 calendar days to submit the enrollment action to remove an ineligible dependent. **The countdown begins on the day of the event.**

Employees who enroll or fail to remove ineligible persons within the 60-day window may be subject to penalties including exclusion from the health benefits program for up three years.

Contact your agency Benefits Administrator or visit the DHRM website for more information.

MOVING IN/OUT THE SERVICE AREA?

Sentara Health Plans and Kaiser Permanente are regional health plans that require you to **live or work in the service area to enroll and maintain coverage**. If you no longer live or work in the service area the **health plan coverage will terminate on the first day of the month following the change. You have 60-days from the address or work location change to enroll in a new health plan. If a new election is not submitted, you will have no health plan coverage.** Your next opportunity to make an election will be with a consistent qualifying midyear/life event (QME) or at the next Open Enrollment. Check the zip codes for the plan's service area at the [Sentara Health Plans](#) or [Kaiser Permanente website](#), or contact your agency Benefits Administrator.



HEALTH BENEFITS AND FSAS QUESTIONS AND ANSWERS

Q. Do I need to do anything during the Open Enrollment period?

- A.** No election is required if you have no health plan coverage changes, are not participating in Premium Rewards, and are not enrolling in a flexible spending account (FSA). However, we recommend that you log into **Cardinal HCM** at <https://my.cardinal.virginia.gov> to review your current elections and update your personal information.
- You must submit an enrollment request every year to have an FSA. Please see page 14 for more information.
 - You will need to take action to access or continue the Premium Reward for the 2025-2026 plan year. Please see page 12 for more information.

Q. How do I determine my current health plan?

- A.** You can log into **Cardinal HCM** at <https://my.cardinal.virginia.gov> and from the Cardinal Homepage select the 'Benefit Details' tile to review your current health benefits summary or contact your Benefits Administrator.

Q. What do I need to do if I'm unable to log into Cardinal HCM?

- A.** If this is your first-time using Cardinal Please follow the "How do I access Cardinal" instructions at www.cardinalproject.virginia.gov/OE in Cardinal's Quick Guide for Open Enrollment.

If you forgot your password

Follow the instructions on this webpage for support - www.cardinalproject.virginia.gov/portal.

If you are still unable to access Cardinal HCM
Please contact your agency Benefits Administrator.

Note: If it is near the end of the Open Enrollment period, submit a paper enrollment form to your agency Benefits Administrator before the deadline. We are unable to accept health plan coverage changes or FSA election requests after the deadline.



Q. What if I want to add an eligible dependent to my health plan but I do not currently have the required documentation?

- A.** You need to make your election request from May 16, 2025 to May 30, 2025. Do not miss the Open Enrollment deadline. The documentation can be submitted later. You have an additional 30 days from the end of the Open Enrollment period to submit the eligibility documentation. If you were married within the past twelve months a photocopy of a certified or registered marriage certificate is enough to validate eligibility for your spouse, since a tax return may not yet be available.

Note: Health care coverage will not be effective until approved documentation is received. See your agency Benefits Administrator if you have questions.

Q. Can I add my dependent that is age 26?

- A.** Dependents that reach age 26 during the 2025 calendar year may be enrolled during Open Enrollment. However, the dependent will be automatically removed from coverage on December 31, 2025. If you receive an error, you will need to submit a paper enrollment form to your agency. Please contact your agency Benefits Administrator.

Q. Do I need to remove my dependent child that is age 26 this calendar year?

A. No. There is no requirement for you to remove your dependent during Open Enrollment or the month that the dependent turns age 26. Eligible dependents remain eligible under the Health Benefits Employee Program until the end of the calendar year that they turn age 26. These dependents will automatically be removed from coverage on December 31, 2025.

Q. Can I enroll a dependent that is already enrolled in another Commonwealth of Virginia State Health plan?

A. No person can be enrolled in more than one state health plan under any circumstances. A corresponding election to remove the dependent from the other plan must be made if you wish to enroll the dependent.

Q. Can my spouse and I both enroll in a flexible spending account (FSA)?

A. Health account - Yes, both you and your spouse can have a health FSA and contribute up to the employer's health FSA plan year maximum.

Dependent care account - Yes, depending on your tax filing status and in accordance with the IRS limits.

Note: You and your spouse cannot submit the same expenses for reimbursement.

Q. Once the new plan year starts, can I use my FSA MasterCard to pay for expenses from the last plan year?

A. No. You may not use your FSA debit card after June 30, 2025 to pay for expenses from the 2024-2025 plan year. You may only use your FSA MasterCard for expenses incurred on or after July 1 of each plan year. After June 30, you must file paper claims for reimbursement of the previous plan year's expenses.

Q. Why will my health care premiums increase beginning July 1?

A. Healthcare premiums are determined based on the expenses incurred by the plan, including claim payments and administration. The plan must ensure adequate funding to cover increasing costs to fund the Health Benefits Program for State Employees.

Q. How will I know if my Open Enrollment elections were submitted successfully?

A. You will receive an automated email from Cardinal HCM overnight directing you to log into Cardinal HCM to review your Open Enrollment confirmation statement. You can log into **Cardinal HCM** at <https://my.cardinal.virginia.gov> and from the Cardinal Homepage select the 'Benefit Details' tile followed by 'Benefit Statements' to review your confirmation statement.

At the close of Open Enrollment, all eligible participants will receive a confirmation statement, even if you did not make any elections during the Open Enrollment period. This ensures that all **eligible participants** have a record of their current benefit status.

If you do not receive notification after submitting your election, please contact your Benefits Administrator.

Q. What should I do if I missed the Open Enrollment deadline?

A. The last day to make an Open Enrollment election, including FSA elections, is May 30, 2025. We are unable to accept health plan coverage changes or FSA election requests after the deadline. Your next opportunity will be at Open Enrollment 2026 or with a consistent life event/qualifying mid-year event. Your health plan elections will remain as designated now if you did not make any changes. Since members must re-enroll every year for FSAs, you will not be enrolled in an FSA for the new plan year.



BENEFITS FOR
EVERYONE

BENEFITS FOR
EVERYONE

**BENEFITS FOR
EVERYONE**

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EVERYONE

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BENEFITS FOR
EVERYONE

THE COMMONWEALTH OF VIRGINIA'S EMPLOYEE WELLNESS PROGRAM



wellness@dhrm.virginia.gov



commonhealth.virginia.gov

HEALTH EDUCATION CAMPAIGNS

Get wellness topics delivered to your agency or team by your regional CommonHealth Wellness Consultant. To schedule, contact your CommonHealth Agency Coordinator (or HR Benefits Administrator). Not sure who that person is Email wellness@dhrm.virginia.gov to find out.

WELLNESS CHAMPION AWARD

Nominate a Commonwealth of Virginia employee who has made significant changes in their health behavior, motivated others to make healthier choices, or helped create a culture of wellness in the workplace or beyond. See eligibility details and submit a nomination at commonhealth.virginia.gov/wellnesschampions.html.

MINUTE WITH A MANAGER EMAILS

Managers and supervisors get monthly messages with quick tips to help create a workplace culture of wellness. Sign up at forms.office.com/g/661fGes4LM.

WELLNESS WEDNESDAYS EMAILS

Get weekly messages with tips, tricks, information, and puzzles to help you make healthy choices. Register at forms.office.com/g/GvGeA4wtzn.



WEIGHTWATCHERS DISCOUNT

Benefits-eligible Commonwealth of Virginia employees, spouses, and adult dependents (18+) get 50% off the retail price and can join WeightWatchers for as low as \$9.75 per month. Sign up at www.weightwatchers.com/us/commonhealth.

FACEBOOK

Get wellness tips and info on events and programs by following CommonHealth at <https://www.facebook.com/CommonHealthVA/> and <https://www.facebook.com/groups/commonhealthvaanywhere/>.

YOUTUBE

Access a variety of short, informative videos to support you in your wellness journey and add more movement, relaxation, & knowledge to your day. Visit youtube.com/@commonhealthva9169/videos.

IMPORTANT NOTICES

ABOUT THIS GUIDE

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual member handbook, which serves as the summary plan description (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Commonwealth of Virginia reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

REMINDER OF AVAILABILITY OF PRIVACY NOTICE

This is to remind plan participants and beneficiaries of the Commonwealth of Virginia State Health Benefits Program (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and discloses protected health information (PHI). You should receive from your agency Benefits Administrator a copy of the Office of Health Benefits Notice of Privacy Practice. If you do not receive your notice, please contact your benefits office or visit the DHRM Web site at www.dhrm.virginia.gov to obtain a copy. If you have any questions, please contact the Department of Human Resource Management Office of Health Benefits at ohb@dhrm.virginia.gov.

AFFORDABLE CARE ACT (ACA)

SUMMARIES OF BENEFITS AND COVERAGE (SBCS)

The health benefits available to you through the Commonwealth of Virginia represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) for each plan, which summarizes important information about any health coverage option in a standard format, to help you and your family compare across options.

The SBCs are available on the Department of Human Resource Management's website at www.dhrm.virginia.gov. Paper copies of the SBCs are available, free of charge, by emailing ohb@dhrm.virginia.gov.

For a complete description of plan benefits, limits and exclusions, always refer to your plan Member Handbook.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, including coverage for nipple and areola

reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;

- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, under a HIPAA Special Enrollment you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stopped contributing towards your or your dependents' other coverage). However, you must request enrollment within 60 days of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- You have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and all eligible dependents. However, you must request enrollment within 60 days of the marriage, birth, adoption or placement for adoption
- You or your dependent become eligible for a Medicaid or SCHIP premium assistance subsidy and you request coverage under the plan within 60 days of the date of your eligibility is determined.

To request a HIPAA Special Enrollment or obtain more information, contact your agency Benefits Administrator.

EXTENDED COVERAGE/COBRA NOTICES

Upon enrollment in COVA Care, COVA HealthAware, COVA HDHP, Sentara Health, Kaiser Permanente, or the Medical Flexible Spending Accounts, you should receive an Extended Coverage (COBRA) General Notice. The notices are distributed by Inspira Financial. If you do not receive your notice, please contact your COBRA Administrator Inspira Financial Health to obtain a copy.

Continued coverage is available for you and covered family members who lose eligibility under the State Health Benefits Program unless you enroll in the TRICARE supplement. More information about Extended Coverage (COBRA) is available on the DHRM website or from your Benefits Administrator. Portability information for the TRICARE supplement is available from the plan administrator.

NOTICE REGARDING WELLNESS PROGRAM

PLAN YEAR JULY 1, 2025 THROUGH JUNE 30, 2026

REASONABLE ALTERNATIVE STANDARD NOTICE

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees.

If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means.

Contact us at 888-642-4414 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

EEOC NOTICE REGARDING WELLNESS PROGRAMS

Voluntary wellness programs are available to all employees, retiree group participants and spouses enrolled in the COVA Care, COVA HealthAware, and COVA High Deductible Health Plans under the Commonwealth of Virginia Employee/Retiree Health Benefits Program. The programs are administered by the medical plan claims administrators, as noted below, according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you decide to participate in the wellness program that is available to you, you can choose to complete a voluntary online health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). Completion of the HRA by employees/retirees and their enrolled spouses in the COVA Care or COVA HealthAware Plans will result in earning a premium reward. You are not required to complete the HRA or to participate in other medical examinations. However, employees/retirees and enrolled spouses who choose to participate in the wellness program by completing the HRA will earn an incentive of \$17 per month for each completed HRA. The premium reward will be effective based on the date the HRA is completed. Although you are not required to complete the HRA, only employees/retirees and spouses who do so will earn a premium reward.

Additional incentives are available for employees and spouses enrolled in the COVA Care and COVA HealthAware Plans who participate in certain health-related activities as listed at the end of this Notice. These programs are described in detail in your Member Handbook. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Department of Human Resource Management's Office of Health Benefits by email at ohb@dhrm.virginia.gov or by telephone at 888-642-4414. Employees/retirees and enrolled spouses in the COVA High Deductible Health Plan may participate in these wellness programs, but no incentive is available. The information from your HRA or health plan claims will be used to provide you with information to help you understand your current health and potential risks. It may also be used to offer services through the wellness program, such as those listed at the end of this Notice, or other information that provides personalized health guidance. You are also encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the Commonwealth of Virginia Employee and Retiree Health Benefits Program may use aggregate information it collects to design a program based on identified health risks in the workplace, claims administrators will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly

permitted by law. Medical information that is provided in connection with the wellness program and that personally identifies you will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. Only your medical plan's claims administrator, which administers available wellness programs, will receive your personally identifiable health information in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Department of Human Resource Management's Office of Health Benefits by email at ohb@dhrm.virginia.gov or by phone at 1-888-642-4414.

The following wellness program incentives are also available as a part of the COVA Care and COVA HealthAware Plans:

PROGRAM	AVAILABLE INCENTIVE
Maternity Support	Copayment waiver or contribution to Health Reimbursement Arrangement, depending on plan design
Completion of Designated Health Activities (Do-Rights)	Contribution to the Health Reimbursement Arrangement, depending on plan design, based on completion

LANGUAGE ACCESS SERVICES - (TTY/TDD:711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Chinese) - 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: iowa.gov/health-human-services
Medicaid Phone: 1-800-338-8366
Hawki Website: hawki.iowa.gov/health-human-services
Hawki Phone: 1-800-257-8563
HIPP Website: iowa.gov/health-human-services
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspreassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](http://www.childrenshealth.org)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](http://www.healthinsurancetexas.com)
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>
CHIP Website: <https://chip.utah.gov/>

VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](http://www.healthinsurancetexas.com)
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/http://mywvhipp.com/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services

www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



WHO TO CONTACT

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Plan or Benefit	Contact Information
COVA Care and COVA HDHP	Medical, Vision & Hearing - Anthem: 800-552-2682 or www.anthem.com/cova
	Prescription Drug - Anthem Pharmacy (CarelRx): 833-267-3108 or www.anthem.com
	Behavioral Health & Employee Assistance Program (EAP) - Anthem: 855-223-9277 or www.AnthemEAP.com/cova
	Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com
	Virtual Care Options Including LiveHealth Online: Sydney Health app or www.anthem.com/cova
	My Health Check-In Health Assessment - Login at www.anthem.com (or the Sydney mobile app) > My Health Dashboard > Programs Contact Anthem at 800-552-2682 to complete a telephonic My Health Check-In health assessment.
	Health and Wellness Programs - www.anthem.com (or the Sydney mobile app) > My Health Dashboard > Programs • Condition Care (formerly Disease Management) and Well-being Coach: 844-507-8472 • Building Healthy Families (formerly Future Moms): www.anthem.com (or the Sydney mobile app) > My Health Dashboard > Programs - 833-414-4200
	Shared Savings Incentive Program - SmartShopper: https://cova.smartshopper.com/ or Anthem: 844-277-8991
COVA HealthAware	Medical, Vision, Hearing & Behavioral Health - Aetna: 855-414-1901 or www.covahealthaware.com Behavioral Health: 866-885-5596
	Prescription Drug - Anthem Pharmacy (CarelRx): 833-267-3108 or www.anthem.com
	Employee Assistance Program (EAP) - Aetna: 888-238-6232 or www.mylifevalues.com (Username & Password: COVA)
	Dental - Delta Dental of Virginia: 888-335-8296 or www.deltadentalva.com
	Teladoc: www.teladoc.com/aetna or 855-835-2362
	Health Assessment - Log in at www.aetna.com (or the Aetna mobile app) > Member Resources > Well-being Resources
	Health and Wellness Programs - 855-414-1901 or log in at www.aetna.com > Member Resources > Well-being Resources
	Shared Savings Incentive Program - SmartShopper: https://cova.smartshopper.com/ or Aetna: 833-849-0567
Kaiser Permanente HMO (Primarily Northern Virginia - see website for specific zip codes)	Medical, Prescription Drug and Vision - Kaiser Permanente: 800-777-7902 , 301-468-6000 in Washington, D.C. or www.my.kp.org/commonwealthofvirginia
	Online doctor visit: www.kp.org or 800-777-7904
	Dental - Liberty Dental: 800-764-5393 or www.libertydentalplan.com/kp-cova
	Behavioral Health - Kaiser: 866-530-8778
	Employee Assistance Program (EAP) - Carel Behavioral Health: 866-517-7042 or www.carelwellbeing.com/kaiser
Sentara Health Plans Vantage HMO (Greater Hampton Roads and Eastern Shore See website for specific zip codes)	Medical, Prescription Drug, Dental, Vision and Behavioral Health - Sentara Health: 866-846-2682 , www.sentarahealthplans.com/cova or members@sentara.com
	Online doctor visit: MDLIVE or 866-648-3638
	Employee Assistance Program (EAP): www.sentaraeap.com (User name: COVA) or 800-899-8174
TRICARE Supplement	Selman & Company (SelmanCo): 800-638-2610 (press Option 1)
Flexible Spending Accounts (FSA)	Inspira Financial FSA: 855-516-8595 (TTY: 711) or inspirafinancial.com
Open Enrollment Information	Cardinal HCM: https://my.cardinal.virginia.gov/
	https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26 Office of Health Benefits: openenrollment@dhrm.virginia.gov
	Having problems with Cardinal? Contact your Benefits Administrator



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OPEN ENROLLMENT MAY 16-30, 2025

EFFECTIVE FOR PLAN YEAR JULY 1, 2025 - JUNE 30, 2026

DHRM OE WEBSITE

<https://www.dhrm.virginia.gov/employeebenefits/open-enrollment-2025-26>



(formerly known as Twitter):

<https://twitter.com/VirginiaDHRM>