

COMPARISON OF COVA CARE AND COVA HDHP

Commonwealth of Virginia

Effective July 1, 2009



Virginia Department of
**HUMAN RESOURCE
MANAGEMENT**

COMPARISON OF COVA CARE AND COVA HDHP

	COVA Care	COVA HDHP
Plan year deductible (You pay the deductible. Then you and the plan pay the appropriate coinsurance.)	Applies to certain medical services as indicated. Single \$225 Employee Plus One and Family \$450	Applies to medical, behavioral health, and prescription drug services. Single \$1,200 Employee Plus One and Family \$2,400
Out-of-pocket expense limit	Single \$1,500 Employee Plus One and Family \$3,000	Single \$5,000 Employee Plus One and Family \$10,000
Out-of-network benefits	No coverage, except in emergency.	No coverage, except in emergency.
BlueCard® PPO and BlueCard Worldwide®	Included	Included
Lifetime maximum	None	None

Covered Services	In-Network You Pay	In-Network You Pay
Ambulance travel	20% coinsurance after deductible	20% coinsurance after deductible
Behavioral health and EAP		
<ul style="list-style-type: none"> <i>Inpatient treatment</i> <ul style="list-style-type: none"> Facility services Professional provider services <i>Outpatient professional provider visits</i> <ul style="list-style-type: none"> <i>Non-medical professional*</i> <i>Medical professional</i> 	\$300 copayment per stay \$0, no deductible \$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
Employee Assistance Program (EAP) (up to 4 visits per incident)	\$0, no deductible	\$0, no deductible
Dental	Single Employee Plus One Family	Single Employee Plus One Family
<ul style="list-style-type: none"> <i>Dental plan year deductible</i> <i>Plan year maximum</i> <i>Diagnostic and preventive services</i> <i>Primary services</i> <i>Complex restorative</i> <i>Orthodontic services</i> 	\$50 \$100 \$150 \$2,000 \$0, no deductible 20% coinsurance after deductible (See <i>Optional Expanded Dental</i> , p. 6) (See <i>Optional Expanded Dental</i> , p. 6)	\$50 \$100 \$150 \$2,000 \$0, no deductible 20% coinsurance after deductible 50% coinsurance after deductible 50% coinsurance no deductible, with \$2,000 separate lifetime maximum from other dental services
Diagnostic tests and x-rays (for specific conditions or diseases at a doctor's office, or emergency room)	20% coinsurance after deductible	20% coinsurance after deductible
Doctor visits – on an outpatient basis		
<ul style="list-style-type: none"> <i>Primary care physician</i> <i>Specialty care provider</i> 	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Emergency room visits		
<ul style="list-style-type: none"> <i>Facility services</i> <i>Professional provider services</i> <ul style="list-style-type: none"> Primary care physician Specialty care provider <i>Diagnostic tests, and x-rays</i> 	\$125 copayment per visit (waived if admitted) \$25 copayment \$40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible

* Includes licensed professionals with a master's or PhD degree.

Covered Services	COVA Care In-Network You Pay	COVA HDHP In-Network You Pay
Home health services (90 visit plan year limit)	\$0	20% coinsurance after deductible
Home private duty nurse's services	20% coinsurance after deductible	20% coinsurance after deductible
Hospice care services	\$0, no deductible	20% coinsurance after deductible
Hospital services		
• <i>Inpatient treatment/surgery</i>		
• Facility services	\$300 copayment per stay	20% coinsurance after deductible
• Professional provider services		
– Primary care physician	\$0, no deductible	20% coinsurance after deductible
– Specialty care provider	\$0, no deductible	20% coinsurance after deductible
• <i>Outpatient treatment/surgery</i>		
• Facility services	\$125 copayment	20% coinsurance after deductible
• Professional provider services		
– Primary care physician	\$25 copayment	20% coinsurance after deductible
– Specialty care provider	\$40 copayment	20% coinsurance after deductible
• Diagnostic tests, and x-rays	0%, no deductible	20% coinsurance after deductible
Infusion services		
• Facility services	20% coinsurance after deductible	20% coinsurance after deductible
• Professional provider services	20% coinsurance after deductible	20% coinsurance after deductible
• Home services	20% coinsurance after deductible	20% coinsurance after deductible
• Infusion medications		
• Outpatient settings	20% coinsurance after deductible	20% coinsurance after deductible
• Home settings	20% coinsurance after deductible	20% coinsurance after deductible
Maternity		
• <i>Professional provider services (prenatal & postnatal care)</i>		
• Primary care physician	\$25 copayment	20% coinsurance after deductible
• Specialty care provider	\$40 copayment	20% coinsurance after deductible
	<i>There is no copayment if your doctor submits one bill for delivery, prenatal and postnatal services.</i>	
• <i>Delivery</i>		
• Primary care physician	\$0, no deductible	20% coinsurance after deductible
• Specialty care provider	\$0, no deductible	20% coinsurance after deductible
• <i>Hospital services for delivery (delivery room, anesthesia, routine nursing care for newborn)</i>	\$300 copayment per stay*	20% coinsurance after deductible
• <i>Outpatient diagnostic tests</i>	20% coinsurance after deductible	20% coinsurance after deductible
Medical equipment, appliances, formulas and supplies	20% coinsurance after deductible	20% coinsurance after deductible

* Plan will waive \$300 hospital maternity copayment if the member enrolls in the Future Moms pre-natal program in the first trimester of pregnancy, and completes the program. Call Future Moms at **800-828-5891** to enroll.

Covered Services	COVA Care In-Network You Pay	COVA HDHP In-Network You Pay
Outpatient prescription drugs – mandatory generic		
<ul style="list-style-type: none"> • <i>Retail up to 34-day supply*</i> *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible 	Tier 1 – \$15 copayment Tier 2 – \$25 copayment Tier 3 – \$40 copayment Tier 4 – \$50 copayment (specialty drugs)	20% coinsurance after deductible
<ul style="list-style-type: none"> • <i>Mail Service up to 90-day supply</i> 	Tier 1 – \$30 copayment Tier 2 – \$50 copayment Tier 3 – \$80 copayment Tier 4 – \$100 copayment (specialty drugs)	20% coinsurance after deductible
Shots – allergy & therapeutic injections (at doctor's office, emergency room or outpatient hospital department)		
	20% coinsurance after deductible	20% coinsurance after deductible
Skilled nursing facility stays (180-day per stay limit)		
<ul style="list-style-type: none"> • <i>Facility services</i> • <i>Professional provider services</i> 	\$0, no deductible \$0, no deductible	20% coinsurance after deductible 20% coinsurance after deductible
Spinal manipulations, other manual medical interventions, and chiropractor (\$500 plan year limit)		
<ul style="list-style-type: none"> • <i>Primary care physician</i> • <i>Specialty care provider</i> 	\$25 copayment \$35 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Surgery – see Hospital services		
Therapy services		
<ul style="list-style-type: none"> • <i>Cardiac rehabilitation therapy, chemotherapy, radiation therapy, and respiratory therapy</i> <ul style="list-style-type: none"> • Facility services • Hospital services • Professional provider services 	\$0, no deductible \$0, no deductible \$0, no deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
<ul style="list-style-type: none"> • <i>Occupational therapy visits, physical therapy visits, and speech therapy visits</i> <ul style="list-style-type: none"> • Hospital services • Professional provider services <ul style="list-style-type: none"> – Primary care physician – Specialty care provider 	\$35 copayment \$25 copayment \$35 copayment	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible

Covered Services	COVA Care In-Network You Pay	COVA HDHP In-Network You Pay
Wellness services		
• <i>Well child (office visits at specified intervals through age 6)</i>		
• Primary care physician	\$0, no deductible	\$0, no deductible
• Specialty care provider	\$0, no deductible	\$0, no deductible
• Immunizations and screening tests	\$0, no deductible	\$0, no deductible
• Screening tests	\$0, no deductible	\$0, no deductible
• <i>Routine wellness – age 7 & older</i>		
• Annual check-up visit (one per plan year)		
– Primary care physician	\$0, no deductible	\$0, no deductible
– Specialty care provider	\$0, no deductible	\$0, no deductible
• Immunizations, lab and x-ray services	\$0, no deductible	\$0, no deductible
• <i>Preventive care (one of each per plan year)</i>		
• Gynecological exam		
– Primary care physician	\$0, no deductible	\$0, no deductible
– Specialty care provider	\$0, no deductible	\$0, no deductible
• Pap test	\$0, no deductible	\$0, no deductible
• Mammography screening		
• Prostate exam (digital rectal exam)		
– Primary care physician	\$0, no deductible	\$0, no deductible
– Specialty care provider	\$0, no deductible	\$0, no deductible
• Prostate specific antigen test	\$0, no deductible	\$0, no deductible
• Colorectal cancer screenings including colonoscopies	\$0, no deductible	\$0, no deductible

Optional Benefits	COVA Care In-Network You Pay	COVA HDHP In-Network You Pay
Expanded dental		Covered under basic plan
<ul style="list-style-type: none"> • Dental plan year deductible • Plan year maximum • Diagnostic and preventive services • Primary services • Complex restorative • Orthodontic services 	<p>See dental section</p> <p>\$2,000</p> <p>\$0, no deductible</p> <p>20% coinsurance after deductible</p> <p>50% coinsurance after deductible</p> <p>50% coinsurance no deductible, with \$2,000 lifetime maximum, separate from other dental services</p>	
Routine vision and hearing		
<ul style="list-style-type: none"> • Routine vision - Blue View Vision Network (once every 24 months) 		
<ul style="list-style-type: none"> • Routine eye exam 	\$40 copayment	Not covered
<ul style="list-style-type: none"> • Eyeglass lenses 	\$20 copayment	Not covered
<ul style="list-style-type: none"> • Eyeglass frames 	Up to \$100 retail allowance*	Not covered
<ul style="list-style-type: none"> • Contact lenses (in lieu of eyeglass lenses) 		
<ul style="list-style-type: none"> – Elective 	Up to \$100 retail allowance	Not covered
<ul style="list-style-type: none"> – Non-Elective 	Up to \$250 retail allowance	Not covered
<ul style="list-style-type: none"> • Lens Options 		
<ul style="list-style-type: none"> – UV coating, tints, standard scratch-resistant 	\$15	Not covered
<ul style="list-style-type: none"> – Standard polycarbonate 	\$40	Not covered
<ul style="list-style-type: none"> – Standard progressive 	\$65	Not covered
<ul style="list-style-type: none"> – Standard anti-reflective 	\$45	Not covered
<ul style="list-style-type: none"> – Other add-ons 	20% off retail	Not covered
*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.		
<ul style="list-style-type: none"> • Routine hearing 		
<ul style="list-style-type: none"> • Routine examination (one every 48 months) 	\$40	Not covered
<ul style="list-style-type: none"> • Purchase of hearing aids and other related hearing aid services and supplies except disposable hearing aids (every 48 months – \$1,200 plan maximum) 	\$0, no deductible	Not covered
Out-of-network	Plan payment is reduced by 25%. You pay applicable deductible, copayment and/or coinsurance. Providers may bill you for amounts above the allowable charge.	Not covered

Anthem Contacts

- **Member Services**1-800-552-2682
- **Medical care when traveling outside Virginia or the U.S. (BlueCard®)**1-800-810-2583
- **Future Moms**1-800-828-5891
- **24/7 NurseLine**.....1-800-337-4770
- **ConditionCare (formerly Better Prepared)**.....1-800-445-7922

COVA Care plan administrators: Anthem for medical, vision and hearing; ValueOptions for behavioral health and EAP; Medco for pharmacy; and Delta Dental for dental.

COVA HDHP plan administrators: Anthem.