

FREQUENTLY ASKED QUESTIONS

Benefits HEALTH CARE

WHO IS ELIGIBLE FOR HEALTH CARE COVERAGE?

If you are a full or part-time, salaried, classified employee or faculty/faculty administrator, you are eligible for membership in the State Health Benefits Program. Your eligible dependents also may be enrolled.

WHEN MAY I SELECT OR CHANGE MY HEALTH CARE PLAN OR MEMBERSHIP LEVEL?

Health Care Plan and Membership level selection is made within 31 days of hire. Changes to your membership level and plan may be made within 31 days of a qualifying life event or during Open Enrollment.

WHAT IS OPEN ENROLLMENT?

A specified time frame (usually a 30 day period) normally held in the spring, during which an employee may change plans or membership. Making a change during Open Enrollment will not impact an employee's ability to make changes within 31 days of a qualifying life event.

WHAT IS A QUALIFYING LIFE EVENT?

The following is a partial list of qualifying life events:

- marriage or divorce
- death of a spouse or dependent
- birth or adoption of a child
- loss of dependent eligibility
- employee's spouse or dependent child begins or ends employment

HOW LONG DOES IT TAKE TO GET MY HEALTH CARE CARD?

After your plan selection is entered into the State's Health Care System, the card is generated in approximately two weeks.

WHAT IF I DO NOT HAVE MY HEALTH CARE CARD YET?

You can call the plan directly to ensure that you are enrolled. Plan contact information is contained in the member handbook provided to you when you enrolled, or can be found on the ODU HR web site.

WHAT IF I CALL THE HEALTH PLAN AND THERE IS NO INFORMATION ON MY HEALTH CARE?

Call Human Resources and ask to have the problem corrected. 1-757- 683-4237

HOW DO I GET MY PRESCRIPTIONS?

There is no separate prescription card. Use your health plan identification card to obtain prescription drug benefits.

WHAT IS A FLEXIBLE REIMBURSEMENT ACCOUNT?

There are two types of reimbursement accounts; medical and dependent care. A medical account allows you to set aside pre-tax dollars to pay for medical, dental, vision care or other eligible expenses which are not covered by your health care plan. A dependent care account allows you to set aside pre-tax dollars to pay for eligible dependent care expenses. Flexible Reimbursement Accounts are "use it or lose it" plans, designed to reimburse for predictable expenses.

WHEN AM I ELIGIBLE TO ENROLL IN FLEXIBLE REIMBURSEMENT ACCOUNTS?

You are eligible within 31 days from date of hire and during open enrollment. Both accounts are administered by Fringe Benefits Management Company: 1-800-342-8017.

HOW DO I FIND THE TIER FOR A DRUG?

COVA Care

- www.medco.com
- call Medco Health Solutions at 1-800-355-8279

COVA Connect - www.optimahealth.com/COVA (757) 687-6350

HOW DO I LOCATE BLUE CROSS AND BLUE SHIELD PROVIDERS OUTSIDE OF VIRGINIA AND ABROAD?

COVA Care

- www.bcbs.com - select the Doctor and Hospital Finder
- 1-800-810-BLUE (2583)

COVA Connect - www.optimahealth.com/COVA (757) 687-6350

WHAT WILL APPLY TO THE \$225 SINGLE/\$450 FAMILY DEDUCTIBLE?

- diagnostic laboratory, tests, shots and x-rays
- services such as ambulance travel, durable medical equipment, diabetic test strips and glucose meters, etc.
- note: The \$450 family deductible is aggregate.