

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.

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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.

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 (CarelonRx): 833-267-3108 or www.anthem.com
	Behavioral Health & Employee Assistance Program (EAP) - Anthem: 855-223-9277 or www.anthem.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 <ul style="list-style-type: none"> • 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: www.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 (CarelonRx): 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: www.cova.smartshopper.com or Aetna: 833-849-0567	
Kaiser Permanente HMO <i>(Primarily Northern Virginia - see website for specific zip codes)</i>	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) - Carelon Behavioral Health: 866-517-7042 or www.carelonwellbeing.com/kaiser	
Sentara Health Plans Vantage HMO <i>(Greater Hampton Roads and Eastern Shore See website for specific zip codes)</i>	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