



COVA Materials Order Form

This form is for Commonwealth of Virginia Benefit Administrators with employees who are covered under the Sentara Health Plans HMO plan. Please allow ten business days for delivery of materials. To submit requests, please email this form to: covamaterials@sentara.com.

Name:		Telephone:		Date:	
Agency Number:		Agency Name:			
Shipping Address*:					
Special Shipping Notes:					

****Orders cannot be delivered to P.O. Box addresses***

Consider going green. Information is available for benefit administrators, members, and all employees at our dedicated website:
sentarahealthplans.com/cova.

Item	Quantity	Description of Document
Sentara Health Plans Benefits Brochure		Multi-page document describing overview of plan design and additional features
Disease Management Program Flyer		Summarizes the Sentara Health Plans Disease Management Program
5 in 5 EAP Orientation Flyer		Summarizes Employee Assistance Program benefits
Partners in Pregnancy Flyer		Details the Sentara Health Plans pregnancy program
Bariatric Surgery Flyer		Provides details on the Sentara Health Plans bariatric surgery benefit
Out-of-Area Dependent Form		Necessary form needed to cover out-of-area dependents
Dominion National Dental Brochure		Information about the dental benefits included in the Sentara Health Plans offering
Vision Summary of Benefits and Discount Flyer		Information about the vision benefits included in the Sentara Health Plans offering
<i>All documents are available at sentarahealthplans.com/cova. A password is not needed.</i>		