



Member Guide

Use your Optima ID card for:

- doctors
- laboratory tests
- hospitals
- X rays
- surgeries
- prescriptions
- emergency room services

**Member
Identification
Number**

You will need to register on optimahealth.com to access your specific member information as well as special tools available only to Optima Health plan members.

EMAIL

members@optimahealth.com

PHONE

If English is not your first language and you wish to speak with a Member Services Representative in Spanish, follow these steps:

- Call the toll-free Member Services phone number on your ID card.
- Inform the operator, in Spanish, that you need an interpreter.
- The representative will arrange a teleconference with an interpreter.

TDD lines for the hearing impaired

757-552-7120 or 1-800-225-7784

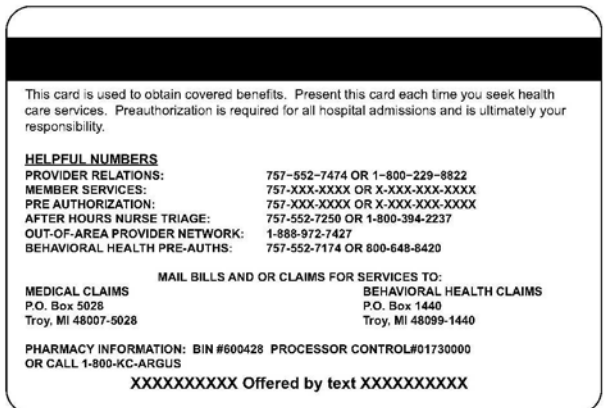
After Hours Nurse Advice Line

757-552-7250 or 1-800-394-2237

Call the After Hours Nurse Advice Line if you need information on where to seek care for illnesses or injuries occurring nights, weekends or holidays.

MAIL

Optima Health Member Services
4417 Corporation Lane
Virginia Beach, VA 23462



Behavioral Health Services

757-552-7174 or 1-800-648-8420

Welcome to Optima Health!

Our Plans

Optima Health offers a full suite of commercial products such as Optima Vantage, a referral-less HMO; Optima Plus, a PPO plan; and government mandated POSA plans. You will also find consumer driven, employee owned and employer sponsored plans, to meet your needs, as well as plans that serve Medicare and Medicaid enrollees. Our quality provider network features 15,000 providers including specialists, primary care physicians and hospitals across the state¹.

We offer special programs that support members with chronic illnesses to manage their conditions as well as customized wellness programs and integrated clinical and behavioral health services—all to help our members improve their health. Wherever we serve our members, Optima Health is determined to stand out through our passion for health and service excellence.

The following definitions may help you understand our plan options but you should always read your complete plan coverage documents carefully:

In-network:

The in-network benefit option means you can lower your out-of-pocket costs by seeing Plan primary care physicians (PCPs), Plan specialists, therapists and other healthcare professionals who have met all of Optima Health's credentialing requirements, and are part of the provider network.



Out-of-network:

If you choose to use your out-of-network benefit option for covered services, it means you and your family members can select any doctor or medical facility you want, regardless of whether or not they are Plan providers. Generally, your out-of-pocket costs are higher when you use out-of-network providers.

Plan Providers

Doctors, hospitals and other healthcare professionals who sign an agreement with Optima Health are participating, or in-network, providers. These providers have agreed to accept a set fee for services rendered to our health plan members. Optima HMO plans must receive services from in-network providers in order to have their services covered by Optima Health.

Non-plan Providers

Doctors, hospitals and other healthcare professionals who do not have a signed agreement with Optima Health are considered non-plan, or out-of-network, providers. These providers can charge whatever they want for their services. Typically, when plan members who have out-of-network benefits receive covered services from these out-of-network providers, we will pay a set percentage or an allowable charge of the amount we pay in-network providers for the same service. The member will pay the rest. If what the out-of-network providers charge is more than what Optima Health pays, they can bill you, the member, for the difference between the two amounts.

¹ Sentara Health Plans, Inc. Provider Database, May 2007

How do I choose or change a Plan PCP, if I need one?

You may visit MyOptima on optimahealth.com to choose or change your PCP.

1. If you don't select a PCP, one will be assigned to you, which you may change if you wish.
2. If you haven't seen your designated PCP in 24 months or more, please contact your PCP office or Member Services to ensure that the office still lists you as a practice member.

What if I need to see a Plan specialist?

If you and your PCP decide you need to see a Plan specialist, your PCP will coordinate your care. Confirm that the Plan specialist is in Optima Health's network or check optimahealth.com.

What if my Plan doctor directs my care to a non-plan provider?

If you are on an Optima Vantage plan and your Plan doctor directs you to a non-plan provider, **you will be responsible for payment of these services unless otherwise authorized by the health plan.** It is your responsibility to ensure that you are using Plan doctors and facilities that participate with your plan. If you have a Plus plan, you have the option of using Plan providers, or non-plan providers. Claims from non-plan providers will be paid at a reduced benefit level, and you may be subject to any applicable deductible, copays, and coinsurance amounts. You also may be responsible for any charges in excess of the plan's allowable charges. To find a Plan provider, use the Find a Doctor or Find a Facility search feature, download a Provider Directory from optimahealth.com, or you may call Member Services at the number on your Optima Health ID card.

Is my Plan specialist authorized to order diagnostic or x-ray tests for me?

Yes, but some tests may require pre-authorization.

Optima Vantage members: As long as your PCP has referred you to a Plan specialist for "consultation and treatment," any test done in the Plan specialist's office or authorized by Optima Health will be covered. All applicable copays will apply for any testing. If your PCP refers you to a Plan specialist for "consultation only," however, no testing ordered by the Plan specialist will be covered by OptimaHealth.

Although your plan does not require referrals, certain specialists may require a coordinated plan of care from your PCP. Do I need to be referred for my annual GYN exam?

No. Female members may schedule an appointment for a routine annual exam with any OB/GYN in Optima Health's network.

Can an OB serve as PCP while I am pregnant?

Yes, during your pregnancy, your OB can serve as your PCP. There are numerous classes and resources available for Optima Health members who are expecting. Call (757) 388-3364, option 2 for more information. As a health plan member, you are automatically enrolled in Optima Health's Partners in Pregnancy program. This program is designed to provide education and support to expectant women. If you would like more information about the program, simply call 1-866-239-0618, option 1.

What is pre-authorization and when is it necessary?

Pre-authorization is a review of all pertinent medical information to determine medical necessity and the Plan's criteria for coverage. The provider of the service is responsible to obtain pre-authorization.

What happens if certain services are not pre-authorized?

If your Plan doctor's/provider's request for pre-authorization of a medical service is denied by the health plan, Optima Health will not pay for any cost associated with the requested service. If you wish to appeal the denial, you may call Member Services to initiate the appeal process. Please keep in mind that you may still receive any requested medical service that Optima Health has denied coverage, at your expense.

Plus Members: When you use your out-of network benefits, you have a responsibility for seeing that your Plan doctor has obtained pre-authorization. Always check with Member Services to ensure that your services have been pre-authorized before seeking treatment.

What should I do if I get sick or hurt after business hours, on a weekend?

If you have an illness, injury or condition that occurs during an evening or weekend, you should call your Plan doctor's office or the After Hours Nurse Advice Program at 757-552-7250 or 1-800-394-2237. A registered nurse will ask you to describe your medical situation in as much detail as possible.

What should I do if I have an emergency?

In any life-threatening emergency situation, always go to the closest emergency room or call 911. If you received emergency care and are admitted, you or a family member should contact Optima Health within 48 hours (two business days) from the time services were rendered, or as soon as possible thereafter. Also note that in each of these situations care may be reviewed retrospectively to make sure it met the criteria for coverage of emergency/urgent care treatment.

What if I become ill when I am outside of Optima Health's service area?

If you have an unexpected illness or injury when outside of the service area, the emergent care you need is covered. You should call the After Hours Nurse Advice Line at 1-800-394-2237. Be advised, we may review all emergency care retrospectively -- after the fact -- to determine if a medical emergency did exist. If an emergency does not exist, the following will apply:

Optima Vantage members: You may be responsible for payment for non-emergent services.

Optima Plus members: If non-emergent, your out-of-network benefits will apply.

OPTIMA HEALTH PHARMACY BENEFITS WILL ONLY APPLY IF YOUR EMPLOYER GROUP OFFERS PHARMACY AS A BENEFIT ADMINISTERED BY OPTIMA HEALTH.

To help you understand your Pharmacy benefit through Optima Health, the following terms and definitions have been provided for you.

Tiers are the specific levels where drugs are placed to allow you access to safe, proven, cost-effective medicine.

Pre-Authorization is a review of all pertinent medical information to determine medical coverage for certain medical drugs or services.

Step-edit Completing a step-edit simply means using an appropriate cost effective first-line drug before moving to try a more costly second-line drug to treat a particular condition. A full list of drugs that require step-edit can be found at optimahealth.com.

Pharmacy Network is the area pharmacies that recognize and participate with your plan.

Mail Order Pharmacy CVS/Caremark provides our mail order pharmacy service. This service is a convenient way to order a supply of maintenance prescriptions, delivered straight to your door.

To find out more about these terms or your pharmacy benefit, please visit optimahealth.com



Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company and Sentara Health Plans, Inc. Optima Vantage HMO and Optima POS plans are underwritten by Optima Health Plan. Optima Plus PPO plans are underwritten by Optima Health Insurance Company.

Please refer to your plan's coverage documents for complete details of coverage, exclusions and limitations and your required copayments.

4417 Corporation Lane • Virginia Beach, VA 23462
Optimahealth.com • 1-877-552-7401