

# OptimaDirect<sup>®</sup> Network Plans For Employer-Sponsored Health Plans

## Broker Frequently Asked Questions

### 1. What is OptimaDirect<sup>®</sup>?

OptimaDirect is a health insurance product for employer-sponsored groups, designed to offer the full Optima Health network of over 26,000<sup>1</sup> doctors and facilities, in a two-tier structure. Members can maximize cost savings when they use a Tier 1 doctor or facility.

### 2. Who can buy an OptimaDirect plan?

OptimaDirect is available to all employer groups throughout the entire Optima Health service area, within the Commonwealth of Virginia.

For 2019, OptimaDirect is the core product offering for Small Group (1–50 total employees), and an option for Mid-Market (51 or more total and 150 or fewer eligible employees) and Large (151 or more eligible employees) Groups.

### 3. Do OptimaDirect plans have different benefits from other Optima Health plans?

No. All OptimaDirect plans provide coverage for the same benefits as other Optima Health plans. OptimaDirect plans are offered in a variety of plan designs to meet everyone's needs and budget.

### 4. Will employees lose access to any doctors or facilities when they enroll in an OptimaDirect plan?

No. All OptimaDirect plans provide access to our full network of over 26,000<sup>1</sup> doctors and facilities. OptimaDirect enables members to be more actively involved in the cost of their healthcare. They can save money on out-of-pocket costs by seeking care from a Tier 1 provider.

### 5. How will doctors know that the member's plan uses the OptimaDirect network?

The plan name and network will be clearly marked on the front of the member ID card. When a member visits a doctor or hospital for services, they should always present their member ID card.

### 6. What happens if the care or services a member needs is only available from a Tier 2 doctor or hospital?

Members will pay the Tier 2 cost share when they receive care from a Tier 2 doctor or hospital.

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Select and Direct HMO and Point-of-Service products are underwritten by Optima Health Plan. Optima Preferred Provider Organization products are underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage please call your broker or Optima Health or sign in to [Optimahealth.com](http://Optimahealth.com).

# OptimaDirect Network Plans

## For Employer-Sponsored Health Plans

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#### 7. Are all OptimaDirect benefits and services tiered?

No. Only the following benefits are tiered on OptimaDirect plans:

- PCP Office Visit
- Specialist Office Visit
- Outpatient Rehabilitative Services
- Outpatient Habilitative Services (*Small Group only*)
- Other Outpatient Therapies (Chemo/Radiation/IV/Inhalation)
- Outpatient Surgery
- Outpatient Diagnostics Procedures, Test, and Lab Work
- Advanced Imaging and Testing Procedures
- Maternity Care
- Inpatient Care
- Mental/Behavioral Health And Substance Use Inpatient Care
- Mental/Behavioral Health And Substance Use Outpatient Care
- Reconstructive Breast Surgery (*Small Group only*)
- Allergy Care, Testing, and Serum (*Small Group only*)

Please refer to the plan Summary of Benefits for detailed benefit information.

#### 8. Which doctors are in which tier?

The OptimaDirect network is structured as follows:

- Tier 1: All Optima Health participating providers except those listed in Tier 2
- Tier 2: University of Virginia Health System and Mary Washington Healthcare doctors and facilities

To find out which tier applies to a specific doctor, specialist, or facility, members should always use the Find a Doc tool on [optimahealth.com](http://optimahealth.com) or call Member Services at the number on the back of their member ID card before using services.

Members can also sign in to [optimahealth.com/members](http://optimahealth.com/members) and use the *Treatment Cost Calculator* to look up estimated costs for procedures, by doctor and facility.

#### 9. What happens in an emergency situation?

Emergency room, ambulance, and urgent care are not tiered benefits—members will pay the cost share as outlined in their Summary of Benefits. If they receive emergency room services from an out-of-network doctor or facility, they will be charged the in-network cost-share amount.

#### 10. Who can members contact if they have questions about their plan?

Members may call Member Services at the number listed on the back of their member ID card for any questions about plan benefits or if they need additional information.