

# OptimaFit<sup>®</sup> Direct Network Plans For Individual & Family Health Plans

## Broker Frequently Asked Questions

### 1. What is OptimaFit<sup>®</sup> Direct?

OptimaFit Direct is a health insurance product for Individual & Family Plan members, 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 OptimaFit Direct plan?

OptimaFit Direct is available to individuals and families throughout the Optima Health Individual Product service area, within the Commonwealth of Virginia.

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

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

### 4. Will members lose access to any doctors or facilities when they enroll in an OptimaFit Direct plan?

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

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

The OptimaFit Direct network is structured as follows:

- Tier 1: All Optima Health participating providers except those listed in Tier 2
- Tier 2: Virginia Commonwealth University 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.

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).

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## For Individual & Family Health Plans

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#### **6. Are all OptimaFit Direct benefits and services tiered?**

No. Only the following benefits are tiered on OptimaFit Direct plans:

- PCP Office Visit
- Specialist Office Visit
- Outpatient Rehabilitative Services
- Outpatient Habilitative Services
- 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
- Allergy Care, Testing, and Serum

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

#### **7. How will doctors know that the member's plan uses the OptimaFit Direct 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.

#### **8. 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.

#### **9. 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.

#### **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.