

OptimaDirect[®] Network Plans

For Employer-Sponsored Health Plans

Frequently Asked Questions

1. What is OptimaDirect[®]?

OptimaDirect health insurance plans include the full Optima Health network of over 26,000¹ doctors and facilities, in a two-tier structure. Members can maximize cost savings when you use a Tier 1 doctor or facility.

2. 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. Check with your employer to find out which plans are available to you.

3. Will I 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 doctors and facilities. OptimaDirect enables members to be more actively involved in the cost of their healthcare. Members can save money on out-of-pocket costs by seeking care from a Tier 1 provider.

4. 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 or call Member Services at the number on the back of your member ID card before using services.

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

5. Are all OptimaDirect benefits and services tiered?

No. Please refer to your plan Summary of Benefits for detailed benefit information.

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.

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6. How will doctors know that my plan uses the OptimaDirect network?

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

7. What happens in an emergency situation?

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

8. What happens if the care or services I need is only available from a Tier 2 doctor or hospital?

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

9. Who can I contact if I have questions about my plan?

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