

OptimaFit[®] Direct Network Plans

For Individual & Family Health Plans

Frequently Asked Questions

1. What is OptimaFit[®] Direct?

OptimaFit Direct 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. 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. You can view plan options at [healthcare.gov](https://www.healthcare.gov) or [optimahealth.com/individual](https://www.optimahealth.com/individual).

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

No. All OptimaFit Direct plans provide access to our full network of over 26,000 doctors and facilities. OptimaFit Direct enables members to be more actively involved in the cost of your 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](https://www.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](https://www.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](https://www.optimahealth.com).

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6. Are all OptimaFit Direct benefits and services tiered?

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

7. How will doctors know that I use the OptimaFit Direct 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.

8. 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.

9. 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.

10. 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.