v.1017

2018 Individual Product BROKER GUIDE

OptimaHealth

INDIVIDUAL & FAMILY PLAN BROKER MANUAL

January 2018

TABLE OF CONTENTS

SECTION

Introduction 1

Contact Information 2

Primary Applicant 3

Dependents 4

Newborn and Adoption Rules 5

Dependent Children Aging Off Plan 6

Service Area 7

Enrollment Periods/Coverage Effective Dates 8

Eligibility 9

Military Service 10

Application and Payment Submission 11

Cancellation of Coverage 12

Address/Contact Information Updates 13

Broker Individual Website 14

Agent/Broker Appointment and Commissions 15

OPTIMA HEALTH INDIVIDUAL & FAMILY PLAN BROKER MANUAL

for Optima Health Agents

1. Introduction

This manual provides information you need to write new Individual & Family Plan business with Optima Health, effective on or after January 1, 2018, and to continue servicing your existing clients. We are dedicated to helping you expand your book of business and retaining your current clients.

2. Contact Information

You have online access to OptimaHealth.com/brokers available 24/7 with helpful resources. We provide up-to-date information and customer sales tools to help you grow your business. It includes many of the functions as our online broker tool, plus some new enhancements.

Sales: Email: IndividualSales@sentara.com
Fax: 1-877-388-3814

Enrollment: Email: Individualuw@sentara.com
Fax: 1-877-388-3814 (Applications)

Member Services: 757-552-7274 or 1-866-514-5916

Broker Services: 1-866-927-4785

For questions about broker checks and payments, please email brokerinquirymailbox@sentara.com.

Website: www.OptimaHealth.com/brokers

This guide is an overview of our new policies and procedures. Brokers are NOT authorized to make any promises or representations about what type of coverage can be offered or the outcome. The information contained in this manual is intended for use by authorized brokers only.

3. Primary Applicant / Subscriber

The individual applying for the policy is called the primary applicant, or subscriber. This individual must have the legal capacity to contract and be recognized by the Commonwealth of Virginia as the person who becomes the policyholder or policy owner. Child-only policy applications need proper documentation from the parent(s)/legal guardian.

4. Dependents

A dependent is any person who is a member of a primary applicant's family who:

- meets all applicable eligibility requirements of the policy;
- is enrolled pursuant to the policy; and
- is included in the premium amount by the Plan.

A dependent may be a spouse and/or child(ren) of the applicant. Children are defined as a natural child, adopted child, foster child, stepchild, or other child (grandchild) for whom the applicant or applicant's spouse is legally responsible, which includes married or unmarried children up to the end of the calendar month in which they turn 26 years of age, regardless of student or tax status. Children also include the insured's mentally or physically handicapped child, who, as a result of the disability, is unable to perform self-support. It is not mandatory that the child reside with the applicant.

Dependents can only be added to plans during the open enrollment period or when there is a qualifying event during a Special Enrollment Period. Members adding a dependent to plans off the Marketplace can use the same application used for new business. Members adding a dependent to plans on the Marketplace must notify the Marketplace directly at Healthcare.gov or 1-800-318-2596 / TTY: 1-855-889-4325.

5. Newborn and Adoption Rules

Under a plan that provides coverage for a family member of the subscriber, a newborn child of the subscriber will be covered from the moment of birth for 31 days, including five days of nursery care for a well newborn. An adopted child whose placement occurred within 31 days of birth will be considered a newborn child of the subscriber as of the date of adoptive or parental placement. The newborn child's coverage will be identical to coverage provided to the subscriber.

In order for coverage to continue beyond the first 31 days, the subscriber must add the newborn to the Plan and submit any required premiums within 60 days of the newborn's birth. Adopted children will be eligible for coverage from the date of placement with the subscriber. An adopted child placed within 31 days of birth will be considered a newborn child of the subscriber as of the date of placement. The subscriber must add the adopted child to the plan and submit evidence of placement and any applicable premiums within 60 days from the date of placement. If an enrollment application and any required premiums are not submitted within 60 days of a qualifying event, (such as the birth, adoption, or placement for adoption), the newborn, adopted child, or other dependent will not be automatically eligible for enrollment under the subscriber's current policy and is subject to all the Plan's application requirements.

The Plan provides maternity and delivery coverage for dependents of the subscriber. A newborn child of a dependent is not eligible for coverage unless the subscriber has legal custody. Coverage for the newborn can be obtained through Optima Health, the Health Insurance Marketplace, or a Medicaid/CHIP program (based on income).

6. Dependent Children Aging Off Plan

Dependent coverage for off-Marketplace plans **ends on the last day of the month they reach age 26** for covered children. Once he/she reaches the state-specific attained age of 26 (also called over-age dependent), the dependent will be automatically cancelled off the policy on the first of the month after they reach age 26. We will send a notification to the subscriber.

Dependents on a Marketplace plan can remain covered through December 31 of the year they turn 26. Dependents aged 26 will not be renewed on their parent's plan January 1.

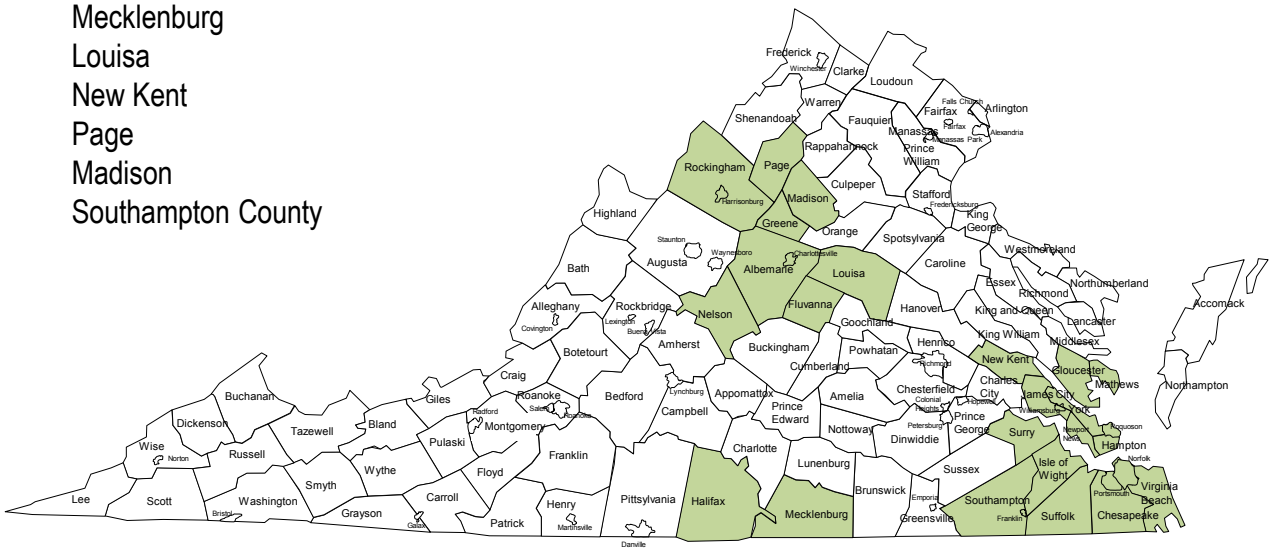
Dependent handicapped children who are both incapable of self-sustaining employment by reason of mental or physical disability and who chiefly are dependent upon the subscriber for support and maintenance will continue to be eligible for coverage beyond the plan's age limits. You must give the plan acceptable proof of incapacity and dependency within 31 days of the child reaching the specified age. Proof of incapacity consists of a statement by a licensed psychologist, psychiatrist, or other physician stating the dependent is incapable of self-sustaining employment by reason of mental or physical disability.

7. Service Area

The service area is the designated geographic area in which the plan will arrange for the provision of health services.

Please see chart for 2018 service area:

2018 Footprint
Hampton Roads
Charlottesville
Harrisonburg
Franklin City
Halifax
Mecklenburg
Louisa
New Kent
Page
Madison
Southampton County



8. Enrollment Periods and Coverage Effective Dates

Open Enrollment Period

Open enrollment for 2018 starts November 1, 2017 and ends December 15, 2017 for coverage effective January 1, 2018.

Exception: Newborns and adopted children can be added to their parent's existing coverage or enrolled in a separate plan as of the date of birth or placement, as described in Section 5.

Special Enrollment Periods Outside Open Enrollment Period

Individuals who experience a qualifying event are be able to enroll in a plan on or off the Marketplace outside the open enrollment period, known as a Special Enrollment Period (SEP). Documentation/proof of qualifying events is required prior to enrollment. If it is not received, the individual(s) may not be enrolled.

Members requesting a special enrollment to a plan off the Marketplace should use the same application used for new business. Members adding a spouse or dependent to a plan on the Marketplace or other qualifying event must contact the Marketplace directly at Healthcare.gov or 1-800-318-2596 / TTY: 1-855-889-4325.

The Plan provides special enrollment periods of 60 days from the date of a triggering event for enrollees and dependents of enrollees in Individual & Family plans.

Triggering Event

SEP Category	Description/List of Qualifying Events	Exchange and Market-wide Availability	Requirements for Pre-Enrollment Documentation
Loss of qualifying health coverage (MEC)	• Loss of group coverage, individual coverage, Medicaid, CHIP • Aging off • Change in employer contribution/affordability **Note:** This does not include subscribers who have lost coverage due to nonpayment of premiums or whose coverage is rescinded based on an act of fraud or intentional misrepresentation of material fact.	On and Off MARKETPLACE **Advance availability:** consumers may report a loss of MEC up to 60 days before the date of the loss of coverage.	New MARKETPLACE consumers will upload requested documentation directly through their account. Off MARKETPLACE can submit documentation directly to Optima Health.

Change in household size	Gaining or becoming a dependent. QEs include marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order. **Note:** For marriage, one spouse must also have had MEC for one or more days in the 60 days prior to the marriage, unless he or she was living in a foreign country or a United States territory prior to the marriage or is a member of a federally recognized tribe.	On and Off MARKETPLACE	New MARKETPLACE consumers will upload requested documentation directly through their account. Off MARKETPLACE can submit documentation directly to Optima Health.
Change in primary place of living	Subscriber or dependent have a change in primary address and gain access to new MARKETPLACE health plans including: • Moving to a new zip code or county or moving to U.S. • Student moving from school or seasonal workers moving to or from the place he or she lives and works • Moving to or from a shelter or other transitional housing **Note:** The consumer, enrollee, or dependent must also have had minimum essential coverage for one or more days in the 60 days prior to the move, unless he or she is moving from a foreign country or a United States territory or is a member of a federally recognized tribe.	On and Off MARKETPLACE	New MARKETPLACE consumers will upload requested documentation directly through their account. Off MARKETPLACE can submit documentation directly to Optima Health.
Change in eligibility for MARKETPLACE coverage or help paying for coverage	• Enrolled in MARKETPLACE coverage and newly eligible or ineligible for APTC • Change in eligibility for CSR plan • Newly eligible for MARKETPLACE because of change in citizenship or legal status, or release from prison • Gaining status as member of federally recognized tribe	On MARKETPLACE only unless consumer loses eligibility for APTC.	New MARKETPLACE consumers will upload requested documentation directly through their account.
Enrollment or Plan error	• Enrollment in the wrong plan due to issuer, agent, broker, navigator error • Issuer or MARKETPLACE technical error • HealthCare.gov plan data or plan benefit display errors • MARKETPLACE or issuer violated a material provision of its contract.	On and Off MARKETPLACE Plan display error SEP only applies On MARKETPLACE	New MARKETPLACE consumers will upload requested documentation directly through their account. Off MARKETPLACE can submit documentation directly to Optima Health.

Other Situations	• Applied for Medicaid or CHIP during MARKETPLACE open enrollment or after a QE and the state Medicaid or CHIP agency later determined consumer is not eligible • A victim of domestic abuse or spousal abandonment wants to enroll in a health plan separate from the abuser or abandoner • Submitted documents to clear a MARKETPLACE data matching error after coverage was ended • Are under 100% of FPL, submitted documents to prove that individual has eligible immigration status and didn't enroll in coverage while waiting for documents to be reviewed • Are an AmeriCorps service member starting or ending AmeriCorps service • Other exception circumstances that kept a consumer from enrolling like being incapacitated or a victim of a natural disaster	On and Off MARKETPLACE	New MARKETPLACE consumers will upload requested documentation directly through their account. Off MARKETPLACE can submit documentation directly to Optima Health.

Documentation Needed

A qualified individual or dependent loses minimum essential coverage.

- Requires a letter from the benefit administrator of the employer-sponsored coverage, indicating start and end dates of coverage and reason for termination

- A qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, or placement for adoption.
  - Marriage requires a copy of the marriage certificate.
  - Birth requires a copy of the birth certificate (only if DOB is more than 31 days), or hospital letter if under 31 days
  - Adoption or placement for adoption or foster care requires a copy of the adoption/placement document (only if adoption/placement is more than 31 days).

- A qualified individual becomes a US citizen, a national or lawfully present individual; includes documentation of proof of lawfully present individual i.e. lawful permanent resident (LPR/green card holder), asylee, refugee, Cuban/Haitian entrant, paroled into the U.S., conditional /entrant granted before 1980, battered spouse child and parent, victim of trafficking and his/her spouse, child sibling or parent, granted

withholding of deportation or withholding of removal, under the immigration laws or under the convention against torture (CAT), individual with non-immigrant status (includes worker, visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau), temporary protected status (TPS), deferred enforced departure (DED). lawful temporary resident, administrative order staying removal issued by the department of homeland security, member of a federally recognized Indian tribe or American Indian born in Canada, resident of American Samoa, temporary protected status with employment authorization, special immigrant juvenile status, victim of trafficking visa, adjustment to LPR status, asylum (only those who have been granted employment authorization or are under the age of 14 and have had an application pending for at least 180 days eligible), withholding of deportation or withholding or removal, under the immigration laws or under the Convention Against Torture (CAT).

  - The following documents may be required or used depending on the individual situation:
  - Permanent Resident Card, “Green Card” I-551
  - Reentry Permit I-327
  - Refugee Travel Document I-571
  - Employment Authorization Card I766
  - Machine Readable Immigrant Visa (with temporary I-551 language)
  - Temporary I-551 Stamp (on passport or I-94/I-94A)
  - Arrival/Departure Record (I-94/I-94A)
  - Arrival/Departure Record in foreign passport (I-94)
  - Foreign Passport
  - Certificate of Eligibility for Nonimmigrant Student Status (I-20)
  - Certificate of Eligibility for Exchange Visitor Status (DS2019)
  - Notice of Action (I-797)
  - Certification from US Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
  - Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
  - Document indicating withholding of removal
  - Administrative order staying removal issued by the Department of Homeland Security
  - Alien or I-94 number
  - Documentation indicating membership in a federally recognized Indian tribe or American Indian born in Canada

- A qualified individual's enrollment or non-enrollment in a Qualified Health Plan (QHP) is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Marketplace or HHS, or its instrumentalities as evaluated and determined by the Marketplace.
  - Requires documentation for proof of the error

- An enrollee adequately demonstrates to the Marketplace that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee.
    - Requires documentation for proof of the violation

- A qualified individual or enrollee gains access to new QHPs as a result of a permanent move.
    - Requires rental/lease agreement/utility hook up order or utility statement issued by the service provider, interim/temporary driver license/ID/permit; Any item delivered by the USPS, FedEx, or UPS sent by a verifiable business or government agency; personal mail; any document issued by a financial institution that includes residence address such as bank statement, loan statement, dividend statement, credit card bill, etc.

- An Indian, as defined by the Indian Health Care Improvement Act, may enroll in a QHP or change from one QHP to another one time per month.
    - Requires documentation for proof of membership in a federally recognized Indian tribe or American Indian born in Canada

- A qualified individual or enrollee demonstrates to the Marketplace, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Marketplace may provide.
    - Requires documentation for proof of the exceptions

On-Marketplace applicants are not enrolled in a plan and/or any changes to their current enrollment is not effective until all required documentation is received by the Marketplace.

If an applicant applies outside of the annual open enrollment period due to a qualifying event, and his or her application is approved and full initial month's premium is received, the effective date will be as follows:

- In the case of birth, adoption, or placement for adoption, coverage is effective on the date of the birth, adoption, or placement for adoption.
- In the case of all other qualifying events, coverage is effective on the first day of the following month after the application is received.

9. Eligibility

To be eligible to enroll for coverage in an Individual & Family plan, all applicants must:

- Be a U.S. citizen or national, or be a lawfully present non-citizen for the entire period for which coverage is sought;
- Be a legal resident of the state in which they are applying;
- Be under age 65;
- Submit satisfactory proof to Optima Health to confirm dependent eligibility, if requested;
- Agree to pay for the cost of premium Optima Health requires;
- Reveal any coordination of benefits arrangements or other health benefit arrangement for the applicant or dependents as they become effective;
- Not be incarcerated (except pending disposition of charges);
- Not enrolled in Medicare Parts A/B and or D; and
- Reside or work in the Optima Health designated service area.

10. Military Service

An applicant or dependent on active duty with any branch of the Armed Services is eligible to apply for an Individual & Family plan.

11. Application and Payment Submission

Applications

We accept application submission through any of the following methods.

Online: Applications and initial premium payment can be submitted online 24 hours a day, 7 days a week on our website.

Fax: Completed applications can be faxed to the phone number indicated in Section 2.

Email: Completed applications may be emailed at the email address indicated in Section 2.

If the initial payment is returned, the policy will be terminated back to the effective date of coverage.

Tips for Completing an Application

Failure to complete a health insurance application may cause delays in processing. Please verify the following items are completed before submitting your client's application:

- All demographic questions;
- Social Security number;
- Effective date desired;
- Coverage plan; and
- All payment information, including the bank address. The applicant (and spouse, if applying) and agent must sign and date the application. Dependents 18 years of age or older also need to sign and date the application. For child-only applications, the parent/legal guardian must sign and date the application.

If information is missing from the application, Optima Health will send a letter to the broker and/or applicant indicating what is needed. If the missing information is not provided within 10 calendar days, the application will be returned. Effective dates will be determined by when the application is completed, not by when it is submitted.

Application Tracking and Status Updates

After a paper or online application is submitted, you can view status of the application in the broker portal.

Payments

Initial premium payment is required and must be paid prior to the plan's effective date. The initial payment will only be processed when a policy is issued. Initial payment must be cash, personal check, money order, cashier's check, ACH payment, or pre-paid debit or credit card.

On-going payments can be accepted via ACH, pre-paid debit card (called in each month to finance), personal check, money order, cash or cashier's check. Payments can also be accepted at MoneyGram® locations throughout Virginia, including 7-Eleven, Farm Fresh, CVS, and Walmart. There is no fee to use this service; members only need to know their member ID number, receive code 15084, and monthly premium amount.

12. Cancellation of Coverage

A member may cancel their plan/policy at any time. Individual & Family plan policies are not automatically cancelled when transferring to an Optima Health Group plan or a Medicare plan. In these cases, the member must request cancellation of the Individual coverage in writing.

For Marketplace plans, cancellation requests must be handled directly with the Marketplace.

Cancellation for Non-Payment of Premium

Individuals must pay all premiums when due. A 31-day grace period will be provided for all premiums due except for the initial premium payment. When premiums are not paid, plans/policies will terminate at the end of the grace period. Full premium will be required prior to the end of the grace period in order for coverage to continue.

Members who purchase coverage through the Marketplace and receive an Advanced Premium Tax Credit have a 90-day grace period before their plan is cancelled for non-payment. Any claims incurred after the first 31 days of the 90-day period will be pended until all outstanding premiums are paid in full. If all past due premiums are not paid in full by the last day of the 90-day grace period, coverage will end effective the last day of the initial 31-day grace period.

When coverage is cancelled for non-payment and the subscriber seeks enrollment in another individual plan from the same issuer—either during special enrollment or during the next open enrollment period—we may require that the subscriber pay all past due premium amounts owed to us for coverage in the prior 12 months, and any applicable binder payments for the new coverage. This does not apply to any dependents covered under the prior plan that seek future enrollment in their own plan.

Termination of the Qualified Health Plan or Qualified Health Plan Issuer

The Plan may terminate coverage at any time under the member's policy as permitted under the terms of our agreement with CMS and the Exchange and applicable state law. The member will be notified by us as required by applicable state and federal law.

13. Address and Contact Information Updates

Members may change their address of record by contacting Member Services by phone or in writing, or by contacting their broker.

Brokers submitting the address change on their client's behalf must submit the change in writing, by fax, or email to Broker Services. Please see Section 2 for phone numbers, email addresses, and other contact information.

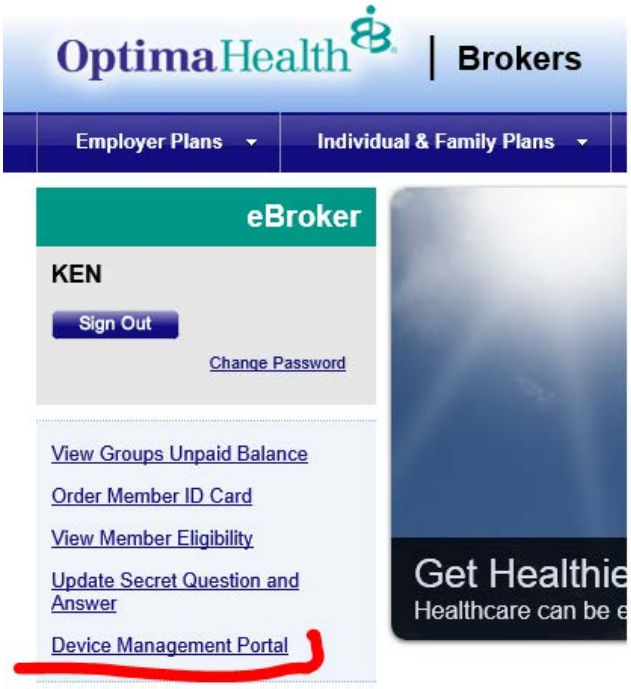
Members enrolled in plans on the Marketplace need to contact the Marketplace directly for address changes at HealthCare.gov or 1-800-318-2596 / TTY: 1-855-889-4325.

Note: For both on- and off-Marketplace plans, if your client moves from one geographical rating area to another, their rates may be subject to change.

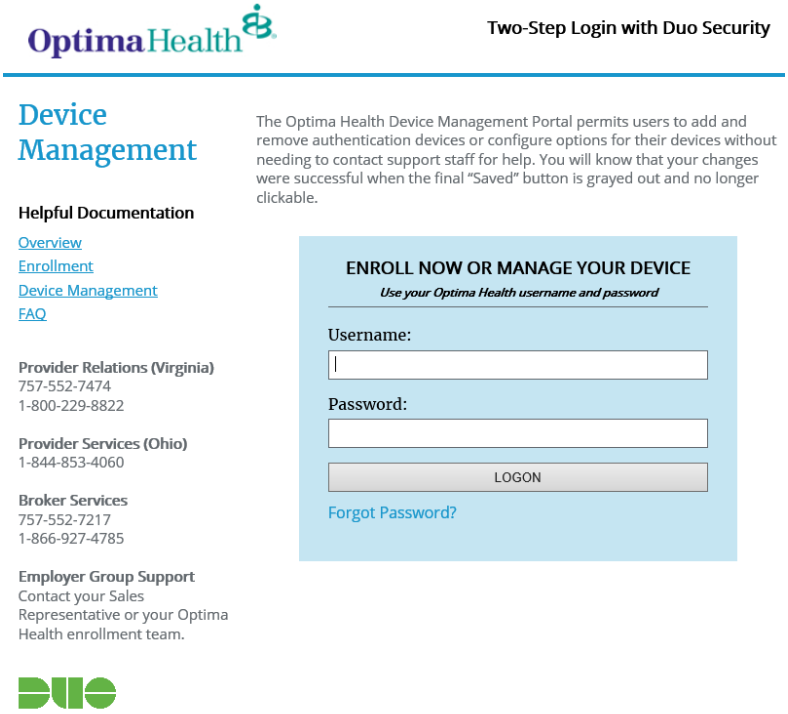
14. Broker Individual Website: Optimahealth.com/brokers

From the broker portal, you can easily manage new and existing clients at any time of the day. To access the secure features of the broker portal, including client information, you must complete a two-step login process. To set up your computer, phone, and other devices:

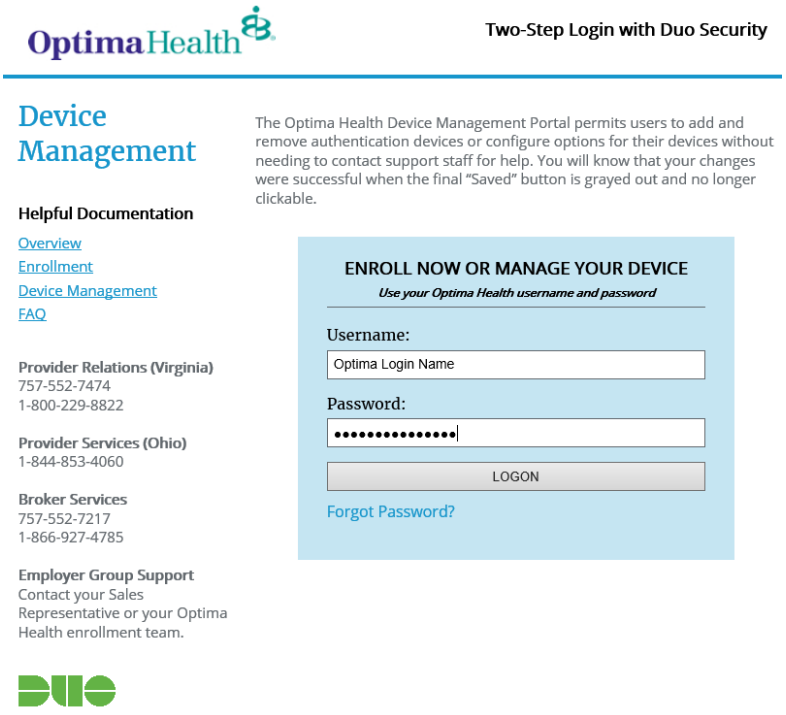
- Sign into Optimahealth.com Broker portal, select “Device Management Portal”:



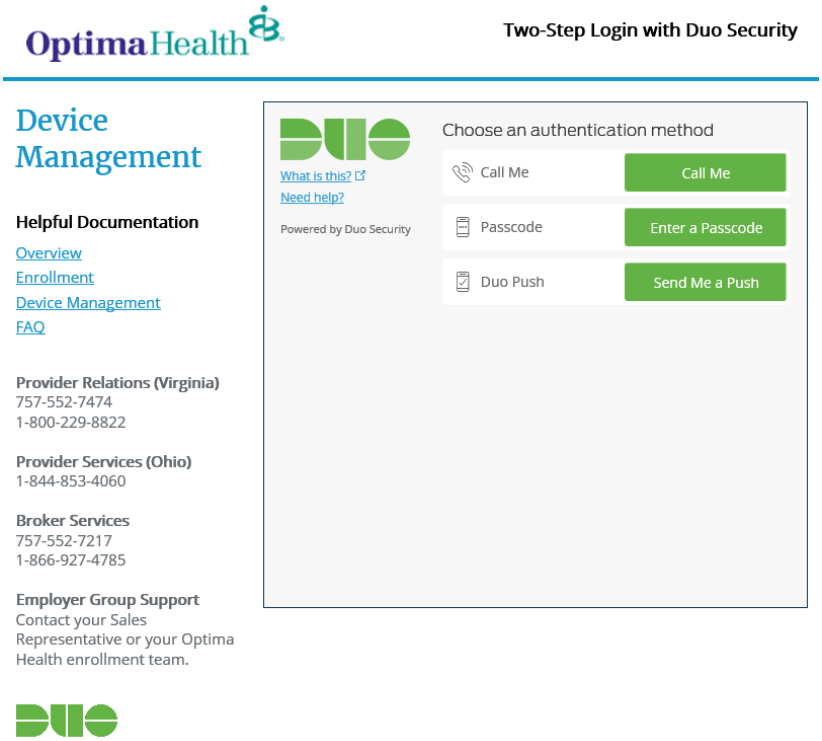
- You should see this screen:



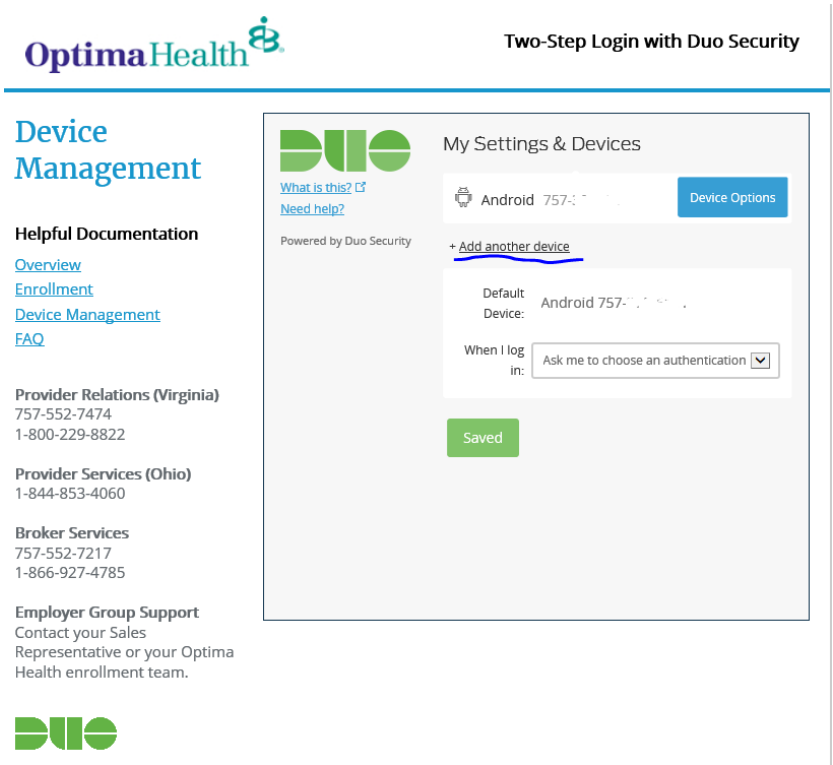
- Sign in using your optimahealth.com username and password:



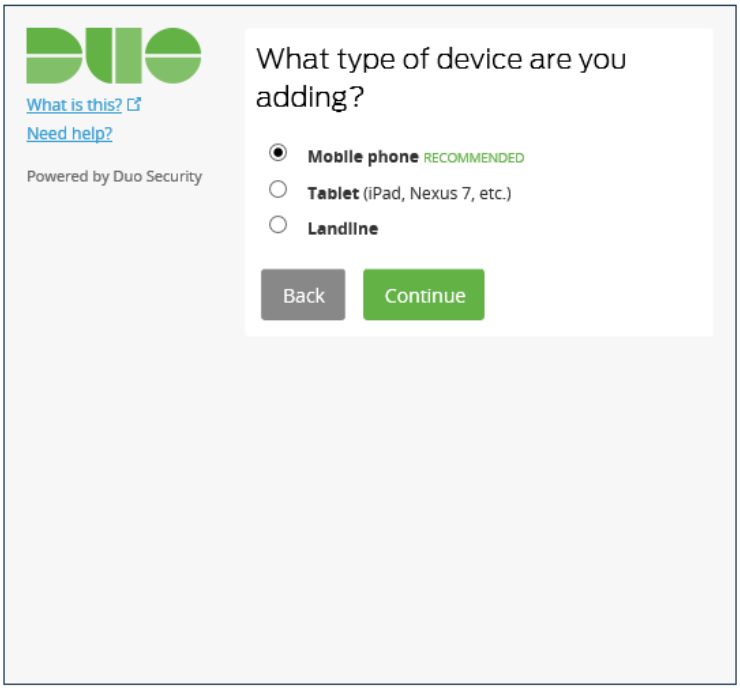
- Select your authentication method:



- Once authenticated you will see this screen:



- If you select "Add Another Device," you can add a second mobile phone or a landline. Adding other devices allows you select a default device.



After you have signed up the devices you wish to use, then when you sign in to optimahealth.com, you will be prompted to authenticate your device. You will only need to authenticate your device once every 24 hours.

Broker Portal Functions

- **Quotes**: Agents are responsible for their own quotes. Proposals can be generated online and sent directly to your clients.

- **Applications**: Applications can be completed three ways:
  - Electronic—Broker can set up a new application in minutes and send to your client electronically. Signature is electronic and your client can submit directly to enrollment.
  - Broker can complete entire application on the client's behalf—by doing so broker is attesting the electronic signature from them is on client's behalf.
  - Paper—Broker can also print a paper application directly from the website for plans sold off the Health Insurance Marketplace. Remember, brokers can submit the completed paper application directly through the website (fastest method), fax to 1-877-388-3814, or email individualuw@sentara.com. If you choose to enter the application, **please also attach the application in the broker portal**.

- **Case Updates**: For assistance or training, please call Broker Services at 1-866-927-4785.

- **Approved Applications**: Approved applications will be automatically enrolled.

Online Services for Members

All subscribers and their dependents over age 18 can register online at optimahealth.com and access their account, policy, and claims information at any time. Members who purchased their plan off the Marketplace can also update personal and contact information. Members who purchased their plan on the Marketplace must log in to their account on Healthcare.gov to update contact information or make policy or plan changes. Brokers, please encourage your clients to register at optimahealth.com.

15. Agent/Broker Appointment and Commissions

Agents/brokers must be appointed to Optima Health before they can represent our products and receive compensation. Please visit optimahealth.com/brokers to view our broker compensation program. Online registration is required.

As a QHP issuer participating on the Health Insurance Marketplace, Optima Health is required to ensure that its affiliated agents and brokers comply with applicable laws and regulations, to include monitoring applicable Marketplace registration and training requirements. As a result, the Plan will verify that all agents electing to sell on the Marketplace have completed the required agreements and certifications.

Commissions are typically paid 7–14 business days after the receipt of premiums. For commission questions please email brokerinquirymailbox@sentara.com.

Optima Health
4417 Corporation Lane
Virginia Beach, VA 23462

Sales
Email: IndividualSales@sentara.com
Fax: 1-877-388-3814

Enrollment
Email: Individualuw@sentara.com
Fax: 1-877-388-3814 (Applications)

www.optimahealth.com