

## Frequently Asked Questions

### Commonwealth of Virginia (COVA) and the Local Choice (TLC) employees

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#### 1. **What is the Optima Health Plan?**

The Optima Health Plan Vantage HMO first became available to COVA for the plan year beginning July 1, 2019. The plan will be available to The Local Choice groups who select the option for plan years that begin either July 1, 2020 or October 1, 2020. The plan is a regional HMO plan. With the open-access style HMO plan, members are not required to select a primary care physician (PCP) and they do not need referrals for specialist care. Optima Health encourages, but does not require a PCP relationship. PCPs can help members with routine medical care and provide guidance when seeking specialist care within the broad Optima Health network of over 32,500<sup>1</sup> providers. Members may receive services with any participating provider in the Optima Health Vantage network throughout Virginia and northeastern North Carolina.

The plan includes affordable copayments for many frequently-used services such as doctor and specialist visits, prescriptions, urgent care, and emergency care. Lower copayments for primary care and specialist care apply when members seek care through Tier 1 providers which are currently defined as: Sentara Quality Care Network (SQCN) providers, in-network Riverside Health System providers, and in-network Tidewater Physicians Multispecialty Group (TPMG) providers.

#### 2. **Who can enroll in the Optima Health Plan?**

Eligible Commonwealth of Virginia employees who live or work in the greater Hampton Roads region which is defined as Chesapeake, City of Franklin, Gloucester, Hampton, Isle of Wight, James City County, Mathews, Newport News, Norfolk, Poquoson, Portsmouth, Southampton, Suffolk, Surry, Virginia Beach, Williamsburg, and York.

#### 3. **Do I have to buy extra dental or vision benefits?**

The Optima Health plan makes it easy for you by including medical, prescription drug, comprehensive dental, vision, and hearing in one plan for one price. Additionally, members do not need to participate in any activities to receive a reduced payroll deduction.

#### 4. **What are Tier 1 providers?**

The unique benefits of this plan include a lower copayment for PCP and specialist care when you seek care through a specific list of physicians ("Tier 1"). This list includes the Sentara Quality Care Network (SQCN) as well as credentialed, in-network doctors within Riverside Health System and Tidewater Physicians Multispecialty Group (TPMG). SQCN is a Clinically Integrated Network (CIN) that includes not only Sentara Medical Group, but many other independent top-quality providers in the greater Hampton Roads area. For a list of providers, refer visit [optimahealth.com/cova](https://optimahealth.com/cova) and select **Find Doctors**.

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**5. How do I know if my current doctor is in the Optima Health network?**

To confirm if your doctor is in the network or if you need to find a new one, visit [optimahealth.com/cova](https://optimahealth.com/cova) and select **Find Doctors** to search for a doctor. If you need assistance, you can also call Member Services at **1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday.**

**6. Does the Optima Health Plan include health and wellness programs?**

Included in your Optima Health Plan—*at no additional cost to you*—is our entire suite of creative health and wellness solutions to help you take charge and get the most out of your health plan and life. MyLife MyPlan programs, designed with clinical experts, show you how to get started, stay motivated, and exceed your health improvement goals.

**7. What do I do if I am a newly enrolled member in the middle of receiving care for a medical condition?**

If you currently receive obstetrics care, medical treatment, or have a procedure scheduled:

- Call your treating doctor's or specialist's office and tell them you are changing your coverage to Optima Health.
- Ask your doctor to send any clinical notes and authorizations to the Optima Health Clinical Care Services team. Call Member Services at **1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday** for more information.

If you have been scheduled for treatment that required authorization from your former health plan carrier, Optima Health will likely need to authorize this treatment.

**8. How do I know if my medication or my specialty medication is in the Optima Health drug formulary?**

To see if your medication is covered in our drug formulary, go to [optimahealth.com/cova](https://optimahealth.com/cova) and select **Search Medications**. To verify whether your specialty prescription drug is on the Optima Health Specialty Drug list or if you need further assistance with your medication searches, you may call Member Services at **1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday.**

**9. I am a newly enrolled member. I have received prior authorization for a prescription drug from my previous carrier. Do I need to get authorization from Optima Health to refill this prescription?**

For all members newly enrolling with Optima Health who are currently taking prescriptions requiring Optima Health prior authorization, Optima Health will temporarily waive prior authorization requirements for your prescription. Exclusions may apply. Your prescription must be filled within:

- 60 days after plan effective date for Retail
- 120 days after plan effective date for Mail Order

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**10. What are drug tiers?**

Our formulary groups drugs into tiers based on standard categories. The tier of your medication determines your copayment. You can find information about what you pay by drug tier in the Optima Health Plan Summary of Benefits. The following are the four drug tier levels:

TIER	DESCRIPTION
1 – Selected Generic	Commonly prescribed generic drugs.
2 – Selected Brand & Other Generic	Brand-name drugs, and some generic drugs with higher costs than Tier 1 generics, that are considered by the Plan to be standard therapy.
3 – Non-Selected Brand	Brand name drugs not included by the Plan on Tier 1 or Tier 2. These may include single-source brand name drugs that do not have a generic equivalent or a therapeutic equivalent. Drugs on this tier may be higher in cost than equivalent drugs, or drugs determined to be no more effective than equivalent drugs on lower tiers.
4 – Specialty Drugs	Drugs classified by the Plan as Specialty Drugs. Tier 4 also includes covered compound prescription medications. Specialty Drugs have unique uses and are generally prescribed for people with complex or on-going medical conditions. Specialty Drugs typically require special dosing, administration, and additional education and support from a health care professional.

**11. Do I have coverage while traveling outside of Virginia or the United States?**

Members may receive services with any participating provider in the Optima Health Vantage network throughout Virginia and northeastern North Carolina. If you are traveling outside of this area, you can receive emergency travel assistance that can handle and resolve your medical and travel emergencies. You and any dependents on your Optima Health Plan are covered whenever traveling 100 miles or more away from your permanent residence, or to another country. Treatment and services, other than emergency services, received while traveling outside of the United States of America are not covered.

**12. My children are going to college outside Virginia. How do they access care while they are away from home?**

The Optima Health network has providers throughout the state of Virginia and northeastern North Carolina. For dependent children outside of the direct Optima Health network, the plan includes the Out of Area (OOA) Dependent Program. Through this program, your dependent children have access to a national network of providers through PHCS/Multiplan. When enrolled dependent children access care through a PHCS/Multiplan provider they are able to receive covered services at the in-network benefit level. Prior authorization still applies when necessary. Program members are required to complete the Out-of-Area Dependent Form annually. This form is available online at [optimahealth.com/cova](http://optimahealth.com/cova).

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**13. Does the plan include Employee Assistance Program benefits?**

Employee Assistance Program (EAP) is included in our Optima Health Plan. Optima EAP provides short-term, solution-focused counseling led by caring, compassionate, and skilled counselors. This benefit is provided to you and the members of your household at no cost. Up to four sessions per issue are included for services such as behavioral health, substance abuse, child or elder care, and grief counseling.

**14. How do I find out more information on my dental and vision benefits?**

Optima Health contracts with Dominion National for comprehensive dental services and EyeMed for vision services. To learn more about your dental and vision benefits, visit [optimahealth.com/cova](https://optimahealth.com/cova) and select *Plan Information*. For more information, call Member Services at **1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday**.

### **AFTER YOU BECOME A MEMBER:**

**15. How do I get a replacement member ID card?**

Once you have registered and signed in to [optimahealth.com/cova](https://optimahealth.com/cova), you can print a temporary ID card or order a new member ID card and have it mailed to you. If you need assistance, you can call Member Services at **1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday**.

**16. What is the Optima Health mobile app and what can I use it for?**

The Optima Health mobile app gives you quick and easy access to important health plan and benefits information anytime, from almost anywhere. With the Optima Health mobile app, you can:

- find doctors and urgent care centers
- securely view benefit information
- view and email member ID cards
- access claims information, including in-network plan expenses, deductibles, and balances
- chat directly with an Optima Health representative

Download the app today from the App Store or Google Play.

**Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. This Plan is underwritten by Optima Health Plan. 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 Member Services at 1-866-846-2682, 8:00 a.m. to 6:00 p.m., Monday to Friday or visit [optimahealth.com/cova](https://optimahealth.com/cova).**