

Direct Network Plans for Individual & Family Health Plans



1. What is a Direct plan?

We offer Direct plans as a health insurance product for Sentara Individual & Family Health Plans members. Direct plans are designed to offer our full network of 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 a Direct plan?

Direct plans are available to individuals and families throughout the statewide Individual Product service area.

3. Do Direct plans have different benefits from our other plans?

No. All of our Direct plans provide coverage for the same benefits as other Sentara Individual & Family Health Plans. 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 a Direct plan?

No. All of our Direct plans provide access to our full network of doctors and facilities. Direct plans enable 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 Sentara Individual & Family Health Plans Direct network is structured as follows:

- Tier 1: All Sentara Health Plans participating providers except those listed in Tier 2
- Tier 2: Mary Washington Healthcare doctors and facilities

To find out which tier applies to a specific doctor, specialist, or facility, members can sign in to sentarahealthplans.com/member or the Sentara Health Plans mobile app to look up doctors, facilities, and more. Members may also call member services at the number on the back of their member ID card before using services.

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

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Individual & Family Plans are issued by Sentara Health Plans. All 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 Sentara Health Plans at 1-800-741-4825 or visit sentarahealthplans.com.

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6. Are all Direct benefits and services tiered?

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

- PCP Office Visit
- Specialist Office Visit
- Outpatient Rehabilitative Services
- Outpatient Habilitative Services
- Other Outpatient Therapies (Chemo/Radiation/IV/Inhalation)
- Outpatient Surgery
- Mental/Behavioral Health And Substance Use Inpatient Care
- Advanced Imaging and Testing Procedures
- Maternity Care
- Inpatient Care
- Reconstructive Breast Surgery
- Outpatient Diagnostics Procedures, Test, and Lab Work
- Allergy Care, Testing, and Serum
- Mental/Behavioral Health And Substance Use Inpatient Care

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

7. How will doctors know that the member's plan uses the Sentara Individual & Family Health Plans 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 Benefits Summary. 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.