OptimaHealth

City of Suffolk - Frequently Asked Questions

What you need to know about your Optima Health plan

1. **Who is the City of Suffolk's medical and pharmacy carrier?**

   The city changed medical and pharmacy carriers from Anthem to Optima Health as part of the procurement process. Optima Health offered the most attractive proposal. The city is confident that the Optima Health broad network of doctors and hospitals, excellent customer service, and quality administration will best serve our employee and retiree healthcare needs. This change became effective on **January 1, 2021**.

2. **What is Open Enrollment?**

   Open Enrollment is your annual opportunity to update your benefits to best meet you and your family's needs for the upcoming plan year. Open Enrollment is generally held in the fall with your new benefit selections effective **January 1**.

3. **How and when do I get a member ID card(s)?**

   Optima Health will provide new member ID cards upon your enrollment (new hires) or in December for the new plan year beginning January 1. Each family member receives their own card. Members are also able to view and print ID cards by registering on **optimahealth.com** or through the Optima Health mobile app.

4. **What are my plan choices?**

   You will have a choice of four plans: two traditional Point of Service (POS) plans with a deductible, copayments and coinsurances, and two Equity Plans that are compatible with a Health Savings Account (HSA).

   With each of the four Optima Health plans, you are not required to select a primary care physician (PCP) and you are not required to obtain referrals to seek specialist care. You may find it helpful to have a PCP who can provide routine medical assistance and guidance when seeking care within the Optima Health network. If you need to see a Plan specialist, your PCP may coordinate your care, or you can make your own appointment.

   With each Optima Health plan, all of the major health systems throughout the greater Richmond and greater Hampton Roads areas are considered in-network. This includes Riverside Health System, all Sentara Healthcare facilities, Children's Hospital of The King's Daughters (CHKD), Bon Secours, VCU Health System, HCA, and more.

   If you do not find your doctor on the website, you may call your doctor's office to inquire whether they participate with Optima Health. Optima Health participating providers who are not accepting new patients may not appear on the website, but if you are an existing patient with your doctor, they would continue to see you with your new Optima Health benefits.

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

All Optima Health plans will use the Optima Health POS Network. To search for doctors:

- Visit **optimahealth.com** and select "Find Doctors., Drugs and Facilities."
- Select "Find Doctors and Facilities" and choose your location by entering your zip code.
- Then select your plan type by entering "POS" and selecting "POS (with PHCS Network access)."

You may then filter your search by provider type and your zip code. If your doctor practices in multiple locations, you may wish to filter your search within a large radius (such as 30 miles). The Optima Health database may list a different address for your doctor than the location you normally visit.

If you find that your doctor is out of network, you may utilize your out-of-network benefits or you may also recommend that your provider join the Optima Health network by calling the Optima Health member services line. The provider must meet Optima Health credentialing requirements in order to be eligible for contracting.

When you see an in-network provider, they will file your claims on your behalf with Optima Health. You will be responsible for your cost-share after application of the negotiated rate and according to your plan of benefits. In the event you need assistance with claims filing, appeals, or a direct reimbursement, please contact the Benefit Resource Center (BRC) by calling **1-855-874-6699** or emailing **BRCEast@USI.com**.

6. How will lab work be covered?

Many doctors have the capability to draw samples or perform a variety of simple tests in their office. Optima Health participating physicians agree (as part of their contract) to send the specimens to an in-network lab. Optima Health continually educates their participating providers on lab processes. It's important to make sure your doctor's office and lab technicians are aware of your new plan. The following will apply:

- In office: If your doctor draws your specimen and performs a lab test in their office (or sends the specimen out), then:
    - Your office visit cost-share applies.
    - Your participating doctor is responsible for sending specimen to an in-network lab.
    - There is no separate lab cost-share.
- Separate location: Some doctors will send you to a separate location to have your lab work drawn.
    - Your doctor should send you to an in-network draw site. A list can be found **here**.
    - Your cost-share will be just the office visit amount you already paid.
    - There is no separate lab cost-share.
- Separate location: If your doctor does not send you to an in-network draw site, then:
    - There is no separate lab cost-share.
    - Your lab benefit of 20% coinsurance after deductible will apply. This will occur if you go to a location such as Quest, LabCorp, etc.
    - The separate lab cost-share will be in addition to your office visit cost-share you will have already paid.
- Other notes: Riverside Health System lab is not in the Optima Health network, however Riverside doctor offices can often draw your specimens.
    - Riverside doctors who participate with Optima Health agree to send the specimens to an in-network lab for processing and evaluation.
    - In this instance, your office visit applies and there is no separate lab cost-share.

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7. Will Optima Health cover pre-existing conditions?

Yes. All Optima Health plans offered through our group cover pre-existing conditions.

8. I am new to the Optima Health plan and I'm in the middle of receiving care for a medical condition or have a procedure scheduled.

Optima Health will work with you and your doctor to make sure your transition process is as smooth as possible. You will have access to Optima Health resources to help you navigate your specific situation. We recommend that you call your doctor's or specialist's office and tell them your coverage is changing to Optima Health. Your doctor can work with the Optima Health Clinical Care Services team to provide clinical notes and update any authorizations necessary.

If you are currently in the middle of a course of treatment with a provider who is not in the Optima Health network, then Optima Health will work with you to transition your course of care. Optima Health will review your case with you and your treating physician. Depending on your situation, you may be able to receive benefits at the in-network level for a period of time.

If you have specific questions about your condition or ongoing course of care, you can call or email Optima Health directly to discuss your situation. Please identify yourself as a City of Suffolk employee. The email address is **CBCM_COMM@sentara.com** or you may call **1-866-503-2730**.

9. What if I am in the hospital on or around the time my new Optima Health plan becomes effective?

Your coverage with Optima Health begins on your plan effective date. If you receive emergency care and/or are admitted to the hospital on or after that date, your doctor or the hospital will most likely call Optima Health on your behalf. You or a family member should also contact Optima Health within 48 hours (two business days) or as soon as medically possible.

If you are admitted to the hospital on or before the new plan effective date, continue to use your current health plan coverage. Any hospital admission that begins before your new plan becomes effective will be handled by your current health insurance inpatient hospital benefit even if you are released from the hospital after your new plan is effective. Any follow-up or ancillary care will be handled by the appropriate insurance company based on the date of service.

10. How do I know if my medication is in the Optima Health drug formulary? What about authorizations and refills?

Your prescription drug benefit will have four tiers. The Optima Health network for pharmacies includes most major chains such as CVS, Walgreens, Kroger, Walmart, Costco, Sam's Club, as well as other local pharmacies.

The Optima Health formulary groups drugs into tiers based on standard categories. Optima Health has a Pharmacy and Therapeutics Committee, which is composed of doctors and pharmacists. The committee reviews all drugs, including generics, for efficacy, safety, overall disease factors, and lastly, cost. Drugs are placed in tiers based on their review and recommendation. Most generic drugs usually fall into the Selected Generic Drugs tier (Tier 1); more expensive generic drugs will be available in Select Brand and Other Generic Drugs tier (Tier 2). The tier of your medication determines your cost share. You can find information about what you pay by drug tier in the Optima Health Plan Summary of Benefits.

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The following are the four drug tier levels:

1. Selected Generic Drugs - Commonly prescribed generic drugs

2. Selected Brands & Other Generic Drugs - 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 Drugs - 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 ongoing medical conditions. Specialty Drugs typically require special dosing, administration, and additional education and support from a healthcare professional.

Here are some important things to remember to make sure your transition is smooth:

- You can find the formulary tier for your drug at **optimahealth.com/cos**. Click on "Search Medications" and select "Optima Health Plan Standard Formulary."
- The tier your drug is placed in will determine your cost share. Cost shares vary by the plan you select. Your cost share may be a flat copayment or coinsurance (a percentage of the negotiated cost). If the cost of the drug is less than the flat copayment, you will only pay the cost of the drug.
- For many members, your drugs will be on the same tier (cost-share) as with your prior plan. Some members may find their drug on a higher tier. As with most insurance formularies, there are options on lower tiers and members may work with their doctor or pharmacist for a treatment plan that is appropriate and affordable.
- Some drugs require prior authorization by Optima Health in order to be covered. Your prescribing provider is responsible for initiating prior authorization. In order to ease your transition to the new plan, Optima Health has agreed to temporarily waive prior authorization requirements for members taking drugs that would usually require prior authorization. Your prescription must be filled within 60 days after your new plan becomes effective at a retail pharmacy (or 120 days after the effective date if filling through mail order). There are some exceptions to this and Optima Health representatives can help you with your transition. If, after the plan effective date, you begin taking a new medication for which prior authorization applies then you will need to work with your doctor and pharmacist for approvals.
- If you or your prescribing provider requests a brand medication when a generic equivalent is available, you will be responsible for the difference in the cost between the generic and the brand name drug in addition to your copayment/coinsurance and/or deductible.
- If your medication is available over-the-counter (OTC), then your transaction for purchase will be at the OTC price at a retailer of your choice rather than through the pharmacy. Examples of such medications might include common digestive medications, skin creams and lotions, allergy medications and their generic equivalents.
- If you are looking for ways to save, you should know that there are some drugs that can cost less than your copayment. You will pay the lesser of the cost of the drug or the copayment for covered drugs. Some pharmacies advertise a "$4 drug list" however this may not be the lowest price for you. For some drugs, the actual cost of the drug with your Optima Health member ID card may be less than the advertised $4 generic program.
- For more ways to save, consider the mail order pharmacy for your maintenance medications.

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11. What is the preferred pharmacy network under the Optima Health plan?

You will pay a lower prescription drug copayment if you fill prescriptions at a Preferred Level 1 Pharmacy. Preferred Level 1 pharmacies include Walgreens, Walmart, or Sam's Club. You can access all other retail pharmacies as a Level 2 pharmacy. The copayments are higher at Level 2 pharmacies. If your prescriptions are currently being filled at a pharmacy other than the current Level 1 pharmacies, such as CVS, and you would like to pay the lower copayment, you will need to transfer your prescription to a Level 1 pharmacy after January 1, 2021.

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

All of your plan choices will be based on the Optima Health Point of Service network. Beyond Virginia and northeastern North Carolina, Optima Health uses a national network partner called PHCS/MultiPlan. The PHCS logo will be on the back of the ID card. Locally, members may receive services with any participating provider in the Optima Health Point of Service network. The Point of Service network spans throughout Virginia and into northeastern North Carolina. If you are outside of this area, you may receive services through the PHCS/MultiPlan network. This would include retirees, out-of-area dependents, and those who travel. In addition, your plan includes emergency travel assistance to handle medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the United States of America are not covered.

13. My child is 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 who reside outside of the direct Optima Health network, the Plan includes in-network coverage through the PHCS/MultiPlan network. When your 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.

14. Do I have emergency coverage if I travel out of the state or out of the U.S.?

All Optima Health plans cover emergency services no matter where you are. In any life-threatening emergency situation, always go to the closest emergency room or call **911**.

Your plan also includes an emergency travel assistance benefit to cover you when you are traveling 100 miles or more away from your permanent residence, or to another country. This benefit can help you and any dependents on your Optima Health plan handle and resolve medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

15. How can I find out more information?

More information is available by calling Optima Health member services at **757-552-7110** or **1-800-229-1199** from 8 a.m.–6 p.m., Monday through Friday. You may also email **members@optimahealth.com**. When emailing member services, please include information about our group and identify yourself as a City of Suffolk member.