

Frequently Asked Questions

(Applies to Active employees and COBRA participants)

1. 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.

2. Will I get a new member ID card? When?

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/nnva or through the Optima Health mobile app.

3. What are my plan choices?

Under Optima Health, active employees have a choice of two plans: A traditional Point of Service (POS) plan OR a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

With all 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 in greater Hampton Roads are considered in-network. This includes Riverside Health System, Sentara CarePlex, Children's Hospital of the King's Daughters (CHKD), and more. In addition to the strong local presence of Optima Health, there is also national coverage through the PHCS network.

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4. Do I have access to a Flexible Spending Account (FSA) or Health Savings Account (HSA) with my health plan?

The city received several proposals from account administrators as part of a separate procurement process. HealthEquity is the vendor selected to provide FSA and HSA. More information on the account options through HealthEquity is posted at nnva.gov/553/Reimbursement-Accounts.

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

All Optima Health plans use the Optima Health POS with PHCS Network. To search for doctors, please visit optimahealth.com/nnva and select **Find Doctors**. Filter your search with provider type and your zip code. If your doctor practices in multiple locations throughout the Hampton Roads area, 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 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, he/she would continue to see you with your new Optima Health benefits.

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.

6. Does Optima Health cover pre-existing conditions?

Yes. All plans offered by the city cover pre-existing conditions.

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

You will have access to Optima Health resources to help you navigate your specific situation. The new Optima Health benefit plans are designed to provide continuity of coverage and benefits.

- Call your doctor's or specialist's office and tell them your coverage is changing to Optima Health. Your doctor can work with Optima Health clinical care services team to provide clinical notes and update any necessary authorizations.
- If you have specific questions about your condition or on-going course of care, please call Member Services at Optima Health to discuss your situation.
- For more information, refer to the [Coordinating Care](#) page on the dedicated website.

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

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

Here are some important things to remember:

- You can find the formulary tier for your drug at optimahealth.com/nnva. Click on "Search Medications" and select "Optima Health Plans Open Formulary."
- The tier your drug is placed in determines your cost-share. The city plan has a cost-share* for 30 day supplies at retail pharmacies:
 - o \$10 for Tier 1 (commonly prescribed generic drugs)
 - o \$30 for Tier 2 (selected brand & other generic)
 - o \$50 for Tier 3 (non-selected brand drugs)
 - o Specialty Drugs or Tier 4 - you pay 20% of the cost of the drug up to a maximum of \$200

*Note: If you select the High Deductible Health Plan, these cost-shares are effective after you have met your plan deductible.

- Remember that some drugs require prior authorization by Optima Health in order to be covered. Your prescribing provider is responsible for initiating prior authorization.
- 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 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.

9. What if I'm taking a specialty prescription drug? How do I verify if this prescription drug is on the Optima Health Specialty Drug List?

Specialty drugs are only available through Proprium Pharmacy, the specialty mail order pharmacy for Optima Health. Proprium Pharmacy is in Chesapeake Virginia. In some special instances, Proprium Pharmacy may use another specialty pharmacy to dispense your drug. Optima Health recognizes the importance of medication adherence and special handling for these types of drugs. You can check the Optima Health website for a listing of specialty medications.

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10. What are drug tiers?

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. 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. The following are the four drug tier levels:

- 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 ongoing medical conditions. Specialty Drugs typically require special dosing, administration, and additional education and support from a health care professional.

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).

11. Do I have coverage if I live or travel outside of Virginia?

Yes. With your Optima Health plan, you can receive covered benefits from network providers in all 50 states. You have access to Optima Health local network providers in the Optima Health service area and PHCS/MultiPlan national network providers outside of the Optima Health service area.

The PHCS and MultiPlan provider networks are available to you when you are seeking care outside of the Optima Health service area. To find these doctors and facilities, use the Optima Health Find A Doc tool and search for **POS (with PHCS network access)** providers in the applicable zip code.

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12. Do I have emergency coverage if I travel out of the state or out of the US?

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 free [emergency travel assistance](#) whenever 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 your medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

13. How can I find out more information?

Please feel free to visit the city's benefits webpage at nnva.gov/498/Benefits or contact the Department of Human Resources Benefits Division at 757-926-1850 or hrbenefits@nnva.gov if you need assistance. You may also call Optima Health Member Services at 757-552-7110 or 1-800-229-1199 from 8 a.m.–6 p.m., Monday through Friday or visit optimahealth.com/nnva.

Optima Health is the tradename of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Equity Plus HSA qualified high-deductible PPO health plans are underwritten by Optima Health Insurance Company. Optima Equity Vantage HSA qualified high-deductible HMO health plans are underwritten by Optima Health Plan. Self-funded qualified high-deductible health plans are administered but not underwritten by Sentara Health Plans, Inc. All health plans have benefit exclusions and limitations and conditions of coverage. For costs and complete details about coverage, ask your broker or employer. The information provided in this document is not tax or legal advice. The tax treatments vary for each situation. Please consult your tax or legal counsel for tax implication of your unique situation.