

HRSD

1. What plans are available through Sentara Health Plans?

HRSD offers two medical plans through Sentara Health Plans:

- POS Equity 1600/0%
- POS Equity 2600/0%

Both are compatible with a Health Savings Account (HSA).

With each of the two 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 Sentara Health Plans network. If you need to see a specialist, your PCP may coordinate your care, or you can make your own appointment.

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

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

Sentara Health Plans will provide new member ID cards upon your enrollment (new hires) or in June for the new plan year beginning July 1. Each family member receives their own card.

Members are also able to view and print ID cards by registering on sentarahealthplans.com/members or through the Sentara Health Plans mobile app.

3. How do I know if my current doctor is in the Sentara Health Plans network?

All plans use the Sentara Health Plans POS with PHCS Network. To find providers, sign in to sentarahealthplans.com/members and visit *Find Doctors and Facilities*. You can search for a specific provider or facility by name or type, and then filter your results by distance, languages, etc. 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 Sentara Health Plans 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 Sentara Health Plans. Sentara Health Plans 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.

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 Sentara Health Plans network by calling the Sentara Health Plans member services line. The provider must meet Sentara Health Plans credentialing requirements in order to be eligible for contracting.

4. Will Sentara Health Plans cover pre-existing conditions?

Yes, your plans through your employer group with Sentara Health Plans cover pre-existing conditions.

5. What should I do if I'm in the middle of receiving care for a medical condition or have a procedure scheduled?

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

If you are currently in the middle of a course of treatment with a provider who is not in the Sentara Health Plans network, Sentara Health Plans will work with you to transition your course of care. Sentara Health Plans 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 Sentara Health Plans directly to discuss your situation. Please identify yourself as an HRSD employee. Email CBCM_COMM@sentara.com or call **1-866-503-2730**.

6. What if something happens and I am in the hospital on or around the time my new plan becomes effective?

Your coverage with Sentara Health Plans 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 Sentara Health Plans on your behalf. You or a family member should also contact Sentara Health Plans 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's inpatient hospital benefit in effect—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.

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

All plans through Sentara 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 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.

8. My child is going to college outside Virginia. How do they access care while they are away from home?

The Sentara Health Plans network has providers throughout the Commonwealth of Virginia and northeastern North Carolina. For dependent children outside of the direct Sentara Health Plans 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.

Please refer to question three for more information on the provider search tool.

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

Your prescription drug benefit has four tiers. The Sentara Health Plans 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 sentarahealthplans.com/hrsd. Click on *Search Medications* and select *Sentara Health Plans Open Formulary*.
- The tier your drug is placed in determines your cost-share. The HRSD plan has a cost-share* for 30-day supplies at retail pharmacies:
 - \$10 for Tier 1 (commonly prescribed generic drugs)
 - \$30 for Tier 2 (selected brand & other generic)
 - \$50 for Tier 3 (non-selected brand drugs)
 - \$75 for Tier 4 (specialty drugs)

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

- A 90-day supply of medication is available for two copayments through mail order or retail pharmacy. Specialty prescriptions are not available in 90-day supply.
- Your plan covers preventive prescription drugs before your deductible is met. Remember that some drugs require prior authorization by Sentara Health Plans 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 Sentara Health Plans member ID card may be less than the advertised \$4 generic program.

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

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

11. What are drug tiers?

The Sentara Health Plans formulary groups drugs into tiers based on standard categories. Sentara Health Plans 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 Sentara Health Plans Benefit Summaries. The following are the four drug tier levels:

- **Selected Generic**
Commonly prescribed generic drugs.
- **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.
- **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.
- **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.

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).

12. Who can I contact if I have questions about my new health plan?

You can contact Sentara Health Plans by emailing members@sentara.com or by calling member services Monday through Friday from 8 a.m. to 6 p.m.:

- **1-888-267-0019** (May–June)
- **1-800-543-3359** or **757-552-7410** (July forward)