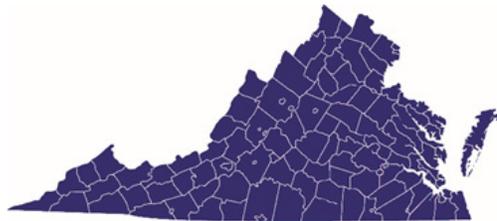


Direct Network Plans Information for Providers

1. What is the Sentara Health Plans Direct network?

Our Direct plans include the full Sentara Health Plans network of over 50,000¹ physicians and facilities, in a two-tier structure. Patients can save money when they utilize services from a Tier 1 provider. Sentara Health Plans offers employer group plans and Individual & Family Plans (Individual Product) throughout our entire service area.



2. Who can enroll in a Direct Network Plan?

The Direct network plans are the main product offered to our Individual Product members and our Small Groups (1–50 total employees). Direct network plans are optional for our Mid-Market and Large Commercial Groups, as well as all self-funded groups. The Direct network is not available to our Medicaid or Medicare members.

3. Which doctors are in which tier?

The Sentara Health Plans Direct network for Individual Product and employer groups 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

For the most up-to-date listing, please visit our Sentara Health Plans Provider website at sentarahealthplans.com/providers.

4. Is there a cost difference between the Tier 1 and Tier 2?

Yes. Members are able to maximize cost savings when they seek services from Tier 1 physicians and facilities.

¹ Sentara Health Plans, Provider Status Report, 2023

*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.*

Direct Network Plans for Individual & Family Health Plans

5. How will I know if my patient is enrolled in a Direct network plan?

The plan name and network will be clearly marked on the front of the member ID card.

Individual Product member ID card sample:

			
INDIVIDUAL PRODUCT XXXXX XXXX			
Member Name: John X Doe Member Number: 9999999*99 Group Number: 999999 Effective Date: 99-99-99 RxBIN: 003858 RxPCN: A4 RxGroup: SHPCMML		Network: DIRECT <u>Individual / Family</u> Ded: \$999/\$9,999 MOOP: \$999/\$9,999 Coins: tier1 99% tier2 99% OV: tier1 \$99 tier2 \$99 SOV: tier1 \$99 tier2 \$99	
RxDed	\$999	RX	99/99/99/99
Detailed benefit information available at sentarahealthplans.com or mobile app			

Employer Group member ID card sample:

			
ABC COMPANY VANTAGE			
Member Name: John X Doe Member Number: 9999999*99 Group Number: 999999 Effective Date: 99-99-99 RxBIN: 003858 RxPCN: A4 RxGroup: SHPCMML		Network: DIRECT <u>Individual / Family</u> Ded: \$999/\$9,999 MOOP: \$999/\$9,999 Coins: tier1 99% tier2 99% OV: tier1 \$99 tier2 \$99 SOV: tier1 \$99 tier2 \$99	
RxDed	\$999	RX	99/99/99/99
Detailed benefit information available at sentarahealthplans.com or mobile app			

Direct Network Plans for Individual & Family Health Plans

6. Are all benefits and services tiered?

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

- PCP Office Visit
- Specialist Office Visit
- Outpatient Rehabilitative Services
- Outpatient Habilitative Services (QHP1 plans only)
- Other Outpatient Therapies (Chemo/Radiation/IV/Inhalation)
- Outpatient Surgery
- Outpatient Diagnostics Procedures, Test, and Lab Work
- Advanced Imaging and Testing Procedures
- Maternity Care
- Inpatient Care
- Mental/Behavioral Health and Substance Use Inpatient Care
- Mental/Behavioral Health and Substance Use Outpatient Care
- Reconstructive Breast Surgery (QHP plans only)
- Allergy Care, Testing, and Serum (QHP plans only)

7. How can I determine my patient's cost share?

The member ID card shows the Tier 1 and Tier 2 cost share for some specific benefits. Since all plan benefits are not tiered, you should confirm your patient's cost share by viewing his or her benefits online at sentarahealthplans.com/providers.

8. How do I determine a patient's eligibility?

A member's eligibility status may change, so member coverage should be verified at the time of service. Sentara Health Plans will verify coverage based on the most current data available from the employer/payer. Retroactive changes can alter the member's status, therefore; verification of eligibility is not a guarantee of payment. Sentara Health Plans provides three ways to verify member eligibility:

- Provider Connection on sentarahealthplans.com/providers – available 24 hours a day
- Interactive Voice Response (IVR) System – available 24 hours a day
- Speak with a Provider Service Representative at **1-800-229-8822**, Monday through Friday from 8:00 a.m. to 5:00 p.m. ET