Need Help Finding the Right Plan?

Call your Broker or a Sentara Health Plans Personal Plan Advisor at

Broker Services: 1-866-927-4785

Email: **Individualuw@sentara.com**

Scan to learn more.

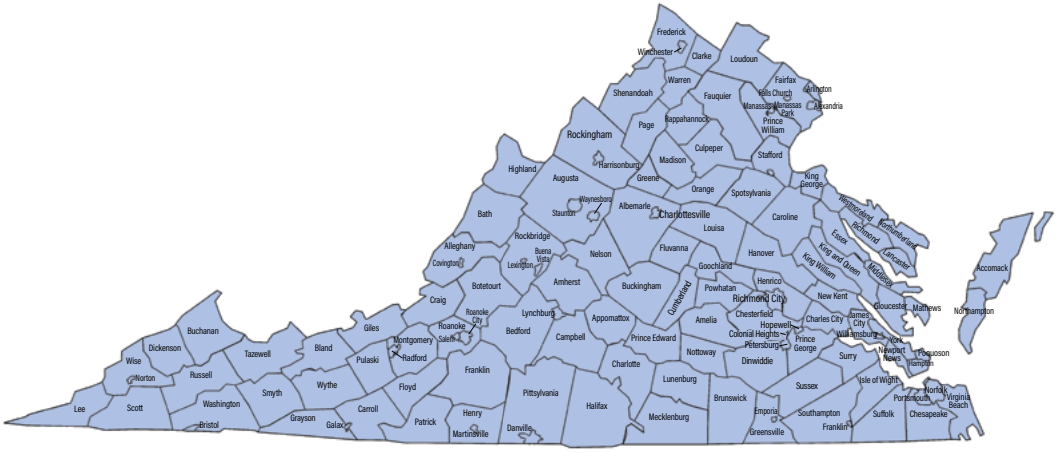
Revised September 2023

Sentara® Health Plans

Sentara Individual & Family Health Plans

2024 Buyers Guide

We are now statewide!



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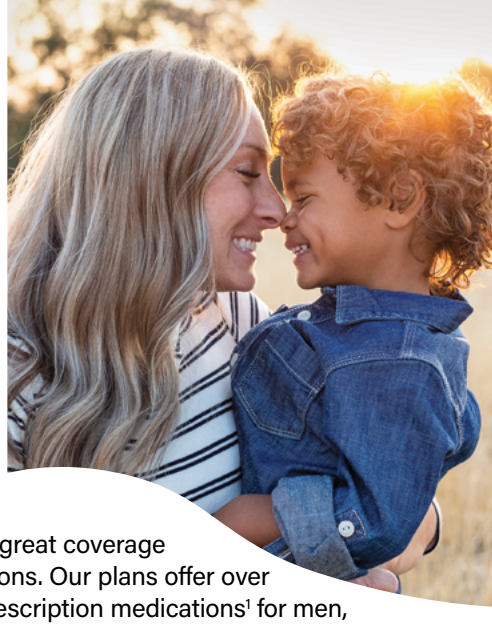

Optima Health is now Sentara Health Plans. New name. Same trusted health plan.

This Buyers Guide provides health insurance basics to help you determine which insurance plan best fits your health, budget, and lifestyle needs. Your health insurance choices have never been better.

Sentara Individual & Family Health Plans

Our Individual & Family Health Plans offer great coverage with a variety of deductible and copay options. Our plans offer over a hundred preventive care services and prescription medications[1] for men, women, and children—all at no charge[2]. This includes your annual physical, adolescent sports physicals, annual mammogram for women, statin medications for adults at risk for heart disease, and many more.

Our plans are offered On- and Off- of the Virginia's Insurance Marketplace. Visit **sentarahealthplans.com/individual** to review different types of plans available and easily compare your options. You can also learn if you are eligible for financial assistance, known as a subsidy.

Who qualifies for Virginia Medicaid?

More adults in Virginia can now get high-quality, low- or no-cost health insurance. Virginians ages 19-64 can apply any time to get the healthcare they need. You may qualify for Virginia Medicaid if you are a:

- childless adult with annual income at or below $20,121
- parent (family of 3) with annual income at or below $34,307
- person with disability with annual income at or below $20,121

Visit coverva.org for more information.

Self-Employed

Self-employed individuals in Virginia now have the option to get a Small Group employer health plan. To learn more and find out if you are eligible, contact your broker or visit **sentarahealthplans.com/group**. Terms and conditions apply.

[1] Check your Plan documents to find out which medications/services are covered.

[2] Sentara Health Plans offers over 100 preventive services and medications that are covered at no cost to the member when administered by an in-network plan physician or pharmacy. An office visit copayment may be charged to health plan members for some services. To review a list of services that are covered, please visit sentarahealthplans.com/members/manage-plans/covered-preventive-services.

Our Quality Stars Rating

Our Individual & Family Health Plans has received 4 stars out of 5 stars[3] from The Centers for Medicare & Medicaid Services (CMS). The number of stars shows how well a plan performs based on a 5-star rating system. This rating is based on factors that include member surveys, data from doctors and hospitals, and how long members have stayed with their health plan.

This rating reflects our members' high satisfaction with:

Clinical Quality Management

★★★★☆

Enrollee Experience

★★★★★

Plan Efficiency, Affordability, and Management

★★★★☆

Overall Rating

★★★★☆

[3] CMS scores qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses. CMS calculates ratings yearly on a 5-star scale. Ratings may change from year to year.

The Sentara Health Plans Difference

Since 1984, we've been helping Virginians get the most out of their health coverage[4] by providing:

Exceptional customer service: Our representatives' proximity and local knowledge enable us to go above and beyond to assist employers and members.

Community-based access and outreach: At Sentara, we regularly provide free health screenings to identify health risks and guide members and non-members to take steps to manage them. We also actively support a variety of local nonprofits that strengthen our community, such as food banks, youth centers, and scholarship programs.

Tailored case management services: Nurses help members take control of their health with recommendations that reflect the local area.

Care management that reflects local trends: We work with local providers to learn more about care utilization and preferences that are unique to their localities.

[4] Sentara Health Plans is a trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Health Administration, Inc., and Sentara Behavioral Health Services, Inc. Sentara Health Plans, previously Optima Health Plan, has been issuing HMO plans under that license since 1984. Sentara Health Insurance Company, previously Optima Health Insurance Company, has issued PPO Accident and Sickness plans since 1991.

Value-Added Benefits & Services

Our plans include essential health benefits[5] to help control and manage your health. We are committed to our mission: ***to improve health every day***, so we're always innovating to add value to the products and services we provide.

It also includes value-added services such as wellness programs, useful tools, and savings to help you manage your healthcare costs.

- access to fitness facilities, weight loss programs, and wellness brands at discounted pricing
- significant savings on routine eye exams, lenses and frames, and contact lenses to include laser vision surgery
- discounts on complementary therapies that include acupuncture, chiropractic, and massage therapies
- shop and compare out-of-pocket expenses for common procedures using our Treatment Cost Calculator
- connect securely with board-certified providers over the phone, online, or through video chat with Virtual Consults accessible 24/7 through **sentarahealthplans.com/members** or through the mobile app to diagnose and treat a variety of non-emergency medical conditions and behavioral health concerns

[5] Essential Health Benefits are a set of 10 categories of services covered under the Affordable Care Act. These include inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services and more.

Manage Benefits On-The-Go

The Sentara Health Plans mobile app helps members get the most value from their health benefits.

Our app provides secure access to many services:

- frequently asked questions and answers
- common forms and documents
- contact information
- doctors and facilities search tool
- claims and authorizations
- wellness tools
- member ID card
- virtual consults
- cost estimates for treatments and services
- important preventive care reminders
- Health Savings Account (HSA)[6]
- and more!

For more information, visit **sentarahealthplans.com/app**.

[6] Only applies to members with HSA plans

Enrollment Periods and Effective Dates

The Open Enrollment Period (OEP) for 2024 Individual & Family Health Plan is

November 1, 2023 – January 15, 2024

Plan effective date depends on when you enroll:

If you enroll by December 15, your effective date will be January 1, 2024.

If you enroll December 16 – January 15, your effective date is February 1, 2024.

Special Enrollment Period (SEP)

SEP is a time outside of the annual OEP when an individual can enroll in a health insurance plan. An individual must experience a qualifying life event and provide proof of eligibility in order to qualify. You have 60 days from the qualifying life event to enroll in a health plan. You don't need a qualifying life event during OEP.

What is a Qualifying Life Event?

- moving to a new area where your current health plan does not provide coverage
- turning 26 and aging off of your parents' health plan
- losing your health insurance coverage for reasons other than non-payment of premiums or fraud
- getting married or divorced and needing to add dependents
- having a substantial change in income, which may qualify you for a subsidy or tax credit with a Marketplace plan

Your Open Enrollment Checklist

- ☐ **To get started, watch the following videos at sentarahealthplans.com//health-insurance-101/**
  - 5 Easy Steps to Prepare for Open Enrollment
  - Health Insurance ABCs
  - Explaining Deductibles, Copayments, and Coinsurance
  - Budgeting for Healthcare
- ☐ **Are you eligible for health insurance through your employer or a government program like Medicaid or Medicare?** If not, you may want to purchase an individual health insurance plan.
- ☐ **Are you losing your Medicaid eligibility?** We can help transition you to an affordable health plan packed with comprehensive benefits.
- ☐ **Are you turning 26?** If so, your parents can no longer cover you on their insurance policy. We can help you choose the plan that's right for you.
- ☐ **Understand** how deductibles, copays, and coinsurance work.
- ☐ **Gather information on your household income.** You may qualify for a subsidy or cost-sharing reduction to help lower your healthcare costs.
- ☐ **Set your budget.** Monthly premiums and out-of-pocket expenses are all important considerations when selecting a health plan that best fits your needs.

Subsidy Eligibility Guidelines

Advanced Premium Tax Credit (APTC)

Individuals may apply for APTC to lower their monthly insurance payment (called the "premium") when they enroll in a plan through the Marketplace. The tax credit is based on the individuals' income estimate and household information on their Marketplace application. Individuals can buy health insurance through other sources, but the only way to get a tax credit is through the Marketplace.

The **American Rescue Plan Act** has provided increased savings and lower costs to consumers enrolling in Marketplace coverage. Now signed into law as the **Inflation Reduction Act**, the expanded premium tax credits extend through 2025.

Learn more at **sentarahealthplans.com/plans/individual/subsidy-eligibility**.

Federal Poverty Guidelines

A measure of income issued every year by the Department of Health and Human Services. Federal poverty levels are used to determine member eligibility for certain programs and benefits, including savings on the Exchange, and Medicaid and CHIP coverage.

Persons in family/household	Poverty Guideline
1	$14,580
2	$19,720
3	$24,860
4	$30,000
5	$35,140
6	$40,280
7	$45,420
8	$50,560

The 2023 poverty guidelines[7] for the 48 Contiguous States and the District of Columbia are in effect as of January 19, 2023.

For families/households with more than eight persons, add $5,140 for each additional person.

[7] Source: **https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines**

What You Will Pay

Sentara Individual & Family Health Plans offer a variety of price options. The Health Insurance Marketplace classifies plans by metallic tiers: Gold, Silver, and Bronze.

Many health insurance carriers also classify their plans sold outside of the Marketplace by metallic tiers, to make it easier for you to compare plans based on their prices and coverage.

While this chart is not comprehensive, it may help determine which metallic plan would be best for you.

	Gold	Silver	Bronze
Monthly premium	$$$	$$	$
Percent of healthcare cost covered	80%	70%	60%
Good for members who...	want to save on premium costs, while still reducing out-of-pocket costs.	need to balance monthly premium costs with out-of-pocket costs.	don't plan to use a lot of healthcare services.

Things to Consider

If you don't anticipate needing a lot of healthcare services, you may want to consider a bronze or silver plan with lower monthly premium; however, if you or a family member have an unexpected serious injury or illness, a Sentara Gold plan offers richer benefits and would cover more out-of-pocket costs.

Benefits of a Health Savings Account

Health Savings Accounts (HSAs), like Individual Retirement Accounts (IRAs), are tax deductible.[8] HSAs are designed to help individuals save for future healthcare expenses.

You save on premiums

Many people should be able to lower their health insurance premiums by switching to a health insurance plan with an HSA, typically offered on plans with a high deductible. The money you save on monthly premiums can be invested into your HSA, with pre-tax advantages. Then you can use that money as needed to pay for qualified medical expenses in the future. Important preventive care services, like mammograms and physicals, are always covered at 100%.

Own your healthcare dollars instead of renting them

With a conventional health plan, the premium you pay makes healthcare available to you for a lower cost than what you would pay if you didn't have health insurance. This fixed annual cost is required. You don't get your money back for unused care at the end of the year. That's a lot like renting.

However, when you put your money into an HSA, that money is yours, growing with tax-free interest. And it remains yours whether you use it or not. In this way, it's similar to the equity you build when you pay for a house, rather than renting it. You own your investment, and your investment works for you. Because you own the money in your HSA, it goes with you even if you change health plans. Once the money is in your account, it's yours.

Where can you find more information?

If you have questions or need additional information, you can speak with Sentara Health Plans Personal Plan Advisor at **1-855-556-8777**, or your broker. You can also find information by visiting: **sentarahealthplans.com/individual.**

[8] Consult a licensed professional for tax of qualified medical services, consult IRS publication 502, "Medical and Dental Expenses" on the IRS website at www.irs.gov. Individuals are responsible for compliance of HSA spending regulations

Frequently Asked Questions

How do I know which health insurance carrier is right for me?

Many factors, such as price, network, and benefits are important when choosing an insurance carrier. Identify what's important to you and choose the carrier that best meets your lifestyle and benefit preferences.

Can I buy individual insurance with a pre-existing condition?

Yes. Insurers must offer insurance plans to individuals with pre-existing conditions at no additional cost. This is called guaranteed availability under the Affordable Care Act.

What is the advantage of using generic drugs?

Generic drugs are a more affordable version of a standard prescription drug. Most health plans offer discounts to members for using generics. Remember to discuss generic drug options with your primary care physician.

Do all health plans include additional benefits?

Sentara Health Plans offer members additional discounts, value-added services, and other wellness and prevention programs that are not part of a health plan benefits package, but are available at no additional cost. Talk to an Sentara Health Plans Personal Plan Advisor if you have questions about additional benefits. These can help you save money and reduce your medical costs by helping you stay healthier.

How can I learn about healthcare terms and their impact on me?

There are numerous terms associated with health insurance. Understanding them and how they may affect you and the coverage you choose is important. To learn more about health insurance terms and what they mean, visit **healthcare.gov/glossary**.

Understanding Healthcare Terms and What it Means

Numerous words and terms are associated with health insurance. It is important to have a basic understanding of their meaning and how these terms may affect you and the coverage you choose.

Term	What it means
Authorization: The process by which a covered service is approved by a health plan's medical care management department.	When your doctor requests a procedure or diagnostic testing, medication, etc., many plans require prior authorization. This is approval given by your insurance company for this aspect of your medical care. If this approval is not received, you will be responsible for all costs associated with your unauthorized treatment as if you had no insurance.
Coinsurance: Shared cost of covered services paid by the plan and the member. Depending on the service, a coinsurance amount may apply before you meet your deductible, or after you meet your deductible, if applicable.	Anytime you use your health plan, you're using your benefits. For example, if you get a procedure that costs $5,000 and your coverage is 20% after a $1,500 deductible, you'll pay the $1,500 first (if you haven't already met your deductible), then 20% of the remaining balance of $3500, or $700.
Copayment (or copay): A fixed amount, paid at the time services are rendered, that a member of a health plan pays when seeing a participating provider for services.	A fixed amount, like $25, that you'll spend each time you visit the doctor or fill a prescription at the time of your visit.
Deductible: The dollar amount that a covered person is responsible to pay before benefits are payable under a health plan for covered services.	The part you pay before your insurance coverage begins. Usually, the higher your deductible, the lower your monthly premium or payment.
Dependent: A family member who can be covered by your health plan. A dependent could be a spouse or unmarried child (natural, step or adopted).	Adding dependents to your plan may increase the cost of your premium.
Enrollee: An individual who is enrolled in a benefit plan. Enrollees are also referred to as members.	You or your family who is signed up for an insurance plan.
Explanation of Benefits (EOB): A printed explanation sent to health plan members that describes the benefits received and services for which a healthcare provider has requested payment.	This is not a bill but an itemized statement that shows what action your insurance company has taken on your claims. An EOB is for your information and files.

Term	What it means
Family Deductible: A deductible which is met by the combined expenses of all covered family members.	A sum the covered family must pay towards the cost of treatment before the benefits of the program go into effect.
In-Network: The use of providers who participate with the health plan's network. Many plans require members to use a participating (in-network) provider to receive benefits or the highest level of benefits.	Doctors, hospitals and other healthcare providers and facilities who have agreed to provide services at a reduced rate for an insurance carrier. If you do not use an in-network provider, you will pay more.
Member: Each individual enrolled and eligible for services in the health plan.	Each member is given an ID number on the health plan.
Member Services: Health plan employees who are trained to help members understand and use the benefits in a member's specific plan.	Insurance companies have representatives available to answer your questions, offer assistance and give you the information you need to get the best value for your money.
Out-of-Pocket Maximum: The maximum amount that a health plan member will have to pay for covered expenses under the plan each year.	The higher the out-of-pocket maximum, the lower your premium or monthly payment.
Out of Network: The use of non-network providers.	Those providers who are not contracted with the health plan are considered out of network. You will pay more to use them.
Participating Provider: Any physician, hospital, pharmacy or laboratory or healthcare providers and facilities under contract with the health plan to provide services to members at a specified cost.	These are the individual physicians, hospitals and other healthcare providers who are part of the health plan's network.
Preventive Care: Preventive health screenings help fight communicable diseases and diagnose cancer in the earliest, most treatable stages. Your health plan may pay for all or some of these services so it is smart to take advantage of them.	Preventive health screenings help fight communicable diseases and diagnose cancer in the earliest, most treatable stages. Your health plan may pay for all or some of these services so it is smart to take advantage of them.
Service Area: Coverage area or the geographic locations that a health plan serves.	A service area is defined by its boundaries. Ensure that the plan and the carrier you select have a broad network where you live and work so you are not driving an hour to see a doctor.
Summary of Benefits: A document that outlines the benefits an individual may receive.	These summaries explain how your plan covers a medical occurrence. It is helpful to review and understand these documents to maximize your health coverage.