

2024 Small Group Plan Changes

Company Update	
Name Change	<p>As you may know, we are excited to evolve with our parent company, Sentara Health. We are changing our carrier company names.</p> <ul style="list-style-type: none"> • Optima Health Plan will now be Sentara Health Plans • Optima Health Insurance Company will now be Sentara Health Insurance Company • Self-funded plans currently administered by Sentara Health Plans, Inc. will now be administered by Sentara Health Administration, Inc. <p>New company names will show in your 2024 benefits documents or in a coverage document amendment.</p>
Effective January 1, 2024 at the group's renewal	
Plan Name Changes	Plan names have changed to align with Sentara Health Plans and the new BOI guidelines.
Benefit Changes	<p>The Out-of-Area (OOA) Dependent Program—which allows for OOA dependent children to access the PHCS network at the in-network level—has been added as a core benefit offering for Health Maintenance Organization (HMO) plans.</p> <p>Coverage for domestic partners has been added as a core benefit offering. A domestic partner is categorized as a relationship between two people who meet all of the following criteria:</p> <ul style="list-style-type: none"> • Have shared a continuous committed relationship with each other for no less than 6 (six) months; and • Are jointly responsible for each other's welfare and financial obligations; and • Reside in the same household; and • Are not related by blood to a degree of kinship that would prevent marriage from being recognized under the laws of their state of residence; and • Each is over age 18, or legal age of consent in your state of legal residence, and legally competent to enter into a legal contract; and • Neither is legally married to or legally separated from, nor in a domestic partnership with, a third party. <p>Hearing aids and related services for children ages 18 and younger are now covered in-network. Coverage is limited to the cost of one hearing aid per hearing-impaired ear every 24 months, up to \$1,500 per hearing aid. Members may choose a higher-priced hearing aid and pay the difference in cost above \$1,500.</p> <p>Coverage is limited to services and equipment recommended by an otolaryngologist (ENT) and provided or dispensed by an ENT, licensed audiologist, or licensed hearing aid specialist.</p> <p>Mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit are now covered benefits.</p> <p>"Mobile crisis response services" means services delivered to provide rapid response to, assessment of, and early intervention for individuals experiencing an acute mental health crisis that are deployed at the location of the individual.</p> <p>"Residential crisis stabilization unit" means a short-term residential program providing support and stabilization for individuals who are experiencing an acute mental health crisis.</p>

	<p>The Non-Emergency Ambulance Services benefit has been separated into Non-Emergent Ambulance Services: Ground and Water and Non-Emergent Ambulance Services: Air. Air ambulance services provided by non-participating providers are covered under in-network benefits.</p> <p>This applies to emergent services or pre-authorized non-emergent services. Non-emergent ambulance services related to mental health diagnoses will be covered as Other Outpatient Services under the Mental Health and Substance Use Disorder Services benefit.</p>
	<p>Health Savings Account (HSA) limits have been updated for 2024.</p> <p>Minimum deductible:</p> <ul style="list-style-type: none"> • \$1,600 for self-only coverage (\$100 increase from 2023) • \$3,200 for family coverage (\$200 increase from 2023) <ul style="list-style-type: none"> ○ HSA 3000 plans are now HSA 3200 plans <p>Out-of-pocket maximum:</p> <ul style="list-style-type: none"> • \$8,050 for self-only coverage (\$550 increase from 2023) • \$16,100 for family coverage (\$1,100 increase from 2023) <p>HSA contribution limits:</p> <ul style="list-style-type: none"> • \$4,150 for self-only coverage • \$8,300 for family coverage
	<p>All abortifacient drugs are no longer excluded. This includes the addition of mifepristone 200 mg tablet (Mifeprex) to our formularies as a Tier 2 medication as of 1/1/24. This medication, in combination with misoprostol, results in a medical termination of intrauterine pregnancy through 70 days gestation.</p>

Effective at the group's renewal and beginning November 1, 2023

Network Changes	<p>The national PHCS/MultiPlan network has been added to Point of Service (POS) plans at the in-network level. Previously, PHCS/MultiPlan providers were only an option for out-of-network services or emergency care. Now, they can provide care outside of the service area at the in-network level for both emergent and non-emergent services.</p>
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New Plans

Sentara Direct Vantage Platinum 0 Ded 100 Rx Ded	Sentara Direct POS Platinum 0 Ded 100 Rx Ded
Sentara Direct Vantage Gold 1000 Ded 250 Rx Ded	Sentara Direct POS Gold 1000 Ded 250 Rx Ded
Sentara Direct Vantage HSA Silver 1900 Ded	Sentara Direct POS Silver 6500 Ded 250 Rx Ded
Sentara Direct Vantage Bronze 7200 Ded	Sentara Direct POS Bronze 8500 Ded
Sentara Direct Vantage Bronze 8500 Ded	Sentara Direct POS HSA Bronze 7000 Ded
Sentara Direct Vantage HSA Bronze 7000 Ded	Sentara Direct POS Gold 750 Ded
Sentara Direct Plus Platinum 0 Ded 100 Rx Ded	Sentara Direct POS Gold 2000 Ded 100 Rx Ded
Sentara Direct Plus HSA Bronze 7000 Ded	Sentara Direct POS Bronze 7200 Ded
Sentara Direct Plus Gold 1000 Ded 250 Rx Ded	Sentara Direct POS HSA Silver 1900 Ded
Sentara Direct Plus Bronze 7200 Ded	Sentara Direct Plus HSA Silver 1900 Ded
Sentara Direct Plus Bronze 8500 Ded	

Discontinued Plans

Optima Vantage Platinum 15/30 Direct	Optima Plus Platinum 15/30 Direct
Optima Vantage Platinum 20/20% Direct	Optima Plus Silver 5600/40/20% Rx Ded Direct
Optima Vantage Gold 2000/25/30% Rx Ded Direct	Optima POS Platinum 15/30 Direct
Optima POS Gold 750/30/20% Rx Ded Direct	Optima POS Gold 2000/30/20% Rx Ded Direct
Optima POS Silver 6500/0% Rx Ded Direct	

Document Key

AD = after deductible
 IN = in network
 OON = out-of-network
 MH = Mental Health
 MOOP = Maximum out-of-pocket

T1 = Tier 1
 T2 = Tier 2
 Dollar amounts = copayments
 Percentages = coinsurances

Small Group Vantage Plan Changes

<p>Sentara Direct Vantage Platinum 0 Ded 150 Rx Ded (Previously: Optima Vantage Platinum 15/35 Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Platinum 0 Ded 150 Rx Ded • Rx Deductible - \$150 per person • Rx Retail T2 - \$40 AD • Rx Retail T3 - 20% AD • Rx Retail T4 - 20% AD (\$350 MOOP per script) • Rx Mail Order T2 - \$100 AD • Rx Mail Order T3 - 20% AD (\$400 MOOP per script) • Rx Mail Order T4 - 20% AD (\$350 MOOP per script)
<p>Sentara Direct Vantage Platinum 0 Ded 200 Rx Ded (Previously: Optima Vantage Platinum 25/50 Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Rx Deductible - \$200 per person
<p>Sentara Direct Vantage Gold 0 Ded (Previously: Optima Vantage Gold 35/30% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Gold 0 Ded • Non-Emergency Ambulance - \$45 • MH Other Outpatient Services/Partial Hospitalization: \$45 • Rx Deductible - No medical/Rx Deductible prior to Pharmacy benefits • Rx Retail T2 - \$40 • Rx Retail T3 - 30% • Rx Retail T4 - 30% (\$350 MOOP per script) • Rx Mail Order T2 - \$100 • Rx Mail Order T3 - 30% (\$400 MOOP per script) • Rx Mail Order T4 - 30% (\$350 MOOP per script)
<p>Sentara Direct Vantage Gold 750 Ded (Previously: Optima Vantage Gold 750/30/20% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Gold 750 Ded • Rx Deductible - No medical or Rx Deductible prior to Pharmacy benefits • Rx Retail T2 - \$50 • Rx Retail T3 - 20% • Rx Retail T4 - 20% (\$350 MOOP per script) • Rx Mail Order T2 - \$125 • Rx Mail Order T3 - 20% (\$400 MOOP per script) • Rx Mail Order T4 - 20% (\$350 MOOP per script)
<p>Sentara Direct Vantage Gold 2000 Ded 100 Rx Ded (Previously: Optima Vantage Gold 2000/30/20% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Gold 2000 Ded 100 Rx Ded • IN MOOP - \$8,000/\$16,000 • Rx Deductible - \$100 per person • Rx Retail T1 - \$25 AD • Rx Mail Order T1 - \$63 AD
<p>Sentara Direct Vantage Gold 2000 Ded (Previously: Optima Vantage Gold 2000/25/30% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Gold 2000 Ded • IN MOOP - \$6,500/\$13,000

Small Group Vantage Plan Changes Cont.

<p>Sentara Direct Vantage Silver 4850 Ded 250 Rx Ded (Previously: Optima Vantage Silver 4750/45/20% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Silver 4850 Ded 250 Rx Ded • IN Deductible - \$4,850/\$9,700 • IN MOOP - \$9,400/\$18,800 • Advanced Imaging - T1: \$300 AD/T2: \$600 AD • Rx Deductible - \$250 per person • Rx Retail T1 - \$15 AD • Rx Retail T2 - \$50 AD • Rx Retail T3 - 20% AD • Rx Retail T4 - 20% AD (\$350 MOOP per script) • Rx Mail Order T1 - \$38 AD • Rx Mail Order T2 - \$125 AD • Rx Mail Order T3 - 20% AD (\$400 MOOP per script) • Rx Mail Order T4 - 20% AD (\$350 MOOP per script)
<p>Sentara Direct Vantage Silver 6500 Ded 250 Rx Ded (Previously: Optima Vantage Silver 6500/0% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Silver 6500 Ded 250 Rx Ded • IN MOOP - \$8,000/\$16,000
<p>Sentara Direct Vantage HSA Silver 3200 Ded (Previously: Optima Vantage Equity Silver 3000/20% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage HSA Silver 3200 Ded • IN Deductible - \$3,200/\$6,400 • IN MOOP - \$7,200/\$14,400 • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD//preventive \$138
<p>Sentara Direct Vantage HSA Silver 4000 Ded (Previously: Optima Vantage Equity Silver 4000/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage HSA Silver 4000 Ded • PCP - T1: \$40 AD/T2: \$80 AD • Specialist - T1: \$80 AD/T2: \$160 AD • UCC - \$80 AD • MH Outpatient Office Visits: Primary Care, Specialist, and Virtual Consult - \$40 AD • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD//preventive \$138
<p>Sentara Direct Vantage HSA Bronze 6100 Ded (Previously: Optima Vantage Equity Bronze 6100/40% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage HSA Bronze 6100 Ded • IN MOOP - \$7,400/\$14,800
<p>Sentara Direct Vantage HSA Bronze 6500 Ded (Previously: Optima Vantage Equity Bronze 6500/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage HSA Bronze 6500 Ded • IN MOOP - \$7,500/\$15,000
<p>Sentara Direct Vantage Bronze 6600 Ded (Previously: Optima Vantage Bronze 6600/30% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Vantage Bronze 6600 Ded • IN MOOP - \$8,600/\$17,200

Small Group Plus Plan Changes

<p>Sentara Direct Plus Platinum 0 Ded 150 Rx Ded (Previously: Optima Plus Platinum 15/35 Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus Platinum 0 Ded 150 Rx Ded • Rx Deductible - \$150 per person • Rx Retail T2 - \$40 AD • Rx Retail T3 - 20% AD • Rx Retail T4 - 20% AD (\$350 MOOP per script) • Rx Mail Order T2 - \$100 AD • Rx Mail Order T3 - 20% AD (\$400 MOOP per script) • Rx Mail Order T4 - 20% AD (\$350 MOOP per script)
<p>Sentara Direct Plus Gold 750 Ded (Previously: Optima Plus Gold 750/30/20% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus Gold 750 Ded • Rx Deductible - No medical or Rx Deductible prior to pharmacy benefits • Rx Retail T2 - \$50 • Rx Retail T3 - 20% • Rx Retail T4 - 20% (\$350 MOOP per script) • Rx Mail Order T2 - \$125 • Rx Mail Order T3 - 20% (\$400 MOOP per script) • Rx Mail Order T4 - 20% (\$350 MOOP per script)
<p>Sentara Direct Plus Gold 2000 Ded 100 Rx Ded (Previously: Optima Plus Gold 2000/30/20% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus Gold 2000 Ded 100 Rx Ded • IN MOOP - \$8,000/\$16,000 • Rx Deductible - \$100 per person • Rx Retail T1 - \$25 AD • Rx Mail Order T1 - \$63 AD
<p>Sentara Direct Plus Gold 2000 Ded (Previously: Optima Plus Gold 2000/25/30% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus Gold 2000 Ded • IN MOOP - \$6,500/\$13,000 • OON MOOP - \$13,000/\$26,000 • Rx Deductible - No medical/Rx Deductible prior to Pharmacy benefits • Rx Retail T2 - \$50 • Rx Retail T3 - 30% • Rx Retail T4 - 30% (\$350 MOOP per script) • Rx Mail Order T2 - \$125 • Rx Mail Order T3 - 30% (\$400 MOOP per script) • Rx Mail Order T4 - 30% (\$350 MOOP per script)
<p>Sentara Direct Plus Silver 6500 Ded 250 Rx Ded (Previously: Optima Plus Silver 6500/0% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus Silver 6500 Ded 250 Rx Ded • IN MOOP - \$8,000/\$16,000 • OON MOOP - \$16,000/\$32,000
<p>Sentara Direct Plus HSA Silver 3200 Ded (Previously: Optima Plus Equity Silver 3000/20% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus HSA Silver 3200 Ded • IN Deductible - \$3,200/\$6,400 • OON Deductible - \$6,400/\$12,800 • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800 • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD//preventive \$138

Small Group Plus Plan Changes Cont.

<p>Sentara Direct Plus HSA Silver 4000 Ded (Previously: Optima Plus Equity Silver 4000/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus HSA Silver 4000 Ded • PCP - T1: \$40 AD/T2: \$80 AD • Specialist - T1: \$80 AD/T2: \$160 AD • UCC - \$80 AD • MH Outpatient Office Visits: Primary Care/Specialist/Virtual Consult - \$40 AD • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD//preventive \$138
<p>Sentara Direct Plus HSA Bronze 6500 Ded (Previously: Optima Plus Equity Bronze 6500/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct Plus HSA Bronze 6500 Ded • IN MOOP - \$7,500/\$15,000

Small Group POS Plan Changes

<p>Sentara Direct POS Platinum 0 Ded 150 Rx Ded (Previously: Optima POS Platinum 15/35 Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS Platinum 0 Ded 150 Rx Ded • Rx Deductible - \$150 per person • Rx Retail T2 - \$40 AD • Rx Retail T3 - 20% AD • Rx Retail T4 - 20% AD (\$350 MOOP per script) • Rx Mail Order T2 - \$100 AD • Rx Mail Order T3 - 20% AD (\$400 MOOP per script) • Rx Mail Order T4 - 20% AD (\$350 MOOP per script)
<p>Sentara Direct POS Gold 2000 Ded (Previously: Optima POS Gold 2000/25/30% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS Gold 2000 Ded • IN MOOP - \$6,500/\$13,000 • OON MOOP - \$13,000/\$26,000
<p>Sentara Direct POS Silver 3500 Ded (Previously: Optima POS Silver 3500/20% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS Silver 3500 Ded • IN MOOP - \$8,000/\$16,000 • OON MOOP - \$16,000/\$32,000
<p>Sentara Direct POS HSA Silver 3200 Ded (Previously: Optima POS Equity Silver 3000/20% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS HSA Silver 3200 Ded • IN Deductible - \$3,200/\$6,400 • OON Deductible - \$6,400/\$12,800 • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800 • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD//preventive \$138
<p>Sentara Direct POS HSA Silver 4000 Ded (Previously: Optima POS Equity Silver 4000/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS HSA Silver 4000 Ded • PCP - T1: \$40 AD/T2: \$80 AD • Specialist - T1: \$80 AD/T2: \$160 AD • UCC - \$80 AD • MH Outpatient Office Visits: Primary Care, Specialist, and Virtual Consult - \$40 AD • Rx Retail T1 - \$25 AD/preventive \$25 • Rx Retail T2 - \$55 AD/preventive \$55 • Rx Mail Order T1 - \$63 AD/preventive \$63 • Rx Mail Order T2 - \$138 AD/preventive \$138

Small Group POS Plan Changes Cont.

<p>Sentara Direct POS HSA Bronze 6200 Ded (Previously: Optima POS Equity Bronze 6200/40/30% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS HSA Bronze 6200 Ded • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800
<p>Sentara Direct POS HSA Bronze 6500 Ded (Previously: Optima POS Equity Bronze 6500/0% Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS HSA Bronze 6500 Ded • IN MOOP - \$7,500/\$15,000
<p>Sentara Direct POS Design Silver 3000 Ded 250 Rx Ded (Previously: Optima POS Design Silver 3000/20% Rx Ded Direct)</p>	<ul style="list-style-type: none"> • Plan Name - Sentara Direct POS Design Silver 3000 Ded 250 Rx Ded • IN MOOP - \$7,900/\$15,800 • OON MOOP - \$15,800/\$31,600 • PCP - T1: \$30 AD/T2: \$60 AD • Specialist - T1: \$60 AD/T2: \$120 AD • UCC - \$60 AD • MH Outpatient Office Visits: Primary Care, Specialist, and Virtual Consult - \$30 AD • Rx Retail T1 - \$25 AD • Rx Retail T2 - \$55 AD • Rx Mail Order T1 - \$63 AD • Rx Mail Order T 2 - \$138 AD