OptimaHealth

Open Enrollment

Frequently Asked Questions

1. **What is Open Enrollment?**

   Open Enrollment is your annual opportunity to select or update the benefit options that best meet you and your family's needs for the upcoming plan year.

2. **When will I get my new member ID card?**

   After the benefits team has finalized the open enrollment data, Optima Health will process your new ID cards. You can expect to receive them in the mail. After your new plan is effective, you will also be able to view and print your ID card from your account on optimahealth.com/members and through the Optima Health mobile app. You can register using your member ID number, your social security number, or your full name that you used to enroll in your plan.

3. **Does the plan require referrals from a Primary Care Physician (PCP)?**

   It is not required to obtain referrals from a PCP when seeking specialist care with Optima Health plans. 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.

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

   To search for doctors, visit optimahealth.com/members and select "Find Doctors, Drugs and Facilities." The benefit materials provided by your employer will indicate your plan (e.g., HMO, POS, POSA, PPO) and network. Filter your search with provider type and your zip code. If your doctor practices in multiple locations, you may wish to filter your search within a larger 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, call your doctor's office to inquire if they participate with 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, they can continue to see you with your new Optima Health benefits.

5. **Will Optima Health cover pre-existing conditions?**

   Yes. All Optima Health plans cover pre-existing conditions.

6. What happens if I'm in the middle of receiving care for a medical condition or have a procedure scheduled when I become an Optima Health member?

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

If you are currently in the middle of a course of treatment with a provider who is not in our network, Optima Health will work with you to transition your course of care. Optima Health 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 on-going course of care, please call member services at 757-552-7401 or 1-877-552-7401 from 8 a.m. to 6 p.m., Monday through Friday.

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

The Optima Health network for pharmacies includes most major chains such as CVS, Walgreens, Kroger, Walmart, Costco, and Sam's Club, as well as other local pharmacies.

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 generic drugs, for effectiveness, safety, overall disease factors, and cost. Drugs are placed in tiers based on their review and recommendation. You can find information about what you pay by drug tier in benefit documents like the Benefits Summary. The four drug tier levels are:

1. **Preferred Generic:** This level is for commonly prescribed generic drugs.
2. **Preferred Brand and Other Generic:** This level is for brand name drugs, and some generic drugs with higher costs than the options in Tier one. The Plan considers these to be standard therapy.
3. **Preferred Brand:** These brand name drugs are not included by the Plan on Tiers one or two. They may include single source brand name drugs that do not have a generic or 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:** These drugs are classified by the Plan as specialty drugs. Tier four 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.

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Listed below are some important items to help make the transition to Optima Health as smooth as possible:

- You can find the formulary tier for your drug at optimahealth.com. Select your plan type. On the next screen, click either "Optima Health Plans Open Formulary" or "Optima Health Plans Standard Formulary."

- The drug tier will determine your cost share. Cost shares vary by the plan you select. Your cost share may be a flat copayment or coinsurance (a percentage of the negotiated cost). If the cost of the drug is less than the flat copayment, you will only pay the cost of the drug.

- Some drugs require prior authorization by Optima Health in order to be covered. Your prescribing provider is responsible for initiating prior authorization. To ease your transition to the new plan, Optima Health has agreed to temporarily waive prior authorization requirements for members taking drugs that would usually require prior authorization. Your prescription must be filled within 60 days after your new plan becomes effective at a retail pharmacy, or 120 days after the effective date if filling through mail order. There are some exceptions to this and Optima Health representatives can help you with your transition. If you begin taking a new medication after the plan effective date, for which prior authorization applies, then you will need to work with your doctor and pharmacist for approvals.

- 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 in addition to your cost share and/or deductible.

- If your medication is available over-the-counter (OTC), then your purchase transaction will be the OTC price at a retailer of your choice rather than through the pharmacy. Examples of such medications might include common digestive medications, skin creams and lotions, allergy medications, and their generic equivalents.

- 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 low-cost drug list, however, this may not be the lowest price for you. For some drugs, the actual cost of the drug may be less than the advertised low-cost drug program with your Optima Health member ID card.

- For more ways to save, consider the mail order pharmacy for your maintenance medications.

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8. What if I'm taking a specialty prescription drug? How do I verify if the drug is covered?

Specialty drugs are only available through Proprium Pharmacy, the specialty mail order pharmacy for Optima Health. In some special instances, Proprium Pharmacy may use another specialty pharmacy to dispense your drug. As part of the transition and implementation, Optima Health will help members transfer their specialty medication prescriptions. Optima Health recognizes the importance of medication adherence and special handling for these types of drugs. You will have access to assistance through Optima Health member services to help you through the transition. You can visit optimahealth.com/members to view a listing of specialty medications.

9. Do I have emergency coverage if I travel out of the state or out of the country?

All Optima Health plans cover emergency services no matter where you are. In any life-threatening emergency, always go to the closest emergency room or call 911.

Your plans also include 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 medica emergencies while traveling. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

10. How can I find out more information?

More information is available by calling Optima Health member services at 757-552-7401 or 1-877-552-7401 from 8 a.m. to 6 p.m., Monday through Friday or by emailing Optima Health member services at members@optimahealth.com. If you send an email, please mention the name of your employer so the team can access your specific benefit plans.