

2024 BusinessEDGE[®] 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 at the group's renewal and beginning with the group's plan 2024 effective date	
Benefit Changes	<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 \$1500 per hearing aid. Members may choose a higher-priced hearing aid and pay the difference in cost above \$1500.</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. This applies to emergent services or pre-authorized non-emergent services.</p> <p>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

Effective January 1, 2024

Pharmacy Benefit Changes	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.
	COVID-19 at-home testing kits will no longer be covered under pharmacy Tier 1, which previously limited members to four tests per month.

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

Network Changes	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.
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New Plans

Sentara Vantage 1000/25/20%	Sentara POS 1000/20/0%
Sentara Plus HSA 6000/30%	Sentara POS HSA 3200/0%
Sentara POS 500/25/20%	Sentara POS HSA 6000/30%

Discontinued Plans

Optima Plus 4000/30/0%

Document Key

IN = in network
 OON = out-of-network
 MOOP = maximum out-of-pocket
 Dollar amounts = copayments
 Percentages = coinsurances

BusinessEDGE Vantage Plan Changes

Sentara Vantage 500/25/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage 500/25/20% • IN Deductible - \$500/\$1,000 • IN MOOP - \$7,500/\$15,000
Sentara Vantage 1000/25/30%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage 1000/25/30% • IN MOOP - \$6,200/\$12,400
Sentara Vantage 2000/25/30%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage 2000/25/30% • IN Deductible - \$2,000/\$4,000 • IN MOOP - \$6,500/\$13,000
Sentara Vantage HSA 3200/0%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage HSA 3200/0% • IN Deductible - \$3,200/\$6,400 • IN MOOP - \$7,200/\$14,400
Sentara Vantage HSA 3200/10%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage HSA 3200/10% • IN Deductible - \$3,200/\$6,400 • IN MOOP - \$7,200/\$14,400
Sentara Vantage HSA 4000/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Vantage HSA 4000/20% • IN MOOP - \$7,000/\$14,000

BusinessEDGE Plus Plan Changes

Sentara Plus 500/25/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus 500/25/20% • IN Deductible - \$500/\$1,000 • OON Deductible - \$1,000/\$2,000 • IN MOOP - \$7,500/\$15,000 • OON MOOP - \$15,000/\$30,000
Sentara Plus 1500/25/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus 1500/25/20% • OON Deductible - \$3,250/\$6,500 • IN MOOP - \$6,500/\$13,000 • OON MOOP - \$13,000/\$26,000
Sentara Plus 2000/25/30%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus 2000/25/30% • IN Deductible - \$2,000/\$4,000 • OON Deductible - \$4,000/\$8,000 • IN MOOP - \$6,500/\$13,000 • OON MOOP - \$13,000/\$27,000
Sentara Plus 4000/40/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus 4000/40/20% • OON Deductible - \$8,000/\$16,000 • IN MOOP - \$8,650/\$17,300 • OON MOOP - \$17,000/\$34,000
Sentara Plus HSA 3200/0%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus HSA 3200/0% • IN Deductible - \$3,200/\$6,400 • OON Deductible - \$6,400/\$12,800 • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800
Sentara Plus HSA 3200/10%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus HSA 3200/10% • IN Deductible - \$3,200/\$6,400 • OON Deductible - \$6,400/\$12,800 • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800
Sentara Plus HSA 4000/20%	<ul style="list-style-type: none"> • Plan Name - Sentara Plus HSA 4000/20% • IN MOOP - \$7,000/\$14,000 • OON MOOP - \$14,000/\$28,000

BusinessEDGE POS Plan Changes

Sentara POS 2000/25/30%	<ul style="list-style-type: none"> • Plan Name - Sentara POS 2000/25/30% • IN Deductible - \$2,000/\$4,000 • OON Deductible - \$4,000/\$8,000 • IN MOOP - \$6,500/\$13,000 • OON MOOP - \$13,000/\$27,000
Sentara POS 4000/40/20%	<ul style="list-style-type: none"> • Plan Name - Sentara POS 4000/40/20% • OON Deductible - \$8,000/\$16,000 • IN MOOP - \$8,650/\$17,300 • OON MOOP - \$17,000/\$34,000
Sentara POS HSA 3200/10%	<ul style="list-style-type: none"> • Plan Name - Sentara POS HSA 3200/10% • IN Deductible - \$3,200/\$6,400 • OON Deductible - \$6,400/\$12,800 • IN MOOP - \$7,200/\$14,400 • OON MOOP - \$14,400/\$28,800
Sentara POS HSA 4000/20%	<ul style="list-style-type: none"> • Plan Name - Sentara POS HSA 4000/20% • IN MOOP - \$7,000/\$14,000 • OON MOOP - \$14,000/\$28,000