

2024 Large Group Plan Changes

	Company Update
Name Change	 As you may know, we are excited to evolve with our parent company, Sentara Health. We are changing our carrier company names. 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. New company names will show in your 2024 benefits documents or in a coverage document amendment.
Medical Benefit Changes	Effective January 1, 2024 at the group's renewal * 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.
	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.
	As a result, the optional hearing aid rider is now specifically for adults ages 19 and older. It was previously an option for any age.
	* Mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit are now covered benefits.
	"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.
	" Residential crisis stabilization unit " means a short-term residential program providing support and stabilization for individuals who are experiencing an acute mental health crisis.
	* 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.
	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.

* Optional for self-funded plans.

Medical Benefit Changes continued	 Health Savings Account (HSA) limits have been updated for 2024. Minimum deductible: \$1,600 for self-only coverage (\$100 increase from 2023) \$3,200 for family coverage (\$200 increase from 2023) © Equity 3000 plans are now Equity 3200 plans 				
	Out-of-pocket maximum:				
	 \$8,050 for self-only coverage (\$550 increase from 2023) \$16,100 for family coverage (\$1,100 increase from 2023) 				
	HSA contribution limits:				
	 \$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 January 1, 2024 at the group's renewal				
Pharmacy Benefit Changes	Several core pharmacy options have been removed to streamline plans. For example, traditional plans (Vantage, POS, and Plus) previously had four options and now have two; and Equity plans (Vantage Equity, POS Equity, Plus Equity) previously had four options and now have one.				
	Effective by January 1, 2024				
Network Changes	The national PHCS/MultiPlan network has been added to Point of Service (POS) and Patient Optional Point of Service (POSA) 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. * As a result, the OOA Dependent Program is no longer applicable on these plans and it is no longer required to complete program forms annually.				

* Optional for self-funded plans.

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