

York County School Division

What you need to know about your Optima Health plan

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Frequently Asked Questions

1. What is the Optima Health plan? What are the benefits?

Under Optima Health, YCSD offers two health plans. You have a choice of two plans: a Point of Service (POS) plan and an Equity plan that is compatible with a Health Savings Account (HSA).

With each of the two Optima Health plans, you are not required to select a primary care physician (PCP) and you are not required to obtain referrals to seek specialist care. 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 specialist, your PCP may coordinate your care, or you can make your own appointment.

With each Optima Health plan, all of the major health systems throughout the greater Hampton Roads and greater Richmond areas are considered in-network. This includes Riverside Health System, all Sentara Healthcare facilities, Children's Hospital of The King's Daughters (CHKD), Bon Secours, VCU Health System, HCA, and more.

2. What are my vision benefits with Optima Health?

York County School Division has added an enhanced vision materials benefit as part of the medical plans for the 2022 plan year. The vision materials are included on both medical plans through Optima Health's vision partner. For members enrolled in the Optima Health medical plan, benefits include an annual vision exam and vision materials when using a participating provider:

- plastic eyeglass lenses (single vision, bifocal, or trifocal) at no cost (*once every 12 months*)
- contact lenses (in lieu of frames) at no cost up to \$130 allowance (*once every 12 months*)
- frames (in lieu of contact lenses) at no cost up to \$130 allowance (*once every 24 months*)

For additional details on the enhanced vision benefit and valuable discounts, please refer to the vision benefit summary.

For a complete list of in-network providers near you, visit the Optima Health website.

3. How are diabetic treatments covered?

Diabetic treatment services and supplies are covered as outlined in the table below.

- If you are utilizing the *insulin pump, pump infusion set, or supplies benefits*, please obtain these under your medical benefit from a Durable Medical Equipment (DME) provider and present your Optima Health medical member ID card.

York County School Division

What you need to know about your Optima Health plan

Frequently Asked Questions

- If you are obtaining *diabetic testing supplies, insulin, needles, or syringes*, please obtain these from a pharmacy and present your OptumRx pharmacy member ID card.

It is important to present the appropriate member ID card in order to ensure that your diabetic treatment(s) are covered under your plan.

	Covered Under Medical or Pharmacy Benefit?
Insulin Pumps*	Covered under Medical Benefit
Pump Infusion Sets and Supplies*	Covered under Medical Benefit
Testing Supplies <i>Includes test strips, lancets, lancet devices, blood glucose monitors and control solution. *Pre-Authorization is required for talking blood glucose monitors</i>	Covered under the Plan's Prescription Drug Benefit
Insulin, Needles, Syringes	Covered under the Plan's Prescription Drug Benefit

4. When will I get a new member ID card?

After York County School Division's benefits team has finalized enrollment data, Optima Health will process your new medical ID card(s). You can expect to receive your new ID card(s) in the mail within 7-10 business days. Please be on the lookout for an envelope in your mailbox from Optima Health in the month of December for Open Enrollment changes. You will receive a separate pharmacy ID card in the mail from OptumRx.

After your new plan is effective, you will also be able to view and print your ID card from your account on optimahealth.com and the Optima Health mobile app. In order to register for an account, you will need to have your unique member ID number.

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

The Optima Health plan will use the Optima Health POS network. To search for doctors:

- Visit optimahealth.com and select **Find Doctors, Drugs and Facilities**
- Next, select **Find Doctors and Facilities** and choose your location by zip code
- Select your plan's network, type "POS" in the search bar and select **POS (with PHCS Network access)**

Then, you can filter your search by provider type and your zip code. If your doctor practices in multiple locations, you may wish to filter your search within a large 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, you may call your doctor's office to inquire whether they participate with Optima Health. 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 will continue to see you with your new Optima Health benefits.

York County School Division

What you need to know about your Optima Health plan

Frequently Asked Questions

If you find that your doctor is out-of-network, you may utilize your out-of-network benefits or you may also recommend that your provider join the Optima Health network by calling the Optima Health Member Services line. The provider must meet Optima Health credentialing requirements in order to be eligible for contracting.

When you see an in-network provider, they will file your claims on your behalf with Optima Health. You will be responsible for your applicable cost share, which is detailed in your plan's benefits.

For all Drug and Medication inquiries, visit the York County School Division website at <https://tinyurl.com/YCSDBenefits>.

6. Will Optima Health cover pre-existing conditions?

Yes, your plans through your employer group with Optima Health cover pre-existing conditions.

7. What should I do if I'm new to the Optima Health plan and in the middle of receiving care for a medical condition or have a procedure scheduled?

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 navigate your specific situation. We recommend that you call your doctor's or specialist's office and tell them your coverage is changing to Optima Health. Your doctor's office can work with the Optima Health Clinical Care Services team to provide clinical notes and update any authorizations, if necessary.

If you are currently in the middle of a course of treatment with a provider who is not in the Optima Health 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, you can call or email Optima Health directly to discuss your situation. Please identify yourself as a York County School Division employee. The email address is CBCM_COMM@sentara.com or call 1-866-503-2730.

8. What happens if something happens and I am in the hospital on or around the time my new Optima Health plan becomes effective?

Your coverage with Optima Health begins on your plan effective date. If you receive emergency care and/or are admitted to the hospital on or after that date, your doctor or the hospital will most likely call Optima Health on your behalf. You or a family member should also contact Optima Health within 48 hours (two business days) or as soon as medically possible.

York County School Division

What you need to know about your Optima Health plan

Frequently Asked Questions

If you are admitted to the hospital on or before the new plan effective date, continue to use your current health plan coverage. Any hospital admission that begins before your new plan becomes effective will be handled by your current health insurance's inpatient hospital benefit in effect—even if you are released from the hospital after your new plan is effective. Any follow-up or ancillary care will be handled by the appropriate insurance company based on the date of service.

9. Do I have coverage while traveling outside of Virginia or the United States?

All of your plan choices will be based on our Point of Service (POS) network. Locally, members may receive services with any participating provider in the Optima Health POS network. The POS network spans throughout Virginia and into northeastern North Carolina. If you are outside of this area, you may receive services through our national network partner PHCS/MultiPlan. The PHCS logo will be on the back of your member ID card.

All Optima Health plans cover emergency services no matter where you are. In any life-threatening emergency situation, always go to the closest emergency room or call 911. Your plan also includes 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 and resolve medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

10. My child is going to college outside Virginia. How do they access care while they are away from home?

The Optima Health network has providers throughout the Commonwealth of Virginia and northeastern North Carolina. For dependent children outside of the direct Optima Health network, the plan includes in-network coverage through the PHCS/MultiPlan network. When your enrolled dependent children access care through a PHCS/MultiPlan provider, they are able to receive covered services at the in-network benefit level. Prior authorization still applies when necessary.

Please refer to question five for more information on the provider search tool. Remember to choose the **"POS with PHCS network"** when filtering your search.

11. How can I find out more information?

More information will be available by calling Optima Health Member Services at **757-552-7110** or **1-800-229-1199** from 8 a.m.–6 p.m., Monday through Friday or by emailing **members@optimahealth.com**.

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Vantage, POS, Direct, and Select plans are underwritten by Optima Health Plan. Optima Plus (PPO) products are underwritten by Optima Health Insurance Company. Self-funded and BusinessEDGE® level-funded plans are administered but not underwritten by Sentara Health Plans, Inc. Stop Loss products are issued and underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit optimahealth.com.