

Frequently Asked Questions

1. Who is my health insurance with and when is open enrollment?

Optima Health is the health insurance administrator for VCU Health System (VCUHS). Open enrollment takes place in November of each year with new plan year benefits effective January 1 of the following year.

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

Each plan year, Optima Health will issue new ID cards after receiving the open enrollment information from VCUHS. You can expect to receive new ID cards for all covered family members during the month of December.

3. What is the Optima Health plan?

With the Optima Health plan, 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 the Optima Health plan, all of the major health systems in Virginia are considered in-network. The plan will also include national coverage through the Optima Health national network partner PHCS/Multiplan.

4. What is the difference between the levels of coverage?

The VCUHS plan has three benefit levels. When seeking care with VCUHS providers, your cost-share will be lowest. You can also seek care at other Optima Health in-network providers and your cost-share will be as noted in the schedule of benefits. If your provider is out of the Optima Health PPO network, you will still have coverage, but your cost-share will be higher as reflected in the benefit schedule.

VCUHS network providers include:

- VCU Health Children's Services at Brook Road
- CMH Physician Services, LLC
- Community Memorial Hospital
- MCV Associated Physicians
- VCU Health Tappahannock Hospital
- VCU Health Ambulatory Surgery Center, LLC
- VCU Health System Authority

Visit optimahealth.com/VCUHS to view a detailed list of VCUHS network providers.

Frequently Asked Questions

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

The Optima Health plan uses the Optima Health PPO network. To search for doctors:

- Visit optimahealth.com/VCUHS and select **Find Doctors, Drugs and Facilities**
- Select **Choose a location and plan** and enter the address, city, or zip code for the desired area
- Next, for **Plan Name** select **PPO**

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.

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.

6. Will Optima Health cover pre-existing conditions?

Yes. The Optima Health plan offered through VCUHS covers 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

Frequently Asked Questions

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 VCU Health System team member. You can email CBCM_COMM@sentara.com or call 1-866-503-2730.

8. What happens if 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.

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

Your prescription drug benefit will have four tiers. You can fill most of your prescription medications through VCU Health System's pharmacy for the lowest cost-share. You may also use one of the many pharmacies in the Optima Health network including most major chains such as CVS, Walgreens, Walmart, Costco, 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 generics, for efficacy, safety, overall disease factors, and lastly, cost. Drugs are placed in tiers based on their review and recommendation. The tier of your medication determines your cost share. You can find information about what you pay by drug tier in the Optima Health Plan Summary of Benefits.

Frequently Asked Questions

The following are the four drug tier levels:

- **Tier 1 (Generic)** - Commonly prescribed generic drugs
- **Tier 2 (Preferred Brands)** - Brand name drugs with higher costs than tier 1 generics, that are considered by the plan to be standard therapy
- **Tier 3 (Non-Preferred Brands)** - Drugs that are not included by the plan on tier 1 or tier 2. These 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. Covered compound prescription medications are also included in this tier.
- **Tier 4 (Specialty Drugs)** - Drugs classified by the plan as specialty drugs. 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.

Here are some important things to remember to make sure your transition is smooth:

- You can find the formulary tier for your drug at optimahealth.com/VCUHS. The VCUHS pharmacy formulary list is posted on the tab titled *Find Doctors, Drugs and Facilities*.
- The tier your drug is placed in 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. In order 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, after the plan effective date, you begin taking a new medication for which prior authorization applies then you will need to work with your doctor and pharmacist for approvals.
- 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.

Frequently Asked Questions

10. What if I'm taking a specialty prescription drug? How do I verify if this prescription drug is on the Optima Health Specialty Drug List?

Specialty drugs are available through VCU Health System's pharmacy and Proprium Pharmacy, the specialty pharmacy for Optima Health. Many specialty drugs (Tier 4) are available through VCU Health System's pharmacy. If VCU Health System pharmacy stocks your specialty drug, it must be filled at VCU Health System's pharmacy. You will have a lower cost share for your specialty drug through VCU Health System's pharmacy.

If your drug is not available at VCU Health System's pharmacy, it may be filled at Proprium Pharmacy. You can check the Optima Health website for a listing of specialty medications.

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

The VCUHS Optima Health plan is based on the Optima Health PPO network. Locally, members may receive services with any participating provider in the Optima Health PPO network. The PPO 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 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.

12. 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 can receive covered services at the in-network benefit level. Prior authorization still applies when necessary.

13. How can I find more information?

Visit the dedicated website at optimahealth.com/VCUHS to learn more about the new plan. 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. If you are new to the plan, please identify yourself as an incoming VCUHS plan member.

Frequently Asked Questions

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.