

2024 Mid-Market 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.

Effective at the group's renewal and beginning with the group's plan 2024 effective date

Medical Benefit Changes

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.

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.

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.

Medical Benefit Changes <i>continued</i>	<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"> ○ Equity 3000 plans are now Equity 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	<p>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.</p> <p>COVID-19 at-home testing kits will no longer be covered under pharmacy Tier 1, which previously limited members to four tests per month.</p>
Effective January 1, 2024 at the group's renewal	
Pharmacy Benefit Changes	<p>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.</p>
Effective by January 1, 2024	
Network Changes	<p>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.</p> <p>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.</p>

Document Key

AD = After Deductible
 MH = Mental Health
 MOOP = Maximum out-of-pocket
 MDA = Medical Deductible Applies
 T1 = Tier 1
 T2 = Tier 2

Dollar amounts = copayments
 Percentages = coinsurances
 OON = out-of-network
 IN = in-network
 PCP = Primary Care Physician

New Plans

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Plus 10/20 • Plus 2000/20/0% • Plus Equity 1600/0% • POS 10/20 • POS 2000/20/0% • POS 7200/45/40% | <ul style="list-style-type: none"> • POS Equity 1600/0% • Vantage 10/20 • Vantage 2000/20/0% • Vantage 7200/45/40% • Vantage Equity 1600/0% • Vantage POSA 10/20 | <ul style="list-style-type: none"> • Vantage POSA 2000/20/0% • Vantage POSA 7200/45/40% • Vantage POSA Equity 1600/0% |
|--|--|--|

Discontinued Plans

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Plus 25/20% • Plus 30/30% • Plus 1000/20% • Plus 1000/25/20% • Plus 1500/25/20% • Plus 2000/20% • Plus 3000/20% • Plus 6000/20% • POS 25/50 • POS 1000/20% • POS 2000/20% • POS 3000/20% • POS 6000/20% • Plus Design 3000/0% • Plus Design 3000/25/20% • Plus Design 3000/30% • Plus Design 4000/0% • Plus Design 4000/20% • Plus Design 5000/30% • Plus Equity 3000/20% • Plus Equity 3000/25/20% • Plus Equity 3000/30% • Plus Equity 4000/20% • Plus Equity 4000/30% • Plus Equity 4000/40% • Plus Equity 5000/30% • POS Design 3000/0% • POS Design 3000/25/20% • POS Design 3000/30% • POS Design 4000/0% | <ul style="list-style-type: none"> • POS Equity 3000/10% • POS Equity 3000/20% • POS Equity 3000/25/20% • POS Equity 3000/30% • POS Equity 4000/0% • POS Equity 4000/20% • POS Equity 4000/30% • POS Equity 5000/30% • POS 500/15/20% Direct • POS Equity 4000/10% Direct • POS Design 3000/10% Direct • Vantage Direct 20/40 • Vantage Design Direct 4000/20% • Vantage POSA 20/40 Direct • Vantage POSA Design 4000/20% Direct • Vantage 20/40 • Vantage 20/20% • Vantage 25/30% • Vantage 3000/30/20% • Vantage 4000/30/20% • Vantage 6000/20% • Vantage Design 3000/0% • Vantage Design 3000/25/20% • Vantage Design 3000/30% • Vantage Design 4000/0% • Vantage Design 4000/20% | <ul style="list-style-type: none"> • Vantage POSA Design 3000/0% • Vantage POSA Design 3000/25/20% • Vantage POSA Design 3000/30% • Vantage POSA Design 4000/0% • Vantage POSA Design 4000/20% • Vantage POSA Design 5000/30% • Vantage Equity 3000/25/20% • Vantage Equity 3000/30% • Vantage Equity 4000/30% • Vantage Equity 4000/40% • Vantage POSA Equity 3000/25/20% • Vantage POSA Equity 3000/30% • Vantage POSA Equity 4000/30% • Vantage POSA Equity 4000/40% • Vantage POSA 20/40 • Vantage POSA 20/20% • Vantage POSA 25/30% • Vantage POSA 3000/30/20% |
|--|--|---|

<ul style="list-style-type: none"> • POS Design 4000/20% • POS Design 5000/30% 	<ul style="list-style-type: none"> • Vantage Design 5000/30% 	<ul style="list-style-type: none"> • Vantage POSA 4000/30/20% • Vantage POSA 6000/20%
Discontinued Pharmacy Options		
<u>Equity</u> HMO, POS, PPO, POSA Options:	<ul style="list-style-type: none"> • MDA \$15 AD/\$50 AD/\$85 AD/20% AD • MDA 10% AD • MDA 20% AD 	
<u>Design</u> HMO, POS, PPO, POSA Options:	<ul style="list-style-type: none"> • MDA 20% AD 	
Plus Plan Changes		
Plus 20/20%	<ul style="list-style-type: none"> • Emergency Services and Emergency Ambulance – \$350 	
Plus 500/20/20%	<ul style="list-style-type: none"> • IN Deductible – \$500/\$1,500 • OON Deductible – \$1,500/\$3,000 • IN MOOP – \$4,500/\$9,000 • OON MOOP – \$9,000/\$18,000 • PCP – \$20 • Outpatient Therapies PCP – \$20 • Maternity Care – \$450 • MH Outpatient Office Visits – \$30 • Home Health – \$20 • Hospice – 0% AD 	
Plus 1000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$5,000/10,000 • OON MOOP – \$10,000/\$20,000 	
Plus 2000/25/30%	<ul style="list-style-type: none"> • IN Deductible – \$2,000/\$4,500 • OON Deductible – \$4,500/\$9,000 • IN MOOP – \$6,000/\$12,000 • OON MOOP – \$12,000/\$24,000 • PCP – \$25 • Outpatient Therapies PCP – \$25 • MH Outpatient Office Visits – \$35 • Home Health – \$25 	
Plus 3000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$6,500/13,000 • OON MOOP – \$13,000/\$26,000 	
Plus 5000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$8,000/\$16,000 • OON MOOP – \$16,000/\$32,000 	
Plus Design 3000/20%	<ul style="list-style-type: none"> • OON Deductible – \$6,000/\$12,000 • IN MOOP – \$5,500/\$11,000 • OON MOOP – \$11,000/\$22,000 	
Plus Design 5000/0%	<ul style="list-style-type: none"> • OON Deductible – \$10,000/\$20,000 	
Plus Equity 3200/0%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,000/\$12,000 • OON MOOP – \$10,000/\$20,000 	
Plus Equity 3200/10%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,000/\$12,000 • OON MOOP – \$10,000/\$20,000 	

Plus Equity 4000/0%	<ul style="list-style-type: none"> • OON Deductible – \$8,000/\$16,000 • IN MOOP – \$6,750/\$13,500 • OON MOOP – \$13,500/\$27,000
Plus Equity 5000/0%	<ul style="list-style-type: none"> • OON Deductible – \$10,000/\$20,000 • IN MOOP – \$7,000/\$14,000 • OON MOOP – \$14,000/\$28,000
POS Plan Changes	
POS 500/20/20	<ul style="list-style-type: none"> • IN Deductible – \$500/\$1,500 • OON Deductible– \$1,500/\$3,000 • IN MOOP – \$4,500/\$9,000 • OON MOOP – \$9,000/\$18,000 • Maternity Care – \$450
POS 1000/30/30%	<ul style="list-style-type: none"> • OON Deductible – \$3,000/\$6,000 • IN MOOP – \$5,000/\$10,000 • OON MOOP – \$10,000/\$20,000 • PCP – \$30 • Outpatient Therapies PCP – \$30 • Maternity Care – \$500 • MH Outpatient Office Visits – \$40 • Home Health – \$30
POS 2000/25/30%	<ul style="list-style-type: none"> • IN Deductible – \$2,000/\$4,500 • OON Deductible– \$4,500/\$9,000 • IN MOOP – \$6,000/\$12,000 • OON MOOP – \$12,000/\$24,000 • Maternity Care – \$500
POS 5000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$8,000/\$16,000 • OON MOOP – \$16,000/\$32,000
POS Design 3000/20%	<ul style="list-style-type: none"> • OON Deductible – \$6,000/\$12,000 • IN MOOP – \$5,500/\$11,000 • OON MOOP – \$11,000/\$22,000
POS Design 5000/0%	<ul style="list-style-type: none"> • OON Deductible – \$10,000/\$20,000
POS Equity- 3200/0%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON deductible – \$6,400/\$12,800 • OON MOOP – \$10,000/\$20,000
POS Equity 4000/40%	<ul style="list-style-type: none"> • OON deductible – \$8,000/\$16,000 • IN MOOP – \$7,500/\$15,000 • OON MOOP – \$15,000/\$30,000 • Physical, Occupational, and Speech Therapy, \$25 AD • Outpatient Rehabilitation– \$25 AD • Outpatient Surgery – \$500 AD • Outpatient Diagnostic Procedures, Diagnostic Tests, & Outpatient Lab Work – \$25 AD • Maternity Care, Inpatient Hospital Services, & Transplant Services – \$500 AD • MH Inpatient & MH Residential Treatment Center Services – \$500 AD
POS Equity 5000/0%	<ul style="list-style-type: none"> • OON deductible – \$10,000/\$20,000

	<ul style="list-style-type: none"> • IN MOOP – \$7,000/\$14,000 • OON MOOP – \$14,000/\$28,000
POS Equity 3200/20% Direct	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,400/\$12,800 • OON MOOP – \$10,000/\$20,000
Vantage Plan Changes	
Vantage 25/50	<ul style="list-style-type: none"> • Emergency Services and Emergency Ambulance – \$350
Vantage 1000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$5,000/\$10,000
Vantage 2000/25/30%	<ul style="list-style-type: none"> • IN MOOP – \$6,000/\$12,000
Vantage 3000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$6,500/\$13,000
Vantage 4000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$7,100/\$14,200
Vantage 5000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$8,000/\$16,000
Vantage Equity 3200/0%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400
Vantage Equity 3200/10%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400
Vantage Equity 3200/20%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • IN MOOP – \$6,000/\$12,000
Vantage Equity 4000/0%	<ul style="list-style-type: none"> • IN MOOP – \$6,750/\$13,500
Vantage Equity 4000/20%	<ul style="list-style-type: none"> • IN MOOP – \$6,750/\$13,500
Vantage Equity 5000/0%	<ul style="list-style-type: none"> • IN MOOP – \$7,000/\$14,000
Vantage Equity 5000/30%	<ul style="list-style-type: none"> • IN MOOP – \$7,000/\$14,000 • Physical Occupational, and Speech Therapy – \$25 AD • Outpatient Rehabilitation – \$25 AD • Outpatient Therapies – PCP – \$25 AD, Specialist – \$50 AD, Facility – 30% AD • Outpatient Surgery – \$500 AD • Outpatient Diagnostic Procedures, Diagnostic Tests, & Outpatient Lab Work – \$25 AD • Maternity Care – \$600 AD • Inpatient Hospital Services & Transplant Services – \$500 AD • Non-Emergency Ambulance Services – \$25 AD • MH Inpatient & MH Residential Treatment Center Services – \$500 AD • MH Partial Hospitalization/IOP & MH Other Outpatient Services – \$25 AD
Vantage Design 3000/20%	<ul style="list-style-type: none"> • IN MOOP – \$5,500/\$11,000
Vantage Equity 3200 /10% Direct	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • IN MOOP – \$5,000/\$10,000
Vantage POSA Plan Changes	
Vantage POSA 25/50	<ul style="list-style-type: none"> • Emergency Services and Emergency Ambulance – \$350 • OON Deductible – \$600/\$1,200
Vantage POSA 500/20/20%	<ul style="list-style-type: none"> • IN Deductible – \$500/\$1,500 • OON Deductible – \$1,500/\$3,000 • OON MOOP – \$9,000/\$18,000
Vantage POSA 1000/20/20%	<ul style="list-style-type: none"> • OON MOOP – \$11,000/\$22,000

Vantage POSA 1000/30/30%	<ul style="list-style-type: none"> • OON Deductible – \$3,000/\$6,000 • IN MOOP – \$5,000/\$10,000 • OON MOOP – \$10,000/\$20,000
Vantage POSA 1500/25/30%	<ul style="list-style-type: none"> • OON Deductible – \$3,000/\$6,000 • OON MOOP – \$10,000/\$20,000
Vantage POSA 2000/25/30%	<ul style="list-style-type: none"> • OON Deductible – \$4,500/\$9,000 • IN MOOP – \$6,000/\$12,000 • OON MOOP – \$12,000/\$24,000
Vantage POSA 3000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$6,500/\$13,000 • OON MOOP – \$13,000/\$26,000
Vantage POSA 4000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$7,100/\$14,200 • OON MOOP – \$14,200/\$28,400
Vantage POSA 5000/30/30%	<ul style="list-style-type: none"> • IN MOOP – \$8,000/\$16,000 • OON MOOP – \$16,000/\$32,000
Vantage POSA Equity 3200/0%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,400/\$12,800 • OON MOOP – \$10,000/\$20,000
Vantage POSA Equity 3200/10%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,400/\$12,800 • OON MOOP – \$10,000/\$20,000
Vantage POSA Equity 3200/20%	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,400/\$12,800 • IN MOOP – \$6,000/\$12,000 • OON MOOP – \$12,000/\$24,000
Vantage POSA Equity 4000/0%	<ul style="list-style-type: none"> • OON Deductible – \$8,000/\$16,000 • IN MOOP – \$6,750/\$13,500 • OON MOOP – \$13,500/\$27,000
Vantage POSA Equity 4000/20%	<ul style="list-style-type: none"> • OON Deductible – \$8,000/\$16,000 • IN MOOP – \$6,750/\$13,500 • OON MOOP – \$13,500/\$27,000
Vantage POSA Equity 5000/0%	<ul style="list-style-type: none"> • OON Deductible – \$10,000/\$20,000 • IN MOOP – \$7,000/\$14,000 • OON MOOP – \$14,000/\$28,000
Vantage POSA Equity 5000/30%	<ul style="list-style-type: none"> • OON Deductible – \$10,000/\$20,000 • IN MOOP – \$7,000/\$14,000 • OON MOOP – \$14,000/\$28,000 • Physical Occupational, and Speech Therapy – \$25 AD • Outpatient Rehabilitation– \$25 AD • Outpatient Therapies – PCP – \$25 AD, Specialist – \$50 AD, Facility – 30% AD • Outpatient Surgery – \$500 AD • Outpatient Diagnostic Procedures, Diagnostic Tests, & Outpatient Lab Work – \$25 AD • Maternity Care – \$600 AD • Inpatient Hospital Services & Transplant Services – \$500 AD • Non-Emergency Ambulance Services – \$25 AD

	<ul style="list-style-type: none"> • MH Inpatient & MH Residential Treatment Center Services – \$500 AD • MH Partial Hospitalization/IOP & MH Other Outpatient Services – \$25 AD
Vantage POSA Design 3000/20%	<ul style="list-style-type: none"> • IN MOOP – \$5,500/\$11,000
Vantage POSA Equity 3200 /10% Direct	<ul style="list-style-type: none"> • IN Deductible – \$3,200/\$6,400 • OON Deductible – \$6,400/\$12,800 • IN MOOP – \$5,000/\$10,000 • OON MOOP – \$10,000/\$20,000