

Frequently Asked Questions:

What you need to know about the Optima Health Transition

(Applies to Active employees and COBRA participants)

1. Why are we changing from Anthem BCBS to Optima Health?

The city received several proposals from medical carriers as part of the procurement process. Each proposal was carefully reviewed, with consideration given to each carrier's network of doctors and hospitals, customer service and cost. Overall, Optima Health offered the most attractive proposal. We are confident that the Optima Health broad network of doctors and hospitals, excellent customer service, and quality administration will best serve our employees' healthcare needs.

2. When is this change happening?

Optima Health will be the city's health plan administrator effective **January 1, 2020**. After January 1, 2020, the city's three Anthem health plans will no longer be available. Employees who wish to continue health insurance through the city in 2020 will need to enroll in an Optima Health insurance plan during Open Enrollment in October 2019. You may continue using your current Anthem health coverage through midnight on December 31, 2019.

3. What is Open Enrollment? When will 2020 Open Enrollment be held?

Open Enrollment is your annual opportunity to select or update the benefit options that best meet you and your family's needs for the upcoming plan year. Open enrollment for the 2020 plan year will take place October 14 – 28, 2019, with your new benefit selections effective January 1, 2020. More information will be provided on specific dates for employee open enrollment benefit sessions as well as the open enrollment benefit election period.

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

Yes. After the city benefits team has finalized the open enrollment data, Optima Health will process your new ID cards. You can expect to receive your new ID card mid-December by mail, prior to the January 1, 2020 effective date.

Beginning January 1, 2020, 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 which will be assigned during the enrollment data processing in December. You can obtain this number when you receive your new ID card or you can call Optima Health Member Services later in December at 757-552-7110 or 1-800-229-1199 from 8 a.m.—6 p.m., Monday through Friday.

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5. What is the Optima Health Plan? What are the benefits and how much do the plans cost?

Under Optima Health, the city will offer health plans that are very much like the current plans.

Active employees will have a choice of two plans: A traditional Point of Service (POS) plan OR a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

With all 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 Plan 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 in greater Hampton Roads are considered in-network. This includes Riverside Health System, Sentara CarePlex, Children's Hospital of the King's Daughters, Bon Secours Mary Immaculate Hospital, and more. In addition to the strong local presence of Optima Health, there is also national coverage through the PHCS network.

More information regarding plan options and costs for 2020 will be communicated leading up to and during the October 2019 Open Enrollment period.

6. Will I continue to have access to a Flexible Spending Account (FSA) or Health Savings Account (HSA) along with my health plan?

The city received several proposals from account administrators as part of a separate procurement process. Health Equity is the new vendor selected to provide FSA and HSA services. More information on the account options through Health Equity will be posted on the dedicated website at optimahealth.com/nnva.

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

All Optima Health plans will use the Optima Health POS with PHCS Network. To search for doctors, please visit optimahealth.com/nnva and select **Find Doctors**. Filter your search with provider type and your zip code. If your doctor practices in multiple locations throughout the Hampton Roads area, 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, he/she would 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.

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8. Will Optima Health cover pre-existing conditions?

Yes. All plans offered by the city cover pre-existing conditions.

9. What do I do if I am a newly enrolled member in the middle of receiving care for a medical condition?

Optima Health will work with you and your doctor to make sure your transition process over to Optima Health is as smooth as possible. You will have access to Optima Health resources to help you navigate your specific situation. The new Optima Health benefit plans are designed to provide continuity of coverage and benefits.

Here are some guidelines:

If you currently receive obstetrics care, medical treatment, or have a procedure scheduled, it is recommended that you call your treating doctor's office and inform them your medical benefits are transitioning from Anthem to Optima Health effective January 1, 2020. In December, once you are enrolled, your doctor can work with Optima Health to send any clinical notes and authorizations to the Optima Health Clinical Care Services team. The Optima Health team will work to ensure that you continue in your course of care.

If you are currently in the middle of a course of treatment with a provider who is *not* in the Optima Health network, then 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, please call Member Services at Optima Health to discuss your situation.

10. What happens if something happens and I am in the hospital on December 31 or January 1?

Your coverage with Optima Health begins on your plan effective date, which is January 1, 2020. If you receive emergency care and/or are admitted to the hospital on or after January 1, 2020, 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 December 31, continue to use your current health plan coverage. Any hospital admission that begins on or before December 31, 2019, at midnight, will be handled by your Anthem inpatient hospital benefit in effect during 2019 – even if you are released from the hospital in January of 2020. Any follow-up or ancillary care will be handled by the appropriate insurance company based on the date of service.

11. What if I have received authorization for a medical procedure that will take place in early January after my Optima Health coverage goes into effect? Do I need to get a new authorization?

If you currently have a procedure scheduled, please call your treating doctor or specialist and tell them you are changing your coverage to Optima Health effective January 1, 2020. Once you are enrolled, ask your doctor to send any clinical notes and authorizations to the Optima Health Clinical Care Services team. The Optima Health Clinical team will work with you and your doctor to ensure the proper authorizations are in place and confirm your benefit coverage.

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12. 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 4 tiers just like the current benefit. Optima Health has a different formulary as compared to your current plan, **but for most people, there will be very little change to the cost you currently pay for your medications.** The Optima Health network for pharmacies includes most major chains such as CVS, Walgreens, Kroger, Walmart, Costco, Sam's as well as other local pharmacies.

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. Click on Search Medications and select "Optima Health Plan Open Formulary".
- The tier your drug is placed in will determine your cost-share. The city plan has a cost-share* for 30 day supplies at retail pharmacies:
 - o \$10 for Tier 1 (commonly prescribed generic drugs)
 - o \$30 for Tier 2 (selected brand & other generic)
 - o \$50 for Tier 3 (non-selected brand drugs)
 - o Specialty Drugs or Tier 4 - you pay 20% of the cost of the drug up to a maximum of \$200

*Note: If you select the High Deductible Health Plan, these cost-shares are effective after you have met your plan deductible.

- Remember that 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 January 1, 2020 at a retail pharmacy (or 120 days after January 1, 2020 if filling through mail order). There are some exceptions to this and Optima Health representatives can help you with your transition. If, after January 1, 2020, 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 or your prescribing provider requests a brand medication when a generic equivalent is available, you will be responsible for the difference in the cost between the generic and the brand name drug in addition to your copayment/coinsurance and/or deductible.
- Beginning in 2021, if your medication is available over-the-counter (OTC), then your transaction for purchase will be at the OTC price at a retailer of your choice rather than through the pharmacy. Examples of such medications might include common digestive medications, skin creams and lotions, allergy medications and their generic equivalents.
- 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. Some pharmacies advertise a "\$4 drug list" however this may not be the lowest price for you. For some drugs, the actual cost of the drug with your Optima Health member ID card may be less than the advertised \$4 generic program.
- For more ways to save, consider the mail order pharmacy for your maintenance medications.

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13. 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 only available through Proprium Pharmacy, the specialty mail order pharmacy for Optima Health. Proprium Pharmacy is local and is in Chesapeake Virginia. In some special instances, Proprium Pharmacy may use another specialty pharmacy to dispense your drug. As part of the transition and implementation, Optima Health will help members transfer their specialty medication prescriptions. Optima Health recognizes the importance of medication adherence and special handling for these types of drugs. You will have access to assistance through Optima Health Member Services and we encourage you to confirm your information after receiving your new ID Card. You can check the Optima Health website for a listing of specialty medications.

14. What are drug tiers?

The Optima Health formulary groups drugs into tiers based on standard categories. 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. The following are the four drug tier levels:

- 1. Selected Generic**
Commonly prescribed generic drugs.
- 2. Selected Brand & Other Generic**
Brand name drugs, and some generic drugs with higher costs than Tier 1 generics, that are considered by the Plan to be standard therapy.
- 3. Non-Selected Brand**
Brand name drugs 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 equivalent or a 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.
- 4. Specialty Drugs**
Drugs classified by the Plan as Specialty Drugs. Tier 4 also includes covered compound prescription medications. 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 health care professional.

15. How does Optima Health determine the prescription drug tier placement?

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. Most generic drugs usually fall into the Selected Generic Drugs tier (tier 1); more expensive generic drugs will be available in Select Brand and Other Generic Drugs tier (tier 2).

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16. Do I have coverage if I live or travel outside of Virginia?

Yes. With your Optima Health plan, you can receive covered benefits from network providers in all 50 states. You have access to Optima Health local network providers in the Optima Health service area and PHCS/MultiPlan national network providers outside of the Optima Health service area.

The PHCS and MultiPlan provider networks are available to you when you are seeking care outside of the Optima Health service area. These providers will appear when you use the Optima Health **Doctor Search** tool and you choose the **POS with PHCS network**.

17. Do I have emergency coverage if I travel out of the state or out of the US?

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 your medical and travel emergencies. Treatment and services, other than emergency services, received while traveling outside of the U.S. are not covered.

18. Are other benefit carriers (dental, vision, life insurance) changing?

All other city health and welfare benefit providers, including dental, vision, short-term and long-term disability and group life insurance will remain unchanged for the 2020 plan year. Additional information about plans and rates for 2020 will be communicated prior to the October 2019 Open Enrollment period.

19. How can I find out more information?

More information will be available leading up to and during the October 2019 Open Enrollment period. Please feel free to visit the city's benefits webpage at <https://www.nnva.gov/498/Benefits> or contact the Department of Human Resources Benefits Division at 757-926-1850 or benefits@nnva.gov if you need assistance. You may also call Optima Health Member Services at 757-552-7110 or 1-800-229-1199 from 8 a.m.—6 p.m., Monday through Friday.

Optima Health is the tradename of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Equity Plus HSA qualified high-deductible PPO health plans are underwritten by Optima Health Insurance Company. Optima Equity Vantage HSA qualified high-deductible HMO health plans are underwritten by Optima Health Plan. Self-funded qualified high-deductible health plans are administered but not underwritten by Sentara Health Plans, Inc. All health plans have benefit exclusions and limitations and conditions of coverage. For costs and complete details about coverage, ask your broker or employer. The information provided in this document is not tax or legal advice. The tax treatments vary for each situation. Please consult your tax or legal counsel for tax implication of your unique situation.