

Plan Benefits effective October 1, 2024



Agenda

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01

Your Plan Choices

Your plan choices

	Point of Service 500/25/20%	POS Equity 3200/0% -HSA compatible-
Hired before 2017	✓	✓
Hired after 2017		✓
In and out-of-network	✓	✓
Your cost-share	Copayments, Deductible, Coinsurance	Deductible, Coinsurance
All area health systems	✓	✓
PCP selection	✓	✓
No referrals	✓	✓

02

Optima Health to Sentara Health Plans

Sentara Health Plans

- January 1, 2024 Optima Health became Sentara Health Plans.
- New name. Same trusted health plan.



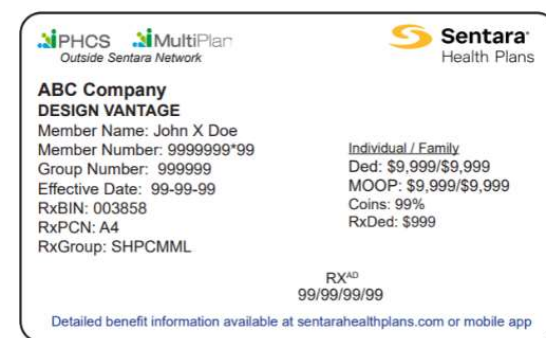
Why The Name Change?

- The name change from Optima Health to Sentara Health Plans better reflects our enhanced focus on promoting the overall health and well-being of our customers.
- It also represents our deepening alignment between our healthcare services and health plans. And by providing healthcare that is simple, seamless, personal, and more affordable, we are practicing the future of healthcare today.



What Does This Mean For You?

- No action is needed on your part! You will still receive the same great benefits and services.
- Use the same sign-in and password for the member portal on our website and mobile app.
- A new member ID card will come to you in the mail in December that includes the new name as well as phone numbers, PO Box/addresses, and national network updates, if applicable based on your plan.
- Your doctors and specialists will not change because of the name change. You do not need to notify them.
- The prescription drug list will not change. As a reminder, always present your member ID card when you receive services or get prescription drugs to ensure you receive the Plan's contracted rates and cost-share amounts for your plan.



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Features Of Our Plan

Features Of Our Plan

- Strong local network
- No referrals/no pre-existing condition exclusions
- After hours Nurse Advice Line
- Employee Assistance Program
- Virtual office visits
- Emergency Travel Assistance



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Seeking Healthcare

Seeking Care Locally

- Sentara POS & Equity POS networks
- All Major hospital systems
- Riverside Health System, Sentara Health facilities, CHKD, and Bon Secours
- Quality providers throughout VA and northeastern NC¹
- Find doctors and facilities with the Sentara Health Plans online search tool
- You do not need to have a referral to see a specialist



¹ Sentara Health Administration, Inc., Provider Status Report, 2023, available at sentarahealthplans.com/find-doctors-drugs-and-facilities

Seeking Care Outside the Service Area

- 24/7 Nurse Advice Line
- Virtual Consult benefit for non-acute conditions
- Urgent Care Centers
- Use PHCS/MultiPlan providers to receive covered services at the In-Network benefit level
- Receive covered Emergency Services at the In-Network benefit level
- Access Emergency Travel Assistance¹

¹ This is not a covered benefit but a value-added service.



ABC Company
DESIGN VANTAGE
Member Name: John X Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 99-99-99
RxBIN: 003858
RxPCN: A4
RxGroup: SHPCMML

Individual / Family
Ded: \$9,999/\$9,999
MOOP: \$9,999/\$9,999
Coins: 99%
RxDed: \$999

RX^{AD}
99/99/99/99

Detailed benefit information available at sentarahealthplans.com or mobile app

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	X-XXX-XXX-XXXX
Provider Services: <i>(Including Pre-Authorization)</i>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk:	1-800-922-1557
Employee Assistance Program (EAP):	1-800-899-8174
Behavioral Health Crisis:	1-833-717-2310

Submit paper claims to:

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
PO Box 8203	PO Box 8204
Kingston, NY 12402-8203	Kingston, NY 12402-8204

An HMO plan Underwritten by Sentara Health Plans

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2024 Plan Changes

Your 2024 Plan Changes - Medical

- **POS Plans** now include the PHCS/MultiPlan National Network of providers as an extension of the network for covered services received outside the Service Area. These services will be covered at the In-Network Benefit level. POS Plan members no longer need to provide Out-of-Area Dependent registration forms to cover dependent children living outside the Service Area.
- Due to IRS requirements, the **Equity POS 3000/20%** Plan's **Deductible** will increase to **\$3,200/individual and \$6,400/family**.
- **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.

Your 2024 Plan Changes - Medical

- **Mobile crisis response services and support and stabilization services** provided in a residential crisis stabilization unit are now covered benefits.
- The **Ambulance Services** benefit has been separated into **Non-Emergent Ambulance Services** and **Emergency Ambulance Services**, which may have different cost shares depending on the plan. Non-Emergent Ambulance Services will continue to require pre-authorization.
- **Non-Emergent Ambulance Services** related to Behavioral Health diagnoses will be covered as **Other Outpatient Services** under the **Mental Health and Substance Use Disorder Services** benefit.

Your 2024 Plan Changes - Medical

- **Virtual Consults for medical/surgical services** will now be covered at no charge/no charge after deductible from a Sentara Health Plans-approved provider. This is a separate benefit from telemedicine visits scheduled with a member's provider.
- **Virtual Consults for mental health/behavioral health** services will be covered as **Outpatient Office Visits** under the **Mental Health and Substance Use Disorder Services** benefit at a separate cost share.

Your 2024 Plan Changes - Pharmacy

- **Mifepristone** 200 mg tablet (Mifeprex) added 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

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2024 Plan Options

Benefit	POS \$500/25/20%	Equity POS \$3200/0%
Deductible/yr.	\$500 Ind / \$1,000 Fam	\$3,200 Ind / \$6,400 Fam
Out of Pocket/yr.	\$4,000 Ind / \$8,000 Fam	\$4,000 Ind / \$8,000 Fam
Preventive	No charge	No charge
PCP Visit	\$25	No charge^{AD}
Specialist Visit	\$50	No charge^{AD}
Inpatient Hospital	20%^{AD}	No charge^{AD}
Outpatient Surgery	20%^{AD}	No charge^{AD}
Emergency Dept	20%^{AD}	No charge^{AD}
Urgent Care	\$50	No charge^{AD}
Out of Network	Ded: \$1,000 Ind / \$2,000 Fam Coinsurance: 30%^{AD} OOP: \$6,000 Ind / \$8,000 Fam	Ded: \$5,600 Ind / \$11,200 Fam Coinsurance: 30%^{AD} OOP: \$8,000 Ind / \$16,000 Fam
Pharmacy	Retail: \$15/\$50/\$85/20% Mail Order: \$38/\$125/\$213/ N/A Preventive Rx: No charge	Retail: AD \$15/\$50/\$85/20% Mail Order: AD \$38/\$125/\$213/ N/A Preventive Rx: No charge/No Ded.

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Health Savings Account

Your Health Savings Account



HSA-qualified medical plan through insurance

Preventive services covered at 100%

**Office visits, prescriptions, deductible, copayments, and coinsurance
ALL count toward your deductible and out-of-pocket maximum**



Health Savings Account

Tax-free savings for qualified medical expenses¹

Works together with the HSA-qualified medical plan

In 2024, the combined employer/employee contribution cannot exceed \$4,150 for self only coverage or \$8,300 for family

¹HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Consult a tax advisor regarding your state's specific rules.

Powerful Tools With Your HSA

- **Check your balance**
- **Review transactions**
- **Review medical and pharmacy claims**
- **Submit new claims or documents**
- **Send payments and reimbursements**
- **Access tax documents**



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Value-Added Benefits

Virtual Consults

Virtual Visits - Available by phone or secure video to assist with non-emergency medical conditions

Board-Certified Doctors- Access to a network of telehealth doctors

24/7/365 - On-demand access to affordable, quality healthcare



Employee Assistance Programs

Professional Counselors- Short-term, solution-focused counseling services

Employer Sponsored- No cost to you or your household members

Online Resources- Web-based training, self-tests, and questionnaires



Treatment Cost Calculator

Estimates- Calculate plan and provider-specific out-of-pocket cost estimates for all covered services

Explore Options- Shop and compare out-of-pocket costs

Resources- Cost-saving tips and guidance



MyLife MyPlan

WebMD Health Services- Personal health assessments and coaching

Staying Healthy Programs- Tobacco cessation, chronic disease, movement and fitness programs

Discounts and Savings- Health related products, services, alternative treatments, vision, and hearing



Emergency Travel Assistance

Emergency Coverage- Handle and resolve your medical and travel emergencies

Worldwide Coverage- Covered when traveling 100+ miles from your permanent residence

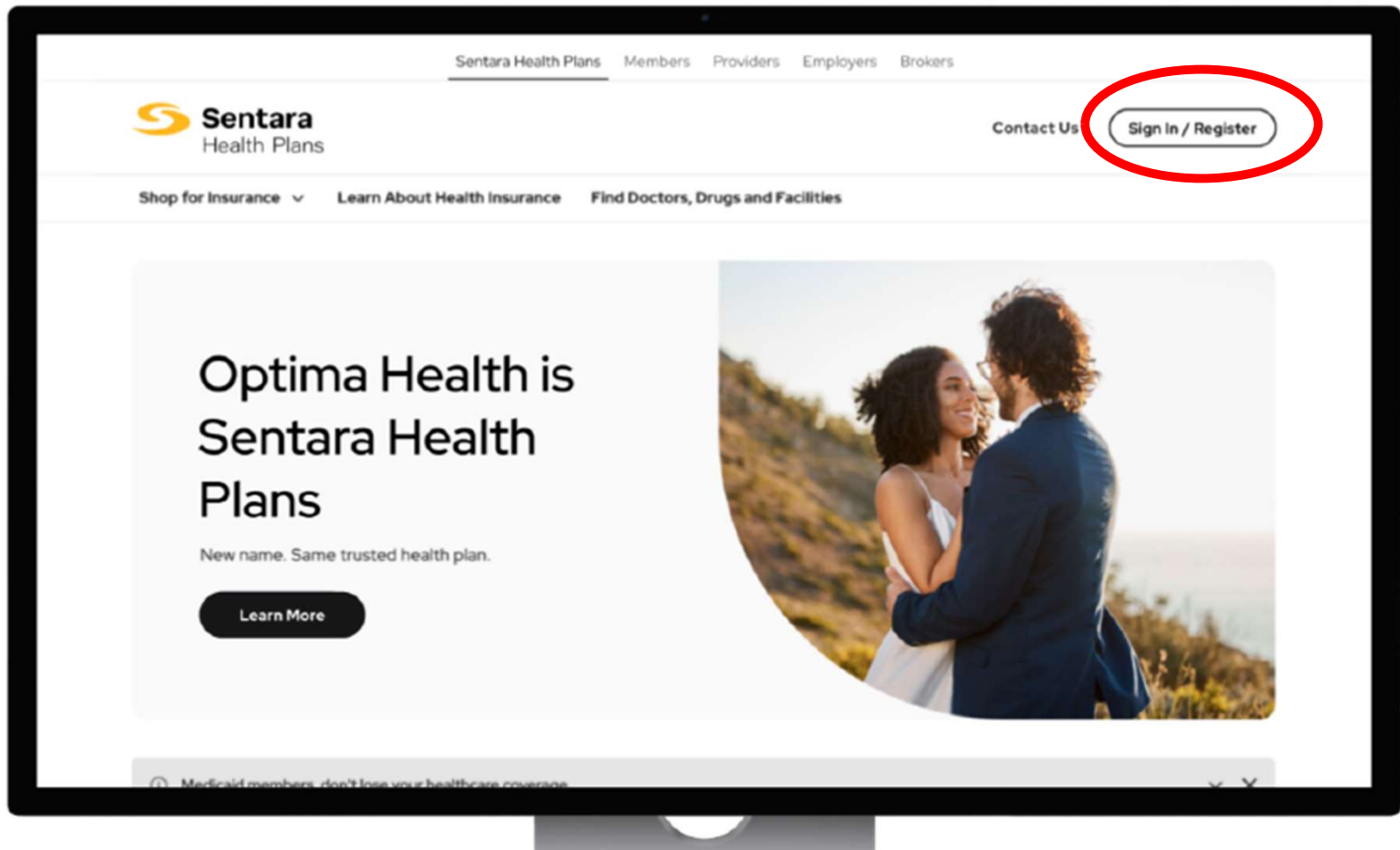
Dependents- Assistance with medical and travel emergencies



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Information and Resources

Create An Online Account



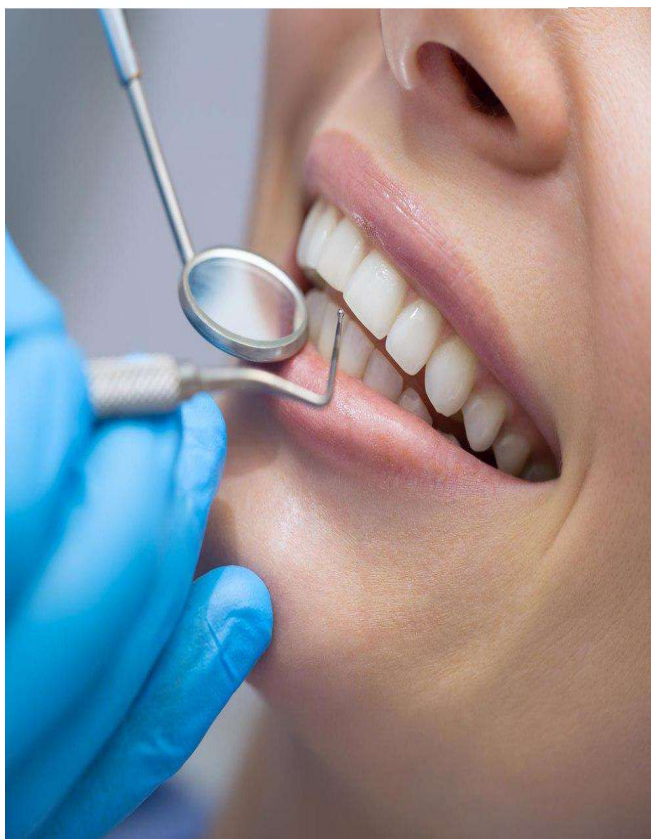
Download The Mobile App

- **View coverage and benefit details, including in-network plan expenses, deductibles, and balances**
- **Schedule Virtual Consults**
- **Get important preventive care reminders**
- **View and email digital member ID cards**
- **Access claims information and authorizations**
- **Find doctors and facilities**
- **Get healthy with free wellness tools**
- **Costs estimates for treatments and services**



Questions?

- **Explore our Website**
- **Call or email Sentara Health Plans Members Services**
- **Contact your Human Resources Team**



The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a variety of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier life.

Coverage Type:	In-Network ¹ % of PDP Fee ²	Out-of-Network ¹ % of PDP Fee ²
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D - Orthodontia	50%	50%

Deductible³

Individual	\$50	\$50
Family	3 Individual Deductibles	3 Individual Deductibles

Annual Maximum Benefit:

Per Individual	\$2000	\$2000
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Orthodontia Lifetime Maximum - Ortho applies to Adult and Child

Up to dependent age limit	
\$2000 per Person	\$2000 per Person

- ¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist. Utilizing an out-of-network dentist for care may cost you more than using an in-network dentist.
- ² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
- ³ Applies to Type B and C services only.

www.metlife.com/mybenefits
800-638-5433

Important Contacts

Sentara Health Plans

Website: www.SentaraHealthPlans.com/members

Member Services: 1-757-552-7401 or 1-877-552-7401
Monday-Friday 8 a.m. – 5 p.m.
members@Sentara.com

24/7 Nurse Advice Line: 1-800-229-5522

AP Benefit Advisors

888-321-8737, option 3
8 a.m.– 5:30 p.m. Monday-Friday
PoquosonSchools@apbenefitadivisors.com

PCPS

Debbie Bunting
Debbie.Bunting@Poquoson.k12.va.us
757-868-3055



Thank you!

Sentara Health Plans is a trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Vantage(HMO), Point of Service (POS), Direct, and Select plans are issued and underwritten by Sentara Health Plans. Sentara Plus (PPO) products are issued and underwritten by Sentara Health Insurance Company. Self-funded employer group health plans and BusinessEDGE® level-funded plans are administered, but not underwritten, by Sentara Health Administration, Inc. Stop Loss products are issued and underwritten by Sentara Health Insurance Company. All 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 Administration, Inc. and are not covered benefits under any of our health plans. Value-added services are not covered benefits under any Sentara plan. For costs and complete details of coverage, please call your broker or Sentara Health Plans at 1-800-745-1277 or visit sentarahealthplans.com.

