

BusinessEDGE Plans

Optima Health

Benefit Changes

The following changes apply to groups effective or renewing on or after January 1, 2021

All Plans

Balance Billing¹

- Virginia out-of-network providers cannot balance bill members for:
 - emergency services, regardless of final diagnosis
 - non-emergency surgical and ancillary services provided at an in-network facility
- Members pay in-network deductibles, and copayment/coinsurance amounts are credited to in-network maximum out-of-pocket amounts.

The **Skilled Nursing Facilities/Services** benefit will have a 100-day limit for all plans. Previously, some plans had a 90-day limit.

Vision Therapy is now covered for acquired convergence insufficiency and congenital convergence insufficiency.

- pre-authorization required
- twelve-visit limit
- specialist cost-share amount applies

Applied Behavior Analysis (ABA) is covered as a treatment for Autism Spectrum Disorder. Any Physical, Occupational, Speech or other therapy visit limits do not apply to treatment for Autism Spectrum Disorder.

Pre-Authorization is not required for the **inter-hospital transfer of a newborn infant** experiencing a life-threatening emergency condition or a hospitalized mother of such newborn infant to accompany the infant.

Formula and enteral products prescribed for inherited metabolic disorder are now covered. Pre-Authorization is required for medical equipment, supplies, and services to administer formula or enteral nutrition products.

Mail order Tier 4 specialty drugs will be offered at the same cost share as retail and will be limited to a 31-day supply.

The member **cost sharing for insulin** has a \$50 copayment maximum per 30-day supply.

No new or discontinued plans.

¹Optima Health cannot automatically opt-in self-funded groups. Self-funded groups must speak with their sales representative to opt in.