

## Mid-Market and Large Group Plans

### Optima Health

#### *Benefit Changes*

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

#### **All Plans**

##### **Balance Billing<sup>1</sup>**

- Virginia out-of-network providers cannot balance bill members for:
  - emergency services, regardless of the 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 Inpatient Hospital Services and Transplants** benefits will be listed separately on **every plan**. Previously, some plans only listed Inpatient Hospital Services with notes referencing transplants. Please note: this is a language update only.

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

**The Skilled Nursing Facilities/Services** benefit language has been updated to now show the cost-share amount. On some plans, it previously showed *After Inpatient Hospital Copayment or Coinsurance is met No Charge* language.

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

- pre-authorization required
- twelve-visit limit

**Applied Behavior Analysis (ABA)** is covered as a treatment for Autism Spectrum Disorder. The \$35,000 annual maximum limit for ABA services has been removed from all plans.

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. This includes equipment, supplies, and services. Pre-Authorization is required for medical equipment, supplies, and services to administer formula or enteral nutrition products.

**For Pharmacy plans**, Tier 3 drugs will only list a copayment and remove the “or 20% whichever is greater” language.

**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 maximum copayment per 30-day supply per prescription, regardless of the amount or type of insulin required to fill the prescription.

Select risk-reducing medications for women who are at increased risk for breast cancer and at low risk for adverse medication effects are covered at 100% under preventive care services<sup>2</sup>.

Select **Pre-Exposure Prophylaxis (PrEP)** with effective antiretroviral therapy medications for persons who are at high risk of human immunodeficiency virus (HIV) acquisition are covered at 100% under preventive care services<sup>2</sup>.

For groups who have an Equity or Design RxDed plan that includes the Preventive Rx benefit, **Selective Serotonin Reuptake Inhibitors (SSRIs)** medications are covered before the deductible applies for members with a diagnosis of depression, per section 223(c)(2) of the Internal Revenue Service Code<sup>2</sup>.

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

<sup>2</sup>Self-funded groups have the option to implement changes at next annual renewal.