

Small Group Plans

Optima Health

Benefit Changes

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

All Plans

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.

IRS-Approved Preventive Drugs are covered before the deductible on HSA plans, at the plan copayment or coinsurance amount for the applicable drug tier.

Balance Billing

- 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.

Plan Changes

Vantage Gold 1000/20/20% Rx Ded Direct changed to Vantage Gold 1250/20/20% Rx Ded Direct

Vantage Equity Bronze 5400/40% Direct changed to Vantage Equity Bronze 6100/40% Direct

POS Equity Bronze 5500/40/30% Direct changed to POS Equity Bronze 6200/40/30% Direct

Plus Gold 1000/20/20% Rx Ded Direct changed to Plus Gold 1250/20/20% Rx Ded Direct

Vantage Gold 1000/20/20% Rx Ded Select CH changed to Vantage Gold 1250/20/20% Rx Ded Select CH