Large Group Plans
Optima Health

Benefit Changes for ODU Research Foundation

The following changes will be effective July 1, 2018

All Plans

- **Contraception Virginia Mandate** - In compliance with a new Virginia state law, prescriptions for up to a 12-month supply of hormonal contraceptives are covered when dispensed or furnished at one time by an in-network provider or pharmacy. Members are responsible for the applicable Copayment or Coinsurance.

- **Statin Generic Medications** - Select Statin generic medications (used primarily to control cholesterol levels) for most adults ages 40–75 with no history of cardiovascular disease are covered at 100% under the preventive services. Medications covered include:
  - Atorvastatin 10mg
  - Atorvastatin 20mg
  - Lovastatin (all strengths)
  - Simvastatin 5mg
  - Simvastatin 10mg
  - Simvastatin 20mg
  - Simvastatin 40mg

- **3-D mammograms** – 3-D mammograms will be covered at the applicable copay/coinsurance. Screening 3D mammography is covered as a preventive service with no member cost share when received from an in-network provider. Diagnostic 3D mammography is covered at the applicable member cost share for advanced imaging.

- **Mental Health Parity** - To ensure Mental Health Parity and Addiction Equity Act requirements are met, the mental health outpatient benefit in the Vantage 10/20 and Plus 10/20% plans will change from a Copayment to a Coinsurance benefit level.

- **Standard Formulary** - This Plan uses a closed prescription drug formulary. That means Your Plan includes coverage for a specific list of drugs and medications determined by our Pharmacy and Therapeutics Committee. Drugs that are not included on the Standard formulary will not be covered under Your plan. Please use the following link to see a list of drugs on the Standard formulary: [http://public.optimahealth.com/Lists/OptimaFormsLibrary/form-doc-drug-list-standard-formulary.pdf](http://public.optimahealth.com/Lists/OptimaFormsLibrary/form-doc-drug-list-standard-formulary.pdf) .
Vantage Plan

- **Out-of-Area Dependent Program** - This benefit allows out-of-area dependent children access to a national network of providers through PHCS/Multiplan. When accessing care outside of the Optima Health service area, enrolled and identified dependent children will be able to receive covered services from PHCS/Multiplan providers at the in-network benefit level.

Plus Plan

- **In-Network Maximum Out-of-Pocket** – The In-Network Maximum Out-of-Pocket will increase to $2,000 per person and $4,000 per family.

- **Out-of-Network Deductible** – The Out-of-Network Deductible will increase to $500 per person and $1,000 per family

- **In-Network Coinsurance** – The In-Network Coinsurance will increase to 20%.

- **Out-of-Network Coinsurance** – The Out-of-Network Coinsurance will increase to After Deductible You Pay 30%.