

ODU Research Foundation 2024 Large Group Plan Changes

Company Update

Name Change

As you may know, we are excited to evolve with our parent company, Sentara Health. We are changing our carrier company name.

- Optima Health Plan will now be **Sentara Health Plans**

New company names will show in your 2024 benefits documents or in a coverage document amendment.

Medical Benefit Changes

* **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.

As a result, the optional **hearing aid rider** is now specifically for adults ages 19 and older. It was previously an option for any age.

* Mobile crisis response services and support and stabilization services provided in a residential crisis stabilization unit are now covered benefits.

"**Mobile crisis response services**" means services delivered to provide rapid response to, assessment of, and early intervention for individuals experiencing an acute mental health crisis that are deployed at the location of the individual.

"**Residential crisis stabilization unit**" means a short-term residential program providing support and stabilization for individuals who are experiencing an acute mental health crisis.

* The **Non-Emergency Ambulance Services** benefit has been separated into Non-Emergent Ambulance Services: **Ground and Water** and Non-Emergent Ambulance Services: **Air**. Air ambulance services provided by non-participating providers are covered under in-network benefits. This applies to emergent services or pre-authorized non-emergent services.

Non-emergent ambulance services related to mental health diagnoses will be covered as Other Outpatient Services under the **Mental Health and Substance Use Disorder Services** benefit.

Pharmacy Benefit Changes

A deductible of \$150/individual; \$300/family per calendar year, is now applicable to your prescription drug benefit.

* All **abortifacient drugs** are no longer excluded. This includes the addition of mifepristone 200 mg tablet (Mifeprex) to our formularies 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 Tier 1, which previously limited members to four tests per month.