

## Pharmacy Benefit Manager (PBM) and Vision Vendor Implementation

### Commercial Frequently Asked Questions - External

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#### FAQS FOR COMMERCIAL AND INDIVIDUAL PRODUCT:

Optima Health continuously looks for ways to improve benefits, services, and cost efficiencies for its employer groups and members. As a result of these efforts, we have made the strategic decision to change our pharmacy benefit manager (PBM) from OptumRx<sup>®</sup> to Express Scripts<sup>®</sup> and our vision services vendor from Eyemed to VSP Vision Care (VSP) for all lines of business, effective January 1, 2023 (regardless of the group's effective date).

#### GENERAL:

##### 1. Why is Optima Health making these changes?

Optima Health regularly evaluates the vendors who provide benefits and services for our members. These new relationships will improve our pharmacy and vision services, and in some cases, result in a price reduction for pharmacy.

##### 2. When will the switch occur?

This change will be effective January 1, 2023, regardless of the group's plan effective date.

##### 3. Who will be impacted by this transition?

All employer groups who have pharmacy and vision benefits included in their Optima Health plan should experience a seamless transition.

##### 4. When will members be notified of the transition?

Members will receive a notification letter no later than November 1, 2022 (60 days prior). In addition, we will post information on our website, benefits materials and enrollment guides, and other forms of communication.

##### 5. Will members receive new ID cards?

Yes, members who have our pharmacy benefit will receive new member ID cards by January 1, 2023,

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regardless of their plan's effective date. As a reminder, members can also access a digital copy of the latest version of their member ID card on the Optima Health mobile app.

Hampton City School (HCS) members will not receive a new member ID card by January 1, 2023. HCS members are being processed with the new pharmacy vendor as of October 1, 2022.

### **6. Do members have to do anything?**

Members should experience a seamless transition; all active drug prior authorizations and mail-order or specialty pharmacy scripts with refills remaining will be automatically transferred to the new vendors. Members will need to contact the mail-order or specialty pharmacy after January 1, 2023, to enroll in their services. For more information on mail-order changes, refer to questions 12-15.

Pharmacy claims processing will be different, and it will be imperative for the pharmacy to have the correct information. To ensure pharmacy providers have the correct information, members should share their new member ID card once available.

Impacted members who receive notice of changes to a formulary, pharmacy network, or vision provider should work with their providers to make changes before January 1, 2023.

### **7. How will the new vendor changes impact groups who are in the middle of their contract year on January 1, 2023?**

- All active drug prior authorizations and mail-order or specialty pharmacy scripts with refills remaining will be automatically transferred to the new vendors. Members will be required to contact the new mail-order or specialty pharmacy to enroll in the services on or after January 1, 2023.
- Employer group and individual member communications will be updated as appropriate.
- Applicable deductible and copayment amounts, as well as coinsurance percentages will remain the same per the individual or group's plan benefits. Any maximum out-of-pocket or deductible amounts will carry over as applicable.

## **PHARMACY:**

### **8. Will the member's current prescription benefits change?**

The prescription benefit for employer groups will not change unless directed by employer groups with a January 1, 2023 anniversary date through the normal renewal process.

- We will continue to provide the same great pharmacy services our members expect.
- Formulary and tier updates will continue to be made during our normal quarterly update process.
- Proprium will continue to be an option for specialty tier 4 medications.

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The Variable Copayment Solution and Accumulator Adjustment Feature programs are changing for certain large groups who utilize this benefit.

### **9. Will there be any change to the member's cost shares or drug cost(s)?**

Your cost-share amounts are determined by your health plan design—please refer to your plan documents for your cost-share amounts for your drugs.

It is normal for a drug's cost to fluctuate during the year, regardless of the vendor. Our process of notifying members of any changes in their prescription drug costs will remain the same. Members may also consult the pharmacy formulary and drug cost lookup at any time to determine if the actual cost for the drug has changed.

### **10. Is the pharmacy network changing?**

We will continue to have access to a robust national pharmacy network. For members that may be impacted by a network change, there will be communication sent in advance of January 1, 2023. If the prescription allows, we encourage members to fill their prescriptions prior to January 1, 2023 to avoid any delays in getting their medications.

Note: Effective January 1, 2023, Kroger Pharmacies will no longer be part of the Express Scripts network of pharmacies offered. This includes Kroger, Harris Teeter, Fred Meyer Pharmacy, Payless Pharmacy, Pick N Save, Ralph's Pharmacy, Smith's Food and Drug, and Smith's Pharmacy.

### **11. How can the member find out if their current pharmacy is still in-network?**

Prior to January 1, 2023, members can use ESI's open enrollment tool, [express-scripts.com/OHPCOMM](https://express-scripts.com/OHPCOMM), to look up drugs and networks. The tool can also be accessed by visiting [optimahealth.com/find-doctors-drugs-and-facilities](https://optimahealth.com/find-doctors-drugs-and-facilities).

Starting on January 1, 2023, members can sign in to [optimahealth.com/member](https://optimahealth.com/member) or the Optima Health mobile app to look up pharmacy locations.

### **12. How and when will members be notified of any changes to the pharmacy network and/or mail-order pharmacy that may impact their existing prescriptions?**

Impacted members will receive a notification letter no later than December 1, 2022. This will be in addition to other communications sent via our website, emails, newsletters, and other methods.

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### 13. How will this change affect prescriptions already set up through mail order?

Prescriptions with remaining refills will be transferred from existing mail-order providers to Express Scripts on January 1, 2023. We expect a smooth transition for members utilizing the mail-order program. There are some types of prescriptions that are not allowed to be automatically switched from one pharmacy to another, such as:

- Controlled medications
- Compound medications
- Prescriptions that were never filled through a home delivery (mail-order) pharmacy
- Prescriptions that have expired or are out of refills

### 14. What can members do if their prescriptions are not transferred to Express Scripts?

If members do not see their prescription in their account through [optimahealth.com/member](https://optimahealth.com/member) or the Optima Health mobile app, members can easily request a new prescription in one of the following ways:

- Electronically: For the fastest service, ask the doctor's office to send your prescription electronically to Express Scripts Pharmacy
- Fax: Have the doctor fax the prescription to Express Scripts Pharmacy at 800-837-0959
- Online: In your account, click on the *Request an Rx* button and follow the prompts

### 15. How can members set up a new mail-order profile with Express Scripts?

Beginning January 1, 2023, members can sign in to [optimahealth.com/member](https://optimahealth.com/member) or the Optima Health mobile app and click on *Pharmacy Resources* to activate their pharmacy account.

### 16. Will the member's digital experience change?

The new digital experience will be very similar to the current experience. Once the member has signed into their secure portal at [optimahealth.com/member](https://optimahealth.com/member) or the Optima Health mobile app, they will access their pharmacy information via single sign-on (SSO) to the Express Scripts website.

This will allow members to see their prescription history, locate a pharmacy, check medication costs—all the same services they currently utilize through OptumRx.

### 17. Will spouses and dependents have SSO access in addition to the member?

For commercial members, subscribers and covered dependents ages 14 and older will have SSO access.

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### 18. Whom should members call if they have a question about their pharmacy benefit?

Optima Health members should call member services at the number listed on the back of their member ID card. Optima Health ID cards will be updated and sent to members with our pharmacy benefit prior to January 1, 2023.

### 19. Is the pharmacist's help desk phone number for pharmacies to contact for assistance changing?

Yes, the phone number for the Express Scripts Pharmacist Help Desk will be 1-800-922-1557 beginning January 1, 2023. Please contact your Optima Health representative for more information.

## VISION:

### 20. What vision services are covered for each commercial market segment with the new vision vendor?

Services for our commercial members:

- Individual (IP): core pediatric vision services only (covered adults can get 20% off a WellVision Exam using the Access Plan. See question 24 for more details.)
- Small group (SG): both core pediatric and adult preventive vision services
- Business**EDGE**<sup>®</sup> (BE) and Mid-Market (MM) group: core preventive vision services only
- Large group fully insured and self-funded (FI/SF) options:
  - core preventive vision
  - optional materials rider
  - carve-out vision

### 21. Will the member's current vision benefits change?

Optima Health will continue to provide the same great vision services that our members are used to.

- core vision benefits for commercial groups will remain the same
- no change to benefits for our individual product and employer group plans
- there may be unique differences for large groups (both fully insured and self-funded) that purchase a vision materials rider

### 22. Will the member's premium or cost share change?

No, there will be no cost difference to members.

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### **23. Is the vision provider network changing?**

Yes, VSP offers a wider selection of providers, more access points, and partners with several retail locations.

### **24. How can the member find out if their current vision provider is still in-network?**

Starting on January 1, 2023, members can use the [Find Doctors, Drugs, and Facilities](#) tool to look up their vision providers (either on the public side or on the secure portal/app). Prior to this date, members can use [vsp.com/choiceonly](http://vsp.com/choiceonly) to see which providers will be in-network on January 1, 2023.

### **25. Are any special programs available through the new vision vendor?**

VSP offers two discount programs, Employer Group Savings Pass for commercial plan members and Access Plan for Individual & Family Plan members. Members can save up to \$3,000 with special offers and up to \$1,000 on LASIK at participating locations. Other offers include mail-in rebates for up to \$250 back from eligible contact lens brands.

This program is new for Individual & Family Plan members and allows them to receive 20% off adult preventive exams.

### **26. Will the member's digital experience change?**

The new digital experience will be very similar to what is currently used.

### **27. Are the phone numbers changing?**

Members can call the Optima Health member services number listed on the back of their member ID card. Optima Health member services will assist the member or transfer them directly to VSP for further assistance.

### **28. Who do I call for more information on the switch to VSP?**

If you have any questions, please reach out to your Optima Health representative.

### **29. How do I file a claim for non-plan or out-of-network vision provider?**

For VSP non-plan or out-of-network provider claims, please send your health plan name, your name, member ID number, current address, telephone number, and your itemized statement to the address below. Claims must be submitted within six months of the time services are received.

Vision Service Plan

Attn: Claims Services

PO Box 385018

Birmingham, AL 35238-5018

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## FULLY INSURED AND LEVEL-FUNDED GROUPS:

### **30. How will the vendor changes affect rates? Is there a cost savings?**

Vision rates won't be affected for commercial members.

## SELF-FUNDED GROUPS:

### **31. How will the PBM vendor change impact groups who have carved-out pharmacy?**

Nothing will change for large groups that carve-out pharmacy.

### **32. How can groups that already use Express Scripts switch to Optima Health? Could this be a mid-year change for a group not on a January 1 renewal?**

Your Optima Health representative can help you determine the best solution for your group.

### **33. How will the vision vendor change impact groups who have carved-out vision?**

Your Optima Health representative can help you determine the best solution for your group.

### **34. Will the vision change affect rates for self-funded large groups?**

Vision rates will not be affected for commercial members.