

# 2023 OptimaFit Direct Cost-Share Reduction (CSR) Plans

Plan Name	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
	OptimaFit Silver 3800 25% Direct M	OptimaFit Silver 3800 (04) Direct M	OptimaFit Silver 300 (05) Direct M	OptimaFit Silver 0 (06) Direct M	OptimaFit Silver 6600 30% Direct M	OptimaFit Silver 4500 (04) Direct M	OptimaFit Silver 400 (05) Direct M	OptimaFit Silver 50 (06) Direct M
In-Network Deductible: Individual   Family	\$3,800   \$7,600	\$3,800   \$7,600	\$300   \$600	\$0   \$0	\$6,600   \$13,200	\$4,500   \$9,000	\$400   \$800	\$50   \$100
In-Network Out-of-Pocket Max: Individual   Family	\$9,100   \$18,200	\$7,250   \$14,500	\$2,850   \$5,700	\$900   \$1,800	\$8,700   \$17,400	\$7,250   \$14,500	\$2,850   \$5,700	\$900   \$1,800
Coinsurance	25%	25%	25%	20%	30%	30%	25%	20%
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Physician Services</b>								
Primary Care Physician (PCP) Office Visit (Tier 1   Tier 2 physician)	\$40   \$80	\$30   \$60	\$20   \$40	\$15   \$30	\$25   \$50	\$25   \$50	\$20   \$40	\$15   \$30
Specialist Office Visit (Tier 1   Tier 2 physician)	\$75   \$150	\$75   \$150	\$75   \$150	\$50   \$100	\$75   \$150	\$75   \$150	\$75   \$150	\$50   \$100
Virtual Consult	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Emergency &amp; Urgent Care Services</b>								
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room Care (In and Out-of-Network)	45% AD	45% AD	45% AD	40%	50% AD	50% AD	45% AD	40% AD
<b>Inpatient Services</b>								
Inpatient Hospital Services (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Outpatient Services</b>								
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1   Tier 2 physician & facilities)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
Outpatient Surgery (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Mental/Behavioral Health &amp; Substance Use Disorder Services</b>								
Outpatient Office Visits (PCP, Specialist, or Virtual Consults)	\$50	\$40	\$30	\$25	\$35	\$35	\$30	\$25
Inpatient Services	25% AD	25% AD	25% AD	20%	30% AD	30% AD	25% AD	20% AD
<b>Other Covered Services</b>								
Maternity Care (Tier 1   Tier 2 physician)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
Chiropractic Care (Spinal Manipulation)	25% AD	25% AD	25% AD	20%	30% AD	30% AD	25% AD	20% AD
Physical and Occupational Therapy (Tier 1   Tier 2 physician & facilities)	25% AD   50% AD	25% AD   50% AD	25% AD   50% AD	20%   50%	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Pharmacy</b>								
Retail Prescription Drug Coverage Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	No Rx deductible \$5   \$50   35%   35%	Medical deductible applies \$20   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$10   \$40   30% AD   30% AD	Medical deductible applies \$5   \$10   30% AD   30% AD
Mail-Order Prescription Drug Coverage Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	No Rx deductible \$15   \$150   35%   35%	Medical deductible applies \$60   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$30   \$120   30% AD   30% AD	Medical deductible applies \$15   \$30   30% AD   30% AD

**Optima Health. Better Rates. Better Benefits.**

**Talk to an OptimaFit Plan Advisor today at 1-855-434-3269.**

Document also available in Spanish and Vietnamese.

*This summary is for comparison purposes only. For complete details, please refer to the Benefit Summary at [optimahealth.com/brokers/summary-of-benefits](https://optimahealth.com/brokers/summary-of-benefits)*

*Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. OptimaFit Individual and Family Plans are issued and underwritten by Optima Health Plan. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued.*