

2023 OptimaFit Standard Plans | ON & OFF Exchange

ON Exchange Plan Name	OptimaFit Gold 2000 25% Standard M	OptimaFit Silver 5800 40% Standard M	OptimaFit Silver 5700 (04) Standard M	OptimaFit Silver 800 (05) Standard M	OptimaFit Silver 0 (06) Standard M	OptimaFit Bronze 9100 0% Standard M
OFF Exchange Plan Name	OptimaFit Gold 2000 25% Standard	OptimaFit Silver 5800 40% Standard	Not available in OFF Exchange	Not available in OFF Exchange	Not available in OFF Exchange	OptimaFit Bronze 9100 0% Standard
In-Network Deductible: Individual Family	\$2,000 \$4,000	\$5,800 \$11,600	\$5,700 \$11,400	\$800 \$1,600	\$0 \$0	\$9,100 \$18,200
In-Network Out-of-Pocket Max: Individual Family	\$8,700 \$17,400	\$8,900 \$17,800	\$7,200 \$14,400	\$3,000 \$6,000	\$1,700 \$3,400	\$9,100 \$18,200
Coinsurance	25%	40%	40%	30%	25%	0%
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Physician Services						
Primary Care Physician	\$30	\$40	\$30	\$20	\$0	0% AD
Specialist Office Visit	\$60	\$80	\$60	\$40	\$10	0% AD
Virtual Consult	\$0	\$0	\$0	\$0	\$0	\$0
Emergency & Urgent Care Services						
Urgent Care	\$45	\$60	\$45	\$30	\$5	0% AD
Emergency Room Care (In and Out-of-Network)	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Inpatient Services						
Inpatient Hospital Services	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Outpatient Services						
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc.	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc.	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Outpatient Surgery	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Mental/Behavioral Health & Substance Use Disorder Services						
Outpatient Office Visits (PCP, Specialist, or Virtual Consults)	\$30	\$40	\$30	\$20	\$0	0% AD
Inpatient Services	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Other Covered Services						
Maternity Care	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Chiropractic Care (Spinal Manipulation)	25% AD	40% AD	40% AD	30% AD	25%	0% AD
Physical and Occupational Therapy	\$30	\$40	\$30	\$20	\$0	0% AD
Pharmacy						
Retail Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	No Rx deductible \$15 \$30 \$60 \$250	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$20 \$40 \$80 AD \$350 AD	Medical deductible applies \$10 \$20 \$60 AD \$250 AD	No Rx deductible \$0 \$15 \$50 \$150	Medical deductible applies 0% AD all tiers
Mail-Order Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	No Rx deductible \$45 \$90 \$180 \$250	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$60 \$120 \$240 AD \$350 AD	Medical deductible applies \$30 \$60 \$180 AD \$250 AD	No Rx deductible \$0 \$45 \$150 \$150	Medical deductible applies 0% AD all tiers

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

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