



**MAIN OFFICE – VIRGINIA BEACH**

4417 Corporation Lane, Virginia Beach, VA 23462  
Phone: 757-552-7217 • Toll-Free: 1-866-927-4785 • Fax: 757-687-6135

**PENINSULA**

11803 Jefferson Avenue, Suite 200, Newport News, VA 23606  
Phone: 757-552-7217 • Toll-Free: 1-866-927-4785 • Fax: 757-594-1002

**RICHMOND**

1604 Santa Rosa Road, Suite 100, Richmond, VA 23229  
Phone: 804-510-7400 • Toll-Free: 1-866-575-4475  
Fax: 804-510-7453 • Toll-Free Fax: 1-866-231-7843

**ROANOKE**

5060 Valley View Boulevard, NW, Roanoke, VA 24012  
Phone: 540-562-8220 • Toll-Free: 1-877-552-7401  
Fax: 540-562-8222

**Broker Services**

8 a.m. to 5 p.m. EST Monday through Friday  
1-866-927-4785 • [optimahealth.com/brokers](https://optimahealth.com/brokers)  
Email: [brokerservices@optimahealth.com](mailto:brokerservices@optimahealth.com)



**Mid-Market &  
Large Group Guide**

**2022**



Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Vantage, POS, Direct, and Select plans are underwritten by Optima Health Plan. Optima Plus (PPO) products are underwritten by Optima Health Insurance Company. Self-funded and BusinessEDGE® level-funded plans are administered but not underwritten by Sentara Health Plans, Inc. Stop Loss products are issued and underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit [optimahealth.com](https://optimahealth.com).

This publication is only intended to be used for agent and broker education and must not be distributed or used with the general public.





**Our Tradition of Exceptional Health Benefits and Broker Support**

Optima Health has been providing Virginia-based employers with affordable, high-quality health benefits since 1984.<sup>1</sup> With more than three decades of experience, we understand the needs of mid-to large-sized businesses.

**We are meeting those needs with offerings that include:**

- a robust portfolio of plan choices and cost-sharing options
- a comprehensive provider network with more than 37,000 providers including specialists, primary care physicians and hospitals<sup>2</sup>
- impactful health improvement programs that help members maximize their health
- local service representatives who help members get the most out of their health benefits

Working with Optima Health is easier than ever with online tools and our exemplary broker support services. The 2022 Mid-Market and Large Group Guide is an additional resource that puts information about plans and services right at your fingertips. And if you have questions, our sales and service teams stand ready to help.

Learn more by contacting us at [optimahealth.com/brokers](https://optimahealth.com/brokers).

<sup>1</sup>Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Health Plan has been issuing HMO plans under that license since 1984. Optima Health Insurance Company has issued PPO Accident and Sickness plans since 1991.

<sup>2</sup>Sentara Health Plans, Inc., Provider Status Report, 2021, available at [optimahealth.com/find-doctors-drugs-and-facilities](https://optimahealth.com/find-doctors-drugs-and-facilities)



# Table of Contents

- We Improve Health Every Day ..... 5
- Group Sizes ..... 6
- Provider Access ..... 7
- Value for Employers and Members:  
Consumer-Driven Health..... 9
- Health and Wellness Services:  
MyLife MyPlan ..... 11
- Preventive Services ..... 15
- Pharmacy Benefits ..... 17
- Optima EAP ..... 19
- Member Resources ..... 21
- Employer Resources ..... 23
- Broker Services ..... 25
- Flexible Plan Design ..... 26
- 2022 Plan Design Options..... 28
- 2022 Mid-Market & Large Group  
Plan Options..... 29
- 2022 Mid-Market & Large Group  
Prescription Drug Coverage Options ..... 55
- Service Descriptions..... 59



# We Improve Health Every Day

When your clients choose Optima Health, they are selecting a health insurance plan headquartered in the Commonwealth of Virginia. We're proud of the reputation we've built in our community. Employers and brokers consider us a trusted partner because they can rely on us for excellent benefits and service.<sup>3</sup>

Our Sales and Service Representatives, Network Managers, Nurse Case Managers, and other staff are located in offices throughout the state. Working and living in the communities we serve means we have first-hand experience with the doctors, facilities, and services within our vast provider network.



## Group Sizes

### Serving the needs of individuals and employer groups of all sizes

Optima Health makes it easier for people and businesses to get the health coverage they need with the quality they deserve. Our group health insurance plans include a robust portfolio of benefit plans, exceptional service, and budget-friendly options for access to care. We offer consumer-driven plans that empower employees to make cost-conscious care decisions.

### Groups that are eligible for our plans include:



#### Individual

We offer easy ways to pay premiums and connect with member services representatives.



#### Small Group (1-50 total employees)

Our small business health insurance options allow employers to offer competitive benefits while staying within budget. Members have access to comprehensive benefits that include wellness programs and support for chronic illness.



#### Mid-Market Group (more than 50 total employees with 150 or fewer eligible)

We help employers and their employees get more value for their healthcare dollars.



#### Large Group (151+ eligible employees)

Optima Health helps employers manage large groups with integrated services. Brokers have access to utilization data and other reports that make it easier to help clients manage their resources.

### We help members get the most out of their health coverage by providing:



**Exceptional customer service:** Our representatives' proximity and local knowledge enable us to go above and beyond expectations in our pursuit to assist employers and members.



**Tailored case management services:** Nurses help members take control of their health with recommendations that reflect the local area.



**Referrals to nearby resources:** We work with local doctors to learn more about care utilization and preferences that are unique to their localities.



**Care management that reflects local trends:** We work with local doctors to learn more about care utilization and preferences that are unique to their localities.



**Community-based access and outreach:** We regularly provide free health screenings to identify health risks, and guide members and non-members to take steps to manage them. We also actively support a variety of local nonprofits that strengthen our community, such as food banks, youth centers, and scholarship programs.

<sup>3</sup>To ensure we continually meet or exceed our performance goals, our teams track and report on a variety of quality metrics. One way we measure our effectiveness is through a Net Promoter Score (NPS). NPS gauges customers' willingness to recommend us to friends or family. Scores range from -100 to 100. The health plan industry standard NPS is 0. Our 2020 NPS was 55. Our 2020 NPS proves how we go above and beyond for our customers.

This plan guide is for Mid-Market and Large Group. If you are looking for information about other plans, such as BusinessEDGE® plans, or information about Small Group employers, contact your local Optima Health representative. Learn more by contacting us at [optimahealth.com/brokers](https://optimahealth.com/brokers).

# Provider Access

## Making Quality Care Easier to Access

Optima Health offers outstanding provider networks.<sup>4</sup> A high percentage of hospitals and physicians are in-network in the regions we serve.

View our provider directories at [optimahealth.com/find-doctors-drugs-and-facilities](https://optimahealth.com/find-doctors-drugs-and-facilities).

Vantage HMO/POS Network and Plus PPO Networks <sup>5</sup>		
Location	Hospitals	Physicians
Hampton Roads	100%	98%
Richmond	100%	96%
Charlottesville	100%	98%
Harrisonburg	100%	98%
Roanoke	100%	96%
Lynchburg	100%	96%

<sup>4</sup>Optima Health Customer Satisfaction Report, May 2021

<sup>5</sup>Provider Network Penetration, May 2021



## National Provider Access Through PHCS®/MultiPlan

In addition to the Optima Health proprietary network, members who choose our Plus PPO plan have access to PHCS/MultiPlan, the nation's largest independent primary PPO network.<sup>6</sup> This provides members with in-network access to physicians and hospitals all over the country for services received outside the primary Optima Health service area – regardless of where members live or work.



## Out-of-Area (OOA) Dependent Program<sup>7</sup>

Dependent children living outside of the service area have access to in-network benefits on a Vantage HMO or POS plan—even when they're away at college. They will be able to receive covered services from PHCS/MultiPlan providers at the in-network benefit level.



## Transformative Care Through Value Based Care Program

Optima Health offers our clients the opportunity to engage with our value based care (VBC) program. We provide a successful model that involves the health plan and provider network working in concert to eliminate non-value-added medical services, reduce clinical care gaps, improve access, improve the overall member experience, and empower and incentivize providers to make positive changes in their approach to care.



## Convenient Vision Services Through EyeMed®

Examinations, corrective lenses, and materials are available from EyeMed's expansive provider network. Members may access these services through independent optometrists as well as national, regional, and online retail providers.



## Around-The-World Assistance, 24/7 From Assist America®

Members have access to emergency travel assistance for medical and travel emergencies at no additional cost.<sup>8</sup> The service covers members whenever traveling 100 miles or more away from their permanent residence, or in another country.

### Emergency Travel Assistance Services Include:

- medical consultation, evaluation, and referral
- hospital admission assistance
- emergency medical evacuation
- medical monitoring
- medical repatriation
- prescription assistance
- compassionate visit
- care of minor children
- return of mortal remains
- emergency trauma counseling
- lost luggage or document assistance
- interpreter and legal referrals
- pre-trip information

<sup>6</sup>MultiPlan Press Release, July 16, 2019

<sup>7</sup>The member will be required to submit documentation to enroll.

<sup>8</sup>This is not a covered benefit but a value-added service.



# Value for Employers and Members: Consumer-Driven Health



Optima Health offers a suite of tools and services that help employees become better health consumers and for employers to achieve cost savings.

## Cost-Efficient Benefits for Employers and Their Employees

Optima Health helps employers and their employees get more for their healthcare dollars with consumer-driven health plans (CDHP).

Our CDHPs ease the cost burden for employers while providing competitive benefit plans to employees. Some preventive drugs are available before the deductible for CDHP plans that include a Health Savings Account or a Health Reimbursement Account (HSA and HRA, respectively). Partnering with HealthEquity® account services enables us to offer an integrated solution that simplifies administration for both employers and members.

Eligibility and claim data flows directly from Optima Health to HealthEquity. Members have easy, permanent access to claim information through the HealthEquity portal, eliminating paperwork requirements and facilitating the payment process. HealthEquity HSAs provide a world-class investing platform with a robust suite of Vanguard mutual fund options and ultra-low expense ratios.

## CDHP Implementation Process

As part of the implementation process coordinated by your Sales Executive, employers interested in participating in HSAs and HRAs should submit the New Business Information Form: [sales.healthequity.com/onboarding](https://sales.healthequity.com/onboarding). Afterward, the following will take place:



A HealthEquity representative will contact the employer within two-three business days to walk through the plan setup and application.



Employers will complete group enrollment with Optima Health, who will send the following group information to HealthEquity:

- group setup files
- daily eligibility files
- weekly claims files



HealthEquity will create the employer portal.



HealthEquity will open employee accounts and send welcome materials to members.





# Health and Wellness Services: MyLife MyPlan

## Services that Empower Members to Live Healthier Lives

Small changes can make a big difference. That's why Optima Health offers MyLife MyPlan.<sup>9</sup> This personalized health and wellness program encourages members to weave healthier habits into their daily lives. It's part of our mission to *improve health every day*.



## Personalized Solutions for Sustained Well-Being

MyLife MyPlan wellness programs and services are:



### Customizable

Exclusive WebMD<sup>®</sup> Health Services are tailored to fit each member's age, biometrics, lifestyle, and overall health objectives.

### Flexible

Members engage with the programs on their own time, and at their own pace, so they're more likely to adopt healthy habits for life.



### Accessible

MyLife MyPlan programs are available in a variety of formats to allow members to reach their goals in ways that work for them.



## MyLife MyPlan includes<sup>10</sup>:

### Exclusive WebMD Health Services

Optima Health has partnered with WebMD Health Services to deliver health and wellness services that include:

- **Personal Health Assessments:** This easy-to-use online assessment gathers information about a member's biometrics and lifestyle to create a customized health profile and make recommendations on actions to manage or improve health.
- **Daily Habits:** Based on their individual health profile, members receive personalized advice, exercise plans, nutrition coaching, and tips for healthier living.
- **Health Coaching:** Online or over the phone, members can connect with a health coach to ask questions, discuss milestones, and set new goals.

### Staying Healthy Programs

This group of programs offers a wealth of resources that address the needs of members of all ages.<sup>11</sup> Our Staying Healthy Programs are available for all plans and include:

- tobacco cessation services that focus on enjoying a tobacco-free life
- advice on how to spot chronic disease risk factors to prevent diabetes and heart disease
- movement and fitness programs such as MoveAbout, Tai Chi, and yoga to become more active and stay healthy
- make healthy food choices at the grocery store and in meal planning

### Discounts and Savings

To make it easier for members to manage their health, MyLife MyPlan includes exclusive discounts on:

- **gym memberships** as well as fitness trackers and weight-loss programs
- **complementary alternative treatments** such as acupuncture, massage therapy, and chiropractic care
- **vision and hearing services**, including hearing aids and laser eye surgery

Visit [optimahealth.com/mylifemyplan](https://optimahealth.com/mylifemyplan) for more information.

<sup>9</sup>This is not a covered benefit but a value-added service.

<sup>10</sup>This is not a covered benefit but a value-added service.


<sup>11</sup>[optimahealth.com/members/health-and-wellness/prevention-and-wellness/](https://optimahealth.com/members/health-and-wellness/prevention-and-wellness/)




# Health and Wellness Services: MyLife MyPlan


## More Ways We Support Members on Their Wellness Journeys

Optima Health offers special services that help members stay healthy, even when life gets busy.<sup>12</sup> Our services literally meet members where they are and empower them to take the next step toward improving their health.


 **Worksite wellness programs:** Our nursing team comes to the workplace to provide health screenings, flu shots, and health improvement presentations. Screening services have allowed us to catch issues such as high blood pressure and connect members with next-level care. Presentations include health improvement topics such as healthy eating, moving more, and tobacco cessation.


Based on health screening findings, members receive group, individual, and self-paced programs to reduce cardiovascular health risks and promote health.

 **Outreach events:** Our member outreach also includes presentations, screenings, and flu shots at various locations. These events reflect our genuine interest in helping our members stay healthy.

 **Digital lunch and learn series:** As part of our ongoing effort to address relevant and timely risk reduction, our team of health educators host free webinars on a range of well-being topics. Available at [optimahealth.com/members/health-and-wellness/videos](https://optimahealth.com/members/health-and-wellness/videos) this series is open to all. Past webinars are archived for viewing any time and topics include:

- tobacco use and cholesterol and blood pressure
- probiotics and gut health
- planting your money tree
- the importance of water intake
- becoming mindful, not mind full
- sleep deprivation and heart health

 **Customized Health Incentive Programs for wellness activities and management of certain health conditions:** We provide easy-to-use and cost-effective infrastructure to administer employer-funded programs that reward employees for completing education and wellness activities. Programs may incentivize employees with specific health issues, such as asthma and chronic obstructive pulmonary disease (COPD) to engage with case management programs. Our case managers give personalized recommendations to lower the risk of complications and reduce care expenditures.

 **Prediabetes Program (standard for all fully-insured large groups and on an optional basis for self-funded clients):** Eligible members can participate in a structured diabetes and heart disease prevention program. The program includes a Bluetooth-enabled digital scale, weekly online learning sessions, a personal health coach, and peer support to facilitate weight loss for members who are at-risk for developing diabetes.

*Fees may apply for some services for self-funded groups.*

<sup>12</sup>This is not a covered benefit but a value-added service.








# Preventive Services

## Patient Identification Manager Reminder System

The Patient Identification Manager Reminder System informs members of recommended immunizations and preventive health screenings that help fight communicable disease and diagnose cancer in the earliest, most treatable stages. Our health improvement programs give members valuable and current information and encouragement to reduce health risks. Employees who improve their health can reduce their healthcare needs, reduce absenteeism, and reduce healthcare costs. Initiatives of this system include:


 **Mammography reminders:** Women age 46 and older who have not had a mammogram in the previous 12 months will receive important preventive care reminders. We also send a postcard during their birthday month with information about the recommended mammography schedule, and the importance of mammography and cervical cancer screening.


 **Cervical cancer screening reminders:** Women age 22 and older who have not had a cervical cancer screening in the previous 12 months receive a postcard during their birthday month. This card informs them of Pap Test recommendations, and the importance of cervical cancer and mammography screening.


 **Healthy Pregnancy mailings:** Members receive periodic mailings during their pregnancy. Letters include pregnancy and parenting resources as well as helpful tips related to nutrition, stress management, pre-term labor and postpartum visits. Our members also receive a voucher that allows them to choose



from three different parenting magazine subscriptions. Members are connected with our Partners in Pregnancy team who are available throughout the gestational period for information and assistance.

 **Immunization postcards:** Parents receive a postcard regarding basic immunization schedule for children at 6, 12, and 18 months of age.

 **Birthday cards:** All plan members age 3 and over receive a birthday card during their birthday month from the plan. Part of this mailing includes a bookmark that serves to remind members of the preventive health guidelines they should follow to achieve their personal best health.

 **Physician notifications:** Physicians receive monthly lists of their patients (our members) who were reminded through the Patient Identification Manager Reminder System and have still not completed their preventive screenings.

**Preventive Services:** In keeping with our commitment to *improve health every day*, Optima Health offers over one hundred preventive services and medications that are covered at no cost to the member when administered by an in-network plan physician or pharmacy. An office visit copayment may be charged to health plan members for some services. To review a list of services that are covered, please visit [optimahealth.com/members/manage-plans/covered-preventive-services](https://optimahealth.com/members/manage-plans/covered-preventive-services).

**Some preventive drugs are available before the deductible for Equity plans.**





# Pharmacy Benefits

## Easy-to-Access, Prescription Drug Coverage

Optima Health makes getting prescription drugs more convenient than ever through a large network of retail chains and local pharmacies. Benefit options include generic and brand name drugs with tiered cost-share amounts that help both employers and members control costs. Plus, our pharmacy and medical benefits are fully integrated, allowing:

- members to access services with one member ID card
- our care managers to access all required data to best direct a member's care



## Flexible Formulary

Optima Health is among the few health plans in Virginia offering both an open formulary and a standard/closed formulary:

- open formulary: more freedom to receive name-brand prescription drugs
- standard/closed formulary: a narrower drug list that promotes cost-effective options

## Mail-Order Drugs (Prescription Home Delivery)<sup>13</sup>

Members may receive up to a 90-day supply of maintenance drugs through our mail-order pharmacy, OptumRx®. This option helps members with conditions such as diabetes and heart disease to save money and reduce trips to the pharmacy.

<sup>13</sup>Not all drugs are available from mail order and not all plans have mail-order benefits.

## Online Pharmacy Benefits

Our online tools, which include a medication search app, help members identify and learn more about cost-effective drug alternatives. Find out more at [optimahealth.com/find-doctors-drugs-and-facilities](https://optimahealth.com/find-doctors-drugs-and-facilities).

## Specialty Pharmacy Services

Comprehensive Medication Therapy Management programs are available to patients with acute and chronic conditions through our specialty pharmacy services.

Core programs support members with Crohn's disease, hepatitis B and C, HIV/AIDS, rheumatoid arthritis, autoimmune disorders, and other complex conditions with intense medication management.

Specialty pharmacy services may include:

- a plan of care between the patient, the pharmacy, and the prescriber
- medication shipment to the provider's office, member's home, or other appropriate site of care
- ongoing clinical and educational support
- monthly refill reminder calls or text messages
- insurance support and financial assistance programs
- language translation services
- 24-hour access to a pharmacist for emergencies





# Optima EAP

The Optima Health Employee Assistance Program (Optima EAP)<sup>14</sup> serves as a strategic partner for employers to help improve employee performance, absenteeism and presenteeism. It is a resource to help employees overcome life's challenges, solve personal problems, and address work-related issues.

Optima EAP services are offered to all fully insured groups and BusinessEDGE groups and available for a separate fee for self-funded groups.

**This service is offered to members and their household members at no cost.**



## Clinical Services

### Short-term solution-focused counseling

Optima EAP services are confidential, short-term, and solution-focused. Our counselors are professional, caring, and licensed behavioral health providers.

### Assessment of Substance Use Disorder

Optima EAP provides Substance Abuse Professional (SAP) Services that meet the specific Department of Transportation requirements to assess, refer and case manage employees that fall under these regulations. In addition, EAP clinicians are experienced in working with clients that have concerns related to Substance Use Disorder. Optima EAP offers assessment, referral and follow up to the right resource to meet the client's need.

## Organizational Services

### Management Consultation

At no additional cost, we offer unlimited management and supervisory consultation services, including discussing employee performance concerns and receiving assistance in making a supervisory referral.

### Critical Incident Response Program

Optima EAP offers structured group counseling services to respond to trauma-inducing events that occur in the workplace. The Optima EAP Clinical Team includes individuals trained in Critical Incident Stress Management.

### Training

The Optima EAP Training Team provides professional and personal skills development training on 60+ topics relevant and essential to the well-being of management and front-line employees. Training classes are designed to increase awareness, expand thinking, and build skills that enhance effectiveness (subject to fee-for-service).

### Additional Rider Benefits

Riders available as fee-for-service offerings include:

- work/life services
- legal/financial/identify theft

### Account Management

A designated account manager ensures that clients receive and maximize their contracted EAP services.

### Easy to Access

To access Optima EAP services, employees or their household members can call 1-800-899-8174 or visit our website at [optimaeap.com](http://optimaeap.com) for online resources.

We offer the option and convenience of face-to-face, telephonic, or virtual counseling sessions—easily accessible by phone, tablet, and desktop computer.



# Member Resources

## Care When and Where Members Need It

We offer services that make it easier to access care when and where our members need it, including:



### The Mobile App and Member Portal

Members can view benefit summaries, explanation of benefits, claims and plan balances, print member ID cards, and much more. To register, members only need to register once on either [optimahealth.com/members](https://optimahealth.com/members) or the mobile app to access both.



### Online Search Tool for Doctors, Drugs, and Facilities

Members can access a provider search tool by signing in to the mobile app or member portal at [optimahealth.com/members](https://optimahealth.com/members), or by visiting [optimahealth.com/find-doctors-drugs-and-facilities](https://optimahealth.com/find-doctors-drugs-and-facilities). If the member is signed in, the provider search tool will automatically adjust to include the member's plan information. If the member is not signed in, then the member will need to enter the plan name located on their member ID card (Vantage, POS, or Plus). Members can search doctors by name, doctors by type, places by name, places by type, or use an advanced search tool to further narrow results.



### A Tool that Fuels Informed Health Decisions

With the Optima Health Treatment Cost Calculator, members can calculate plan and provider-specific, out-of-pocket cost estimates for more than 500 procedures and imaging tests. These estimates help members make decisions that are the best for their health and budget. For more information, visit [optimahealth.com/features/treatment-cost-calculator](https://optimahealth.com/features/treatment-cost-calculator).



### Virtual Consults

Members can securely connect with a board-certified physician over the phone, online, or through video chat. Providers are available 24/7 to diagnose and treat a variety of non-emergency medical conditions and behavioral health concerns. This is a separate benefit than virtual visits with a member's provider.



### 24/7 Nurse Advice Line

When illnesses or injuries occur after hours or when the physician's office is closed, Optima Health plan members can call the Nurse Advice Line at 1-800-394-2237.

## Manage Benefits On the Go

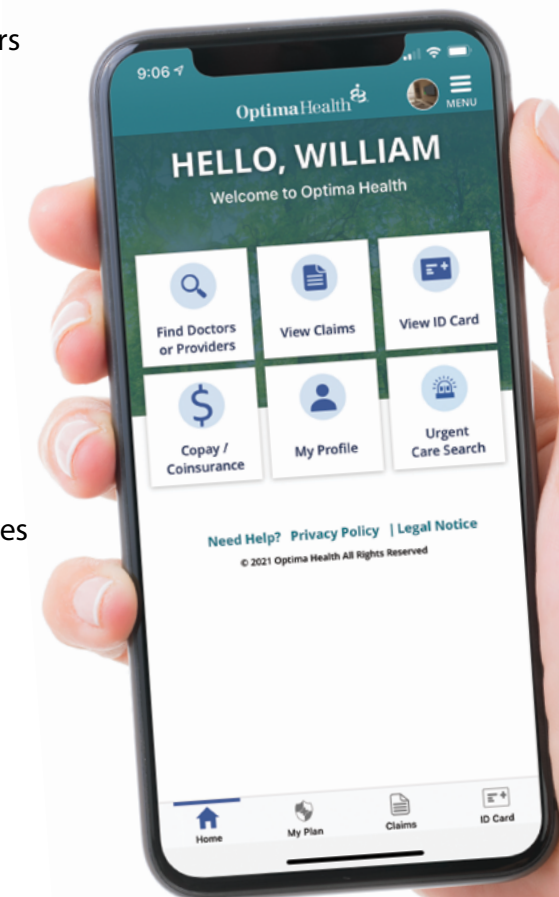
The Optima Health mobile app is one more way we help members get the most value from their health benefits.

### Our app provides secure access to many services:

- frequently asked questions and answers
- common forms and documents
- contact us information
- find doctors and facilities
- claims and authorizations
- wellness tools
- member ID card
- virtual consults
- calculate costs for treatments and services
- important preventive care reminders
- HSA or HRA<sup>15</sup> account access
- and more!

For more information, visit [optimahealth.com/members/features/get-the-optima-health-mobile-app](https://optimahealth.com/members/features/get-the-optima-health-mobile-app).

<sup>15</sup>Applies to members with HSA or HRA plans





# Employer Resources



## Digital Solutions to Support Our Customers

Employers have access to many online resources to make it easy to manage their plans. Through our online portal, employers can get the information that they need, when they need it, as well as:

- view group information and plan documents
- request member ID cards
- pay monthly invoices
- access provider directories
- find preventive services covered under the ACA

After sign in, employers may have access to additional secure tools in the left navigation bar depending on the plan. For more information, visit [optimahealth.com/employers/manage-plans](https://optimahealth.com/employers/manage-plans).



## Visibility Through Enhanced Reporting Capabilities with DataPoint

The Optima Health DataPoint reporting solution helps brokers and employers with 100+ enrolled employees make informed health benefit decisions. Secure, 24/7 access to detailed group utilization data facilitates:

- periodic monitoring to identify trends in healthcare expenditures
- timely notification of unexpected spikes in utilization, such as emergency room claims
- early planning for renewals and budgeting purposes



## Online Enrollment Tool

Optima Health offers an Online Enrollment Tool for our employers and their employees. This tool enables complete enrollment of benefits in the Optima Health system. With the Online Enrollment Tool, employers can:

- apply their organization's eligibility rules
- change employee and dependent demographic information
- cancel employees' benefit elections
- approve benefit elections or changes made by employees
- add, terminate, and rehire employees
- run census, benefit, and history of changes reports

Employers also have the option of offering the employee self-service option within the platform. Employees can compare and select their own benefits through our simple online tool as well as access the Plan Shopping Tool to estimate their out-of-pocket expenses. The Plan Shopping Tool gives employees support and guidance as they make enrollment choices. Getting started is easy. Contact your sales representative if you have any questions.



# Broker Services

## We're Here for You, So You Can Focus on Your Clients

When you have questions, our Virginia-based sales and service teams are easy to reach. We resolve many inquiries without having to transfer your call. And when employer groups and members have inquiries, they can count on us to promptly answer their call. Our high service standards are one of the many reasons brokers prefer Optima Health.<sup>16</sup>

### There are many ways you can reach us for broker support:

#### Broker Services Line

Our concierge service helps resolve claims issues and eligibility inquiries for existing Optima Health customers.

- 1-866-927-4785, 8 a.m. to 5 p.m. EST Monday through Friday
- [optimahealth.com/brokers](https://optimahealth.com/brokers)
- [brokerservices@optimahealth.com](mailto:brokerservices@optimahealth.com)

#### Sales Team

Optima Health sales representatives proactively manage the sales process and offer prompt responses to inquiries about plan offerings for new business and plan renewals.

- 1-877-552-7401, 8 a.m. to 5 p.m. EST Monday through Friday
- [sales@optimahealth.com](mailto:sales@optimahealth.com)



**eBroker:** Our online portal gives brokers even more flexibility in working with us and serving clients. You can request quotes, manage your groups, and view report activity without having to call us. eBroker also offers access to sales materials and educational content so our brokers can stay informed about the latest issues affecting Optima Health and the health insurance industry. For more information about eBroker or to register, please contact your Optima Health representative.

# Flexible Plan Design

## We Give Employers More Health Benefit Plan Choices

Optima Health offers a broad range of health plan choices. Whether employers are seeking rich benefits plans or empowering their employees through cost-sharing, our offerings are the perfect match.

### Optima Health Core Health Plan Options

All health benefits packages with Optima Health are based on one of our core plan options.<sup>17</sup>

Our offerings include:

- **Optima Vantage (HMO):** These plans cover services administered in-network, as well as in emergency situations. To achieve overall care-management, we require that members select a primary care physician from our robust proprietary network. As an open-access HMO, members do not need referrals for specialty care.
- **Optima Plus (PPO):** Members have access to a national provider network at in-network benefit levels, and also have access to out-of-network coverage.
- **Optima POS:** This option provides the same open-access proprietary network as our Vantage plans with the addition of out-of-network coverage.

## Our Score with Core Program for Large Groups

Large employer groups (151+ eligible employees) have plan options that include:

- **selecting a package of core plans** as-is and recognizing a discount (*Score with Core*)
- **modifying our core plans** by tailoring copayment and deductible levels or adding non-standard benefits

### Special Benefits Available

Mid-market and large employer groups may include select benefits for an additional cost.

These benefits include:

- chiropractic care (standard on Plus PPO plans; add-on for Vantage/POS plans)
- gastric bypass surgery

Large employer groups (151+ eligible employees) may include specialized benefits for an additional cost, such as:

- enhanced vision services and materials
- enhanced fertility treatment coverage
- hearing aids
- wisdom tooth extraction

<sup>16</sup>2020 Optima Health ETDBW Broker Survey.

<sup>17</sup>Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company and Sentara Health Plans, Inc. Optima Vantage (HMO) and POS plans are underwritten by Optima Health Plan. Optima Plus (PPO) products are underwritten by Optima Health Insurance Company. BusinessEDGE® level-funded plans are administered but not underwritten by Sentara Health Plans, Inc. Stop Loss products are issued and underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and reward programs are administered by Sentara Health Plans, Inc. and are not covered under any Optima Health plan. Value-added benefits are not covered under any Optima Health plan. For costs and complete details of coverage, please contact your Optima Health sales representative or visit [optimahealth.com](https://optimahealth.com).





# 2022 Plan Design Options

## Navigating Our 2022 Plan Options

Our plan names include a combination of the following components:  
 Product Type + Product Line + Individual deductible/copayment/coinsurance [+ add-on Pharmacy benefit]

**Plan Name Example:** Optima Equity Vantage 2800/20%

**Description:** This is an HSA eligible Vantage HMO plan with a \$2,800 deductible, 20% coinsurance, and some preventive drugs covered before the deductible.

## Product Types

### Vantage: HMO

- in-network coverage only, except for emergencies
- open access

### Plus: PPO

- in- and out-of-network coverage
- access to a national provider network at in-network level
- open access

### POS

- in- and out-of-network coverage
- open access

## Product Lines

### Equity: HSA

Employers and employees contribute tax-free income for qualified medical expenses. These accounts are easy to manage, with integrated claims accessed through the Optima Health online portal. Unused funds remain in the account at year end and are owned by the employee.

### Design: HRA

Employer-funded health benefit plan that covers a portion of deductible eligible expenses. All unused funds remain with the employer.

**Please consult with your Sales and Account Executives if you have any questions about products and plan design options.**



# 2022 Optima Vantage Plans

Plan Name	Optima Vantage 20/40	Optima Vantage 25/50	Optima Vantage 20/20%	Optima Vantage 25/30%	Optima Vantage 500/20/20%	Optima Vantage 1000/20/20%	Optima Vantage 1000/30/30%
In-Network Deductible (Individual/Family)	None	None	None	None	\$500/\$1,500	\$1,000/\$2,000	\$1,000/\$2,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,500/\$11,000	\$4,500/\$9,000
<b>Physician Services</b>							
PCP Visit	\$20	\$25	\$20	\$25	\$20	\$20	\$30
Virtual Consult	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Visit	\$40	\$50	\$40	\$50	\$40	\$40	\$50
Maternity Care	\$450	\$500	\$450	\$500	\$450	\$450	\$500
<b>Outpatient Services</b>							
Outpatient Surgery	\$200	\$300	20%	30%	20% AD	20% AD	30% AD
Diagnostic Procedures, Tests & Lab Work	\$40	\$50	20%	30%	20% AD	20% AD	30% AD
Advanced Imaging	\$150	\$150	20%	30%	20% AD	20% AD	30% AD
<b>Inpatient Services</b>							
Inpatient Hospital Services	\$250/day (\$1,250 max)	\$300/day (\$1,500 max)	20%	30%	20% AD	20% AD	30% AD
<b>Emergency and Urgent Services</b>							
Emergency Department (In-Network & Out-of-Network)	\$250	\$250	20%	30%	20% AD	20% AD	30% AD
Urgent Care	\$40	\$50	\$40	\$50	\$40	\$40	\$50
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>							
Inpatient Services	\$250/day (\$1,250 max)	\$300/day (\$1,500 max)	20%	30%	20% AD	20% AD	30% AD
Outpatient Office Visits	\$20	\$25	\$20	\$25	\$20	\$20	\$30
Other Outpatient Visits	\$20	\$25	20%	30%	20% AD	20% AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>							
Pump Infusion Sets and Supplies	20%	20%	20%	30%	20% AD	20% AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			

**AD:** After Deductible | **p/p:** Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2022 Optima **Vantage Plans** (continued)

Plan Name	Optima Vantage 1500/25/30%	Optima Vantage 2000/25/30%	Optima Vantage 3000/30/20%	Optima Vantage 3000/30/30%	Optima Vantage 4000/30/20%	Optima Vantage 4000/30/30%	Optima Vantage 5000/30/30%	Optima Vantage 6000/20%
In-Network Deductible (Individual/Family)	\$1,500/\$3,000	\$2,000/\$4,500	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,600/\$13,200	\$6,600/\$13,200	\$7,350/\$14,700	\$7,350/\$14,700
<b>Physician Services</b>								
PCP Visit	\$25	\$25	\$30	\$30	\$30	\$30	\$30	\$30
Virtual Consult	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Visit	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$60
Maternity Care	\$500	\$500	\$500	\$500	\$500	\$550	\$600	20% AD
<b>Outpatient Services</b>								
Outpatient Surgery	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Advanced Imaging	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
<b>Inpatient Services</b>								
Inpatient Hospital Services	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
<b>Emergency and Urgent Services</b>								
Emergency Department (In-Network & Out-of-Network)	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Urgent Care	\$50	\$50	\$50	\$50	\$50	\$50	\$50	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>								
Inpatient Services	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Outpatient Office Visits	\$25	\$25	\$30	\$30	\$30	\$30	\$30	\$30
Other Outpatient Visits	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>								
Pump Infusion Sets and Supplies	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>								
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55					Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			

**AD:** After Deductible | **p/p:** Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



## 2022 Optima Design Vantage Plans

Plan Name	Optima Design Vantage 3000/0%	Optima Design Vantage 3000/20%	Optima Design Vantage 3000/25/20%	Optima Design Vantage 3000/30%	Optima Design Vantage 4000/0%	Optima Design Vantage 4000/20%	Optima Design Vantage 5000/0%	Optima Design Vantage 5000/30%
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$8,000	\$6,000/\$12,000	\$7,350/\$14,700	\$7,350/\$14,700
<b>Physician Services</b>								
PCP Visit	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Virtual Consult	No charge AD	20% AD	\$10	30% AD	No charge AD	20% AD	No charge AD	\$10
Specialist Visit	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Maternity Care	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Services</b>								
Outpatient Surgery	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Advanced Imaging	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Inpatient Services</b>								
Inpatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>								
Emergency Department (In-Network & Out-of-Network)	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Urgent Care	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>								
Inpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Other Outpatient Visits	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>								
Pump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>								
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55						Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55		

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2022 Optima Design Vantage Rx AD Plans

Plan Name	Optima Design Vantage 4000/20% Rx After Ded	Optima Design Vantage 5000/0% Rx After Ded
In-Network Deductible (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$7,350/\$14,700
<b>Physician Services</b>		
PCP Visit	20% AD	No charge AD
Virtual Consult	20% AD	No charge AD
Specialist Visit	20% AD	No charge AD
Maternity Care	20% AD	No charge AD
<b>Outpatient Services</b>		
Outpatient Surgery	20% AD	No charge AD
Diagnostic Procedures, Tests, & Lab Work	20% AD	No charge AD
Advanced Imaging	20% AD	No charge AD
<b>Inpatient Services</b>		
Inpatient Hospital Services	20% AD	No charge AD
<b>Emergency and Urgent Services</b>		
Emergency Department	20% AD	No charge AD
Urgent Care	20% AD	No charge AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits	20% AD	No charge AD
Other Outpatient Visits	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>		
Pump Infusion Sets and Supplies	20% AD	No charge AD
<b>Outpatient Prescription Drug Coverage</b>		
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55		

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2022 Optima Equity Vantage Plans\*

Plan Name	Optima Equity Vantage 2800/10%	Optima Equity Vantage 2800/20%	Optima Equity Vantage 2800/30%	Optima Equity Vantage 3000/0%	Optima Equity Vantage 3000/10%	Optima Equity Vantage 3000/20%	Optima Equity Vantage 3000/25/20%	Optima Equity Vantage 3000/30%	Optima Equity Vantage 4000/0%	Optima Equity Vantage 4000/20%	Optima Equity Vantage 4000/30%	Optima Equity Vantage 4000/40%	Optima Equity Vantage 5000/0%	Optima Equity Vantage 5000/30%
In-Network Deductible (Individual/Family)	\$2,800/\$5,600	\$2,800/\$5,400	\$2,800/\$5,400	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
<b>Physician Services</b>														
PCP Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Virtual Consult	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$10 AD	30% AD	No charge AD	20% AD	30% AD	\$10 AD	No charge AD	\$10 AD
Specialist Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$50 AD	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
Maternity Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Services</b>														
Outpatient Surgery	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Advanced Imaging	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Inpatient Services</b>														
Inpatient Hospital Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>														
Emergency Department (In-Network & Out-of-Network)	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Urgent Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$50 AD	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>														
Inpatient Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Outpatient Office Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Other Outpatient Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>														
Pump Infusion Sets and Supplies	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>														
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55							Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55							

\*Some preventive drugs are available before the deductible for Equity plans.

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2022 Optima POS Plans

Plan Name	Optima POS 25/50	Optima POS 500/20/20%	Optima POS 1000/20%	Optima POS 1000/25/30%	Optima POS 2000/20%	Optima POS 2000/25/30%	Optima POS 3000/20%
In-Network Deductible (Individual/Family)	None	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Network Deductible (Individual/Family)	\$500/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$4,500/\$9,000	\$4,500/\$9,000	\$6,000/\$12,000	\$5,500/\$11,000	\$6,000/\$12,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$8,000/\$16,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,000/\$18,000	\$12,000/\$24,000	\$11,000/\$22,000	\$12,000/\$24,000
Out-of-Network Coinsurance	40% AD	40% AD	40% AD	50% AD	40% AD	50% AD	40% AD
<b>Physician Services</b>							
PCP Visit	\$25	\$20	20% AD	\$25	20% AD	\$25	20% AD
Virtual Consult	\$10 No OON	\$10 No OON	20% AD No OON	\$10 No OON	20% AD No OON	\$10 No OON	20% AD No OON
Specialist Visit	\$50	\$40	20% AD	\$50	20% AD	\$50	20% AD
Maternity Care	\$500	\$350	20% AD	\$350	20% AD	\$350	20% AD
<b>Outpatient Services</b>							
Outpatient Surgery	\$300	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	\$50	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
Advanced Imaging	\$150	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
<b>Inpatient Services</b>							
Inpatient Hospital Services	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
<b>Emergency and Urgent Services</b>							
Emergency Department (In-Network & Out-of-Network)	\$250	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
Urgent Care	\$50	\$40	20% AD	\$50	20% AD	\$50	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>							
Inpatient Services	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
Outpatient Office Visits	\$25	\$20	20% AD	\$25	20% AD	\$25	20% AD
Other Outpatient Visits	\$25	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>							
Pump Infusion Sets and Supplies	20%	20% AD	20% AD	30% AD	20% AD	30% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2022 Optima **POS Plans** (continued)

Plan Name	Optima POS 5000/30/30%	Optima POS 6000/20%
In-Network Deductible (Individual/Family)	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-Network Deductible (Individual/Family)	\$10,000/\$20,000	\$12,000/\$24,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$7,350/\$14,700	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$14,700/\$29,400	\$14,700/\$29,400
Out-of-Network Coinsurance	50% AD	40% AD
<b>Physician Services</b>		
PCP Visit	\$30	\$30
Virtual Consult	\$10 No OON	\$10 No OON
Specialist Visit	\$50	\$60
Maternity Care	\$600	20% AD
<b>Outpatient Services</b>		
Outpatient Surgery	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	30% AD	20% AD
Advanced Imaging	30% AD	20% AD
<b>Inpatient Services</b>		
Inpatient Hospital Services	30% AD	20% AD
<b>Emergency and Urgent Services</b>		
Emergency Department (In-Network & Out-of-Network)	30% AD	20% AD
Urgent Care	\$50	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>		
Inpatient Services	30% AD	20% AD
Outpatient Office Visits	\$30	\$30
Other Outpatient Visits	30% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>		
Pump Infusion Sets and Supplies	30% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>		

Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55

AD: After Deductible | p/p: Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2022 Optima **Design POS Rx AD Plans**

Plan Name	Optima Design POS 4000/20% Rx After Ded	Optima Design POS 5000/0% Rx After Ded
In-Network Deductible (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$5,500/\$11,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$ 6,000/\$12,000	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$12,000/\$24,000	\$14,700/\$29,400
Out-of-Network Coinsurance	40% AD	30% AD
<b>Physician Services</b>		
PCP Visit	20% AD	No charge AD
Virtual Consult	20% AD No OON	No charge AD No OON
Specialist Visit	20% AD	No charge AD
Maternity Care	20% AD	No charge AD
<b>Outpatient Services</b>		
Outpatient Surgery	20% AD	No charge AD
Diagnostic Procedures, Tests & Lab Work	20% AD	No charge AD
Advanced Imaging	20% AD	No charge AD
<b>Inpatient Services</b>		
Inpatient Hospital Services	20% AD	No charge AD
<b>Emergency and Urgent Services</b>		
Emergency Department (In-Network & Out-of-Network)	20% AD	No charge AD
Urgent Care	20% AD	No charge AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits	20% AD	No charge AD
Other Outpatient Visits	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>		
Pump Infusion Sets and Supplies	20% AD	No charge AD
<b>Outpatient Prescription Drug Coverage</b>		

Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55

AD: After Deductible | p/p: Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2022 Optima Design POS Plans

Plan Name	Optima Design POS 3000/0%	Optima Design POS 3000/20%	Optima Design POS 3000/25/20%	Optima Design POS 3000/30%	Optima Design POS 4000/0%	Optima Design POS 4000/20%	Optima Design POS 5000/0%	Optima Design POS 5000/30%
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,500/\$13,000	\$6,500/\$13,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,000/\$12,000	\$7,350/\$14,700	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400
Out-of-Network Coinsurance	30% AD	40% AD	40% AD	50% AD	30% AD	40% AD	30% AD	50% AD
<b>Physician Services</b>								
PCP Visit	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Virtual Consult	No charge AD No OON	20% AD No OON	\$10 No OON	30% AD No OON	No charge AD No OON	20% AD No OON	No charge AD No OON	\$10 No OON
Specialist Visit	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Maternity Care	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Services</b>								
Outpatient Surgery	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Advanced Imaging	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Inpatient Services</b>								
Inpatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>								
Emergency Department (In-Network & Out-of-Network)	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Urgent Care	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>								
Inpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Other Outpatient Visits	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>								
Pump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>								
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				

AD: After Deductible | p/p: Per Person  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



Plan Name	Optima Equity POS 2800/10%	Optima Equity POS 2800/20%	Optima Equity POS 2800/30%	Optima Equity POS 3000/0%	Optima Equity POS 3000/10%	Optima Equity POS 3000/20%	Optima Equity POS 3000/25/20%
In-Network Deductible (Individual/Family)	\$2,800/\$5,600	\$2,800/\$5,600	\$2,800/\$5,600	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Out-of-Network Deductible (Individual/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000
Out-of-Network Coinsurance	30% AD	40% AD	50% AD	30% AD	30% AD	40% AD	40% AD
<b>Physician Services</b>							
PCP Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD
Virtual Consult	10% AD No OON	20% AD No OON	30% AD No OON	No charge AD No OON	10% AD No OON	30% AD No OON	\$10 AD No OON
Specialist Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$50 AD
Maternity Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
<b>Outpatient Services</b>							
Outpatient Surgery	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
Advanced Imaging	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
<b>Inpatient Services</b>							
Inpatient Hospital Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
<b>Emergency and Urgent Services</b>							
Emergency Department (In-Network & Out-of-Network)	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
Urgent Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>							
Inpatient Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
Outpatient Office Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD
Other Outpatient Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>							
Pump Infusion Sets and Supplies	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			

\*Some preventive drugs are available before the deductible for Equity plans.

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



2022 Optima **Equity POS Plans**\* (continued)

Plan Name	Optima Equity POS 3000/30%	Optima Equity POS 4000/0%	Optima Equity POS 4000/20%	Optima Equity POS 4000/30%	Optima Equity POS 4000/40%	Optima Equity POS 5000/0%	Optima Equity POS 5000/30%
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$4,500/\$9,000	\$5,500/\$10,500	\$5,500/\$10,500	\$5,500/\$10,500	\$5,500/\$10,500	\$6,000/\$12,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$9,000/\$18,000	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200
Out-of-Network Coinsurance	50% AD	30% AD	40% AD	50% AD	50% AD	30% AD	50% AD
<b>Physician Services</b>							
PCP Visit	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Virtual Consult	30% AD No OON	No charge AD No OON	20% AD No OON	30% AD No OON	\$10 AD No OON	No charge AD No OON	\$10 AD No OON
Specialist Visit	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
Maternity Care	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Services</b>							
Outpatient Surgery	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Advanced Imaging	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Inpatient Services</b>							
Inpatient Hospital Services	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>							
Emergency Department (In-Network & Out-of-Network)	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Urgent Care	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>							
Inpatient Services	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Outpatient Office Visits	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Other Outpatient Visits	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>							
Pump Infusion Sets and Supplies	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>							
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55				Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			

\*Some preventive drugs are available before the deductible for Equity plans.

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2022 Optima Plus Plans

Plan Name	Optima Plus & OOA Plus 20/20%	Optima Plus & OOA Plus 25/20%	Optima Plus & OOA Plus 30/30%	Optima Plus & OOA Plus 500/25/20%	Optima Plus & OOA Plus 1000/20%	Optima Plus & OOA Plus 1000/25/20%	Optima Plus & OOA Plus 1000/30/30%	Optima Plus & OOA Plus 1500/25/20%	Optima Plus & OOA Plus 2000/20%	Optima Plus & OOA Plus 2000/20/30%	Optima Plus & OOA Plus 3000/20%
In-Network Deductible (Individual/Family)	None	None	None	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
Out-of-Network Deductible (Individual/Family)	\$500/\$1,000	\$3,000/\$6,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000	\$3,000/\$6,000	\$4,500/\$9,000	\$4,000/\$8,000	\$4,500/\$9,000	\$4,500/\$9,000	\$6,000/\$12,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$7,500/\$15,000	\$9,000/\$18,000	\$8,000/\$16,000	\$9,000/\$18,000	\$8,000/\$16,000	\$9,000/\$18,000	\$9,500/\$19,000	\$12,000/\$24,000	\$10,000/\$20,000	\$12,000/\$24,000
Out-of-Network Coinsurance	40% AD	40% AD	50% AD	40% AD	40% AD	40% AD	50% AD	40% AD	40% AD	50% AD	40% AD
<b>Physician Services</b>											
PCP Visit	\$20	\$25	\$30	\$25	20% AD	\$25	\$30	\$25	20% AD	\$20	20% AD
Virtual Consult	\$10 No OON	\$10 No OON	\$10 No OON	\$10 No OON	20% AD No OON	\$10 No OON	\$10 No OON	\$10 No OON	20% AD No OON	\$10 No OON	20% AD No OON
Specialist Visit	\$40	\$50	\$60	\$40	20% AD	\$40	\$50	\$40	20% AD	\$50	20% AD
Maternity Care	20%	20%	30%	20% AD	20% AD	20% AD	\$500	20% AD	20% AD	\$500	20% AD
<b>Outpatient Services</b>											
Outpatient Surgery	\$150 and 20% per Admission	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Advanced Imaging	20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
<b>Inpatient Services</b>											
Inpatient Hospital Services	\$400 and 20% per Admission	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
<b>Emergency and Urgent Services</b>											
Emergency Department (In-Network & Out-of-Network)	\$250 and 20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Urgent Care	\$40	\$50	\$60	\$40	20% AD	\$40	\$50	\$40	20% AD	\$50	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>											
Inpatient Services	\$400 and 20% per Admission	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Outpatient Office Visits	\$20	\$25	\$30	\$25	20% AD	\$25	\$30	\$25	20% AD	\$20	20% AD
Other Outpatient Visits	20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>											
Pump Infusion Sets and Supplies	20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>											
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55						Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55					

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



Plan Name	Optima Plus PPO & OOA PPO 3000/30/30%	Optima Plus PPO & OOA PPO 4000/30/20%	Optima Plus PPO & OOA PPO 5000/30/30%	Optima Plus PPO & OOA PPO 6000/20%
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
Out-of-Network Deductible (Individual/Family)	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	\$12,000/\$24,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$6,600/\$13,200	\$7,350/\$14,700	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$12,000/\$24,000	\$13,200/\$26,400	\$14,700/\$29,400	\$14,700/\$29,400
Out-of-Network Coinsurance	50% AD	40% AD	50% AD	40% AD
<b>Physician Services</b>				
PCP Visit	\$30	\$30	\$30	\$30
Virtual Consult	\$10 No OON	\$10 No OON	\$10 No OON	\$10 No OON
Specialist Visit	\$50	\$50	\$50	\$50
Maternity Care	\$500	\$550	\$600	20% AD
<b>Outpatient Services</b>				
Outpatient Surgery	30% AD	20% AD	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	30% AD	20% AD	30% AD	20% AD
Advanced Imaging	30% AD	20% AD	30% AD	20% AD
<b>Inpatient Services</b>				
Inpatient Hospital Services	30% AD	20% AD	30% AD	20% AD
<b>Emergency and Urgent Services</b>				
Emergency Department (In-Network & Out-of-Network)	30% AD	20% AD	30% AD	20% AD
Urgent Care	\$50	\$50	\$50	20% AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>				
Inpatient Services	30% AD	20% AD	30% AD	20% AD
Outpatient Office Visits	\$30	\$30	\$30	\$30
Other Outpatient Visits	30% AD	20% AD	30% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>				
Pump Infusion Sets and Supplies	30% AD	20% AD	30% AD	20% AD
<b>Outpatient Prescription Drug Coverage</b>				
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55			Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55	

**AD:** After Deductible | **p/p:** Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
 This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
 All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2022 Optima Design Plus Plans

Plan Name	Optima Design Plus & OOA Design Plus 3000/0%	Optima Design Plus & OOA Design Plus 3000/20%	Optima Design Plus & OOA Design Plus 3000/25/20%	Optima Design Plus & OOA Design Plus 3000/30%	Optima Design Plus & OOA Design Plus 4000/0%	Optima Design Plus & OOA Design Plus 4000/20%	Optima Design Plus & OOA Design Plus 5000/0%	Optima Design Plus & OOA Design Plus 5000/30%
In-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,500/\$10,500	\$6,500/\$13,000	\$6,500/\$13,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$6,000/\$12,000	\$7,350/\$14,700	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$12,000/\$24,000	\$14,700/\$29,400	\$14,700/\$29,400
Out-of-Network Coinsurance	30% AD	40% AD	40% AD	50% AD	30% AD	40% AD	30% AD	50% AD
<b>Physician Services</b>								
PCP Visit	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Virtual Consult	No charge AD No OON	20% AD No OON	\$10 No OON	30% AD No OON	No charge AD No OON	20% AD No OON	No charge AD No OON	\$10 No OON
Specialist Visit	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Maternity Care	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Services</b>								
Outpatient Surgery	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Advanced Imaging	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Inpatient Services</b>								
Inpatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>								
Emergency Department (In-Network & Out-of-Network)	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Urgent Care	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>								
Inpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Other Outpatient Visits	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>								
Pump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>								
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55						Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55		

**AD:** After Deductible | **p/p:** Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

## 2022 Optima Design Plus Rx AD Plans

Plan Name	Optima Design Plus & OOA Design Plus 4000/20% Rx After Ded	Optima Design Plus & OOA Design Plus 5000/0% Rx After Ded
In-Network Deductible (Individual/Family)	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-Network Deductible	\$5,500/\$11,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$7,350/\$14,700
Out-of-Network Out-of-Pocket Maximum	\$12,000/\$24,000	\$14,700/\$29,400
Out-of-Network Coinsurance	40% AD	30% AD
<b>Physician Services</b>		
PCP Visit	20% AD	No charge AD
Virtual Consult	20% AD No OON	No charge AD No OON
Specialist Visit	20% AD	No charge AD
Maternity Care	20% AD	No charge AD
<b>Outpatient Services</b>		
Outpatient Surgery	20% AD	No charge AD
Diagnostic Procedures, Tests & Lab Work	20% AD	No charge AD
Advanced Imaging	20% AD	No charge AD
<b>Inpatient Services</b>		
Inpatient Hospital Services	20% AD	No charge AD
<b>Emergency and Urgent Services</b>		
Emergency Department (In-Network & Out-of-Network)	20% AD	No charge AD
Urgent Care	20% AD	No charge AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>		
Inpatient Services	20% AD	No charge AD
Outpatient Office Visits	20% AD	No charge AD
Other Outpatient Visits	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>		
Pump Infusion Sets and Supplies	20% AD	No charge AD
<b>Outpatient Prescription Drug Coverage</b>		
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55		

**AD:** After Deductible | **p/p:** Per Person | **Tier 1:** All Optima Health participating providers except those listed as Tier 2  
This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan-specific summary for more information.  
All values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.



# 2022 Optima Equity Plus Plans\*

Plan Name	Optima Equity Plus & OOA Equity Plus 2800/10%	Optima Equity Plus & OOA Equity Plus 2800/20%	Optima Equity Plus & OOA Equity Plus 2800/30%	Optima Equity Plus & OOA Equity Plus 3000/0%	Optima Equity Plus & OOA Equity Plus 3000/10%	Optima Equity Plus & OOA Equity Plus 3000/20%	Optima Equity Plus & OOA Equity Plus 3000/25/20%	Optima Equity Plus & OOA Equity Plus 3000/30%	Optima Equity Plus & OOA Equity Plus 4000/0%	Optima Equity Plus & OOA Equity Plus 4000/20%	Optima Equity Plus & OOA Equity Plus 4000/30%	Optima Equity Plus & OOA Equity Plus 4000/40%	Optima Equity Plus & OOA Equity Plus 5000/0%	Optima Equity Plus & OOA Equity Plus 5000/30%
In-Network Deductible (Individual/Family)	\$2,800/\$5,600	\$2,800/\$5,600	\$2,800/\$5,600	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Deductible (Individual/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,500/\$10,500	\$5,500/\$10,500	\$5,500/\$10,500	\$5,500/\$10,500	\$6,000/\$12,000	\$6,000/\$12,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200
Out-of-Network Coinsurance	30% AD	40% AD	50% AD	30% AD	30% AD	40% AD	40% AD	50% AD	30% AD	40% AD	50% AD	50% AD	30% AD	50% AD
<b>Physician Services</b>														
PCP Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Virtual Consult	10% AD No OON	20% AD No OON	30% AD No OON	No charge AD No OON	10% AD No OON	20% AD No OON	\$10 AD No OON	30% AD No OON	No charge AD No OON	20% AD No OON	30% AD No OON	\$10 AD No OON	No charge AD No OON	\$10 AD No OON
Specialist Visit	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$50 AD	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
Maternity Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Services</b>														
Outpatient Surgery	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Diagnostic Procedures, Tests & Lab Work	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Advanced Imaging	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Inpatient Services</b>														
Inpatient Hospital Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Emergency and Urgent Services</b>														
Emergency Department (In-Network & Out-of-Network)	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Urgent Care	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
<b>Mental/Behavioral Health and Substance Use Disorder Services</b>														
Inpatient Services	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Outpatient Office Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	\$25 AD	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
Other Outpatient Visits	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
<b>Diabetic Treatment</b>														
Pump Infusion Sets and Supplies	10% AD	20% AD	30% AD	No charge AD	10% AD	20% AD	20% AD	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
<b>Outpatient Prescription Drug Coverage</b>														
Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55							Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55							

\*Some preventive drugs are available before the deductible for Equity plans.

This is a summary of the standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Out-of-network (OON) amounts may vary. Please see plan-specific summary for more information. Coinsurance amounts represent the percentage the member pays.  
AD: After Deductible

# 2022 Mid-Market and Large Group Outpatient Prescription Drug Coverage Options

Outpatient prescription drug coverage is included with each health plan. Each health plan may be paired with one of the following package options.

## POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
<b>Option 1 - Mid-Market and Large Group</b>		
Deductible	\$150	
Tier 1	\$10	\$25 AD
Tier 2	\$45 AD	\$113 AD
Tier 3	\$75 AD	\$225 AD
Tier 4	20% AD	No mail order
<b>Option 2 - Large Group</b>		
Deductible	No Deductible	
Tier 1	\$10	\$25
Tier 2	\$30	\$75
Tier 3	\$50	\$125
Tier 4	20%	No mail order
<b>Option 3 - Large Group</b>		
Deductible	\$150	
Tier 1	\$10 AD	\$25 AD
Tier 2	\$30 AD	\$75 AD
Tier 3	\$50 AD	\$150 AD
Tier 4	20% AD	No mail order
<b>Option 4 - Mid-Market and Large Group</b>		
Deductible	No Deductible	
Tier 1	\$15	\$38
Tier 2	\$40	\$100
Tier 3	\$75	\$225
Tier 4	20%	No mail order

AD: After Deductible

# Design POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
<b>Option 1 - Mid-Market and Large Group</b>		
Deductible	No Deductible	
Tier 1	\$10	\$25
Tier 2	\$40	\$100
Tier 3	\$60	\$180
Tier 4	20%	No mail order
<b>Option 2 - Mid-Market and Large Group</b>		
Deductible	No Deductible	
Tier 1	20%	20%
Tier 2	20%	20%
Tier 3	20%	20%
Tier 4	20%	No mail order

AD: After Deductible

## Design Rx AD POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
<b>Option 1 - Mid-Market and Large Group</b>		
Deductible	No Deductible	
Tier 1	\$10 AD	\$30 AD
Tier 2	\$40 AD	\$120 AD
Tier 3	\$60 AD	\$180 AD
Tier 4	20% AD	No mail order
<b>Option 2 - Mid-Market and Large Group</b>		
Deductible	No Deductible	
Tier 1	20% AD	20% AD
Tier 2	20% AD	20% AD
Tier 3	20% AD	20% AD
Tier 4	20% AD	No mail order

AD: After Deductible



## Equity POS/POSA/Plus/Vantage Outpatient Prescription Drug Coverage

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)
<b>Option 1 - Mid-Market and Large Group</b>		
Tier 1	\$10 AD	\$30 AD
Tier 2	\$40 AD	\$120 AD
Tier 3	\$60 AD	\$180 AD
Tier 4	20% AD	No mail order
<b>Option 2 - Mid-Market and Large Group</b>		
Tier 1	\$15 AD	\$45 AD
Tier 2	\$50 AD	\$150 AD
Tier 3	\$85 AD	\$255 AD
Tier 4	20%	No mail order
<b>Option 3 - Mid-Market and Large Group</b>		
Tier 1	10% AD	10% AD
Tier 2	10% AD	10% AD
Tier 3	10% AD	10% AD
Tier 4	10% AD	No mail order
<b>Option 4 - Mid-Market and Large Group</b>		
Tier 1	20% AD	20% AD
Tier 2	20% AD	20% AD
Tier 3	20% AD	20% AD
Tier 4	20% AD	No mail order

AD: After Deductible





# Service Descriptions

## Physician Services

There is an additional copayment or coinsurance for outpatient rehabilitative therapy and services, injectable and infused medications, allergy care, testing and serums, outpatient advanced imaging procedures, and sleep studies done during an office visit. Includes in-office surgery.

## Virtual Consult

Must be provided by an Optima Health approved provider. Also applicable to Behavioral Health.

## Outpatient Services

### Outpatient Surgery

Copayment or coinsurance applies to services provided in a free-standing ambulatory surgery center or hospital outpatient surgical facility.

### Outpatient Diagnostic Procedures & Tests

Copayment or coinsurance will apply when a procedure is performed in a free-standing outpatient facility or lab, or a hospital outpatient facility or lab. Diagnostic tests include: X-rays, ultrasound, and doppler studies.

## Emergency Services

Includes emergency services, physician services, advanced diagnostic imaging, such as MRIs, and CT scans, and other facility charges, such as diagnostic X-ray and lab services, and medical supplies, provided in an emergency department in-network or out-of-network.

## Mental/Behavioral Health & Substance Use Disorder Services

Includes inpatient and outpatient services for the treatment of mental health and substance use disorder. Includes inpatient services, partial hospitalization services, Intensive Outpatient Program (IOP), Electro-Convulsive Therapy, and Transcranial Magnetic Stimulation (TMS).

## Other Outpatient Visits

Includes hospital outpatient and free-standing outpatient centers.

## Employee Assistance Visits

Employee Assistance Visits include short-term problem assessment by licensed behavioral health providers, and referral services for employees, and other covered family members and household members.

## Diabetes Treatment

Coverage includes benefits for equipment, supplies and in-person outpatient self-management training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin-using diabetes if prescribed by a healthcare professional legally authorized to prescribe such items under law.

Equipment and supplies under this benefit are not considered durable medical equipment. An annual diabetic eye exam is covered from an Optima Health Plan provider or at a participating EyeMed provider at the applicable office visit copayment or coinsurance amount.

- **Insulin Pumps**
- **Pump Infusion Sets and Supplies**
- **Testing Supplies**  
Includes test strips, lancets, lancet devices, blood glucose monitors, and control solution

## Maternity Care

Pre-Authorization is required for prenatal services. Prenatal, delivery, postpartum services, and home health visits are included. The inpatient hospital copayment or coinsurance is also applied.

## Chiropractic Care

Optima Health contracts with American Specialty Health Group (ASH) to administer this benefit. Services include therapy to treat problems of the bones, joints, and back. Benefits are limited to a maximum of 30 visits per contract year for Rehabilitation, and 30 visits per contract year for Habilitation services.

## Vision Services Through EyeMed®

Examinations, corrective lenses, and materials are available from EyeMed's expansive provider network. Members may access these services through independent optometrists as well as national, regional, and online retail providers.



## Choose Optima Health

- ✓ More Options
- ✓ More Innovation
- ✓ Exceptional Service

*We Improve Health Every Day*