

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
Email: brokerservices@optimahealth.com

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.

Revised OCTOBER 2021



Small Group Guide

2022



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 1984.¹ With more than three decades of experience, we understand the needs of small 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 hospitals²
- 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 Small 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.

¹Optima 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.

²Sentara Health Plans, Inc., Provider Status Report, 2021, available at 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 10
- Pharmacy Benefits 13
- Preventive Services..... 15
- Optima EAP 17
- Member Resources 19
- Employer Resources 21
- Broker Services 22
- Flexible Plan Design 23
- 2022 Plan Design Options..... 24
- Service Descriptions..... 43

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.³

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 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 closely with nonprofits in the areas we serve to connect members with support services close to home.



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.

³To 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 the Small Group market segment. If you are looking for information about other plans, such as BusinessEDGE® plans, or information about group sizes, such as Mid-Market and Large Group employers, contact your local Optima Health representative. Learn more by contacting us at optimahealth.com/brokers.

Provider Access

Making Quality Care Easier to Access

Optima Health offers outstanding provider networks and all Optima Health in-network providers meet our high standards for quality care.⁴

View our provider directories at optimahealth.com/find-doctors-drugs-and-facilities.

⁴Optima Health Customer Satisfaction Report, May 2021
⁵Provider Network Penetration, May 2021

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



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.⁶ 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.



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 incent 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.

Pediatric Vision Care

Our pediatric vision benefit covers dependent children up to age 19 and includes examinations; glasses, lenses, and frames or contact lenses; as well as low-vision exams.



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.⁷ 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

⁶MultiPlan Press Release, July 16, 2019

⁷This is not a covered benefit but a value-added service.

Value for Employers and Members: Consumer-Driven Health

Helping Employers and Members Get More Value

Optima Health offers a suite of tools and services to empower members to be better health consumers and enable employers to recognize cost savings.

Cost-Efficient Benefits for Employers and Their Employees

Optima Health employers and members can 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 members. 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 claims data flow directly from Optima Health to HealthEquity. Members have easy, permanent access to claims 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. 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.⁸ 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® 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.

⁸This is not a covered benefit but a value-added service.

Health and Wellness Services: MyLife MyPlan



MyLife MyPlan includes⁹:

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.¹⁰ 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
- prompts to make healthy food choices at the grocery store and in meal planning

⁹This is not a covered benefit but a value-added service.

¹⁰optimahealth.com/members/health-and-wellness/prevention-and-wellness/

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 for more information.

More Ways We Support Members on Their Wellness Journeys

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

- **Worksite wellness programs (minimum of 20 employees whether through a single employer or combined):** 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 fellow Virginians 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 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



Pharmacy Benefits

Easy-to-Access, Integrated 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 so members can access services with one member ID card.



Mail-Order Drugs (Prescription Home Delivery)¹¹

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 save money while reducing trips to the pharmacy.

Online Pharmacy Benefit Tools

Our online tools, which include a medication search app, help members identify and learn more about cost-effective drug alternatives. These tools help members maximize their pharmacy benefits. Find out more at 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 for pharmacy interactions
- 24-hour access to a pharmacist for emergency needs





¹¹Not all drugs are available from mail order and not all plans have mail-order benefits.


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.

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



Optima EAP

The Optima Health Employee Assistance Program (Optima EAP)¹² 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. Offered to all groups except self-funded.

Optima EAP services are offered to all fully insured and BusinessEDGE 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 (DOT) 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 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, member ID cards, and much more. Members only need to register once on either 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, or by visiting 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.

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

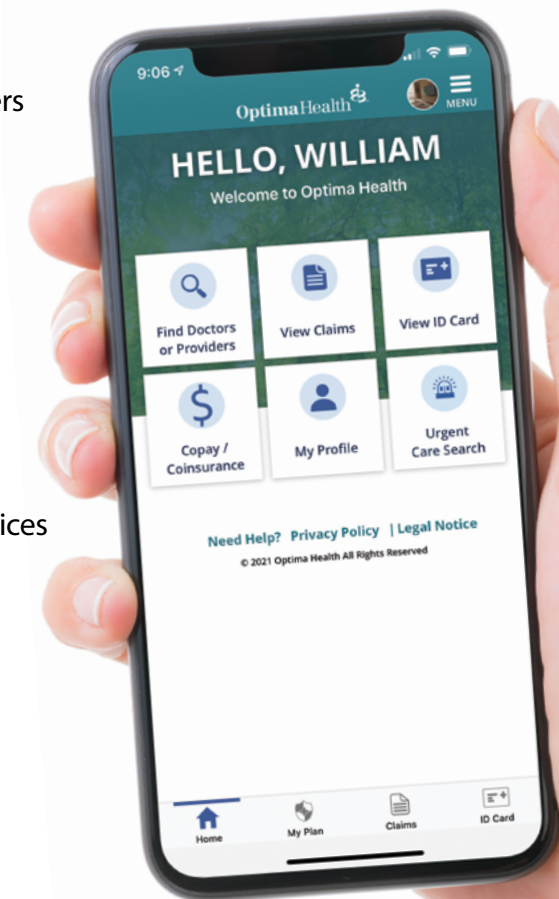
When illnesses or injuries occur after hours or when the physician's office is closed, Optima Health plan members can call the Nurse Advice Line at 1-800-394-2237.

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:

- view digital ID cards
- 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 HRA¹³ account access
- and more!



For more information, visit optimahealth.com/members/features/get-the-optima-health-mobile-app.

¹³Applies to members with HSA or HRA plans

Employer Resources

Digital Solutions for Employers 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. Employers can:

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



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.

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.

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.¹⁴

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
- 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

¹⁴2020 Optima Health ETDBW Broker Survey.



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

2022 Plan Design Options

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. Our offerings include¹⁵:

- **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.

Added Benefits Available on All Plans

We help employers and members get the most from their health coverage with special services that come standard on all plans. These services include:

- **Health and wellness services** that maximize well-being for people of all ages regardless of their health history
- **Comprehensive provider networks** that include quality providers in convenient locations
- **Certain preventive services at no additional cost**, including vaccines, colorectal cancer screenings, and breast cancer screenings, when received from an in-network provider.



Navigating Our 2022 Plan Options

Our plan names include a combination of the following components: Product Type + Product Line + Metallic Tier + Individual deductible/copayment/coinsurance

Plan Name Example: Optima Vantage Equity Silver 2800/10% Direct

Description: HMO HSA Silver plan with \$2,800 individual deductible and 10% coinsurance

Product Types

Vantage: HMO

- no referrals required
- select your PCP
- open access

Plus: PPO

- access to a national provider network at in-network cost share
- in- and out-of-network benefits

POS

- HMO/PPO hybrid
- no referral required
- Select your PCP
- includes out-of-network option
- 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. There are no account management or HSA administration fees.

Design: HRA

Employer-funded health benefit plan that reimburses employees for some of their out-of-pocket medical expenses. All unused funds remain with the employer.

¹⁵Optima 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. 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 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.

2022 Optima Vantage Plans

Plan Name	Optima Vantage Platinum 15/30 Direct	Optima Vantage Platinum 15/35 Direct	Optima Vantage Platinum 20/20% Rx Ded Direct	Optima Vantage Platinum 25/50 Direct	Optima Vantage Platinum 25/50 Rx Ded Direct	Optima Vantage Gold 35/30% Rx Ded Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family	N/A	N/A	N/A	N/A	N/A	N/A
Max Out-of-Pocket Individual/Family	\$4,500/\$9,000	\$3,000/\$6,000	\$3,500/\$7,000	\$2,500/\$5,000	\$2,500/\$5,000	\$7,300/\$14,600
Physician Services						
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$20/\$40	\$25/\$50	\$25/\$50	\$35/\$70
Virtual Consult	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$40/\$80	\$50/\$100	\$50/\$100	\$70/\$140
Outpatient Surgery						
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20%/40%	\$300/\$600	\$300/\$600	30%/50%
Outpatient Services						
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	20%/40%	\$50/\$100	\$50/\$100	30%/50%
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	20%/40%	\$50/\$100	\$50/\$100	30%/50%
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	\$150/\$300	\$150/\$300	20%/40%	\$150/\$300	\$150/\$300	30%/50%
Inpatient Services						
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day; \$1,000 max \$500 copay/day; \$2,000 max	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	20%/40%	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	30%/50%
Emergency & Urgent Care Services						
Emergency Services (In or Out-of-Network)	\$350	\$350	30%	\$350	\$350	40%
Urgent Care	\$30	\$35	\$40	\$50	\$50	\$70
Mental/Behavioral Health & Substance Use Disorder Services						
Inpatient Services	\$250 copay/day; \$1,000 max	\$300 copay/day; \$1,200 max	20%	\$300 copay/day; \$1,200 max	\$300 copay/day; \$1,200 max	30%
Outpatient Office Visits	\$15	\$15	\$20	\$25	\$25	\$35
Other Outpatient Visits	\$15	\$15	20%	\$25	\$25	30%
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
Diabetes Treatment						
Insulin Pumps	No charge	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets & Supplies	No charge	20%	20%	20%	20%	30%
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services						
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20%	20%	20%	30%
Maternity Care (Tier 1/Tier 2 physicians)	\$200/\$350	\$350/\$450	\$450/\$600	\$500/\$650	\$500/\$650	\$500/\$650
Pharmacy						
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	\$5/\$35/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$100 \$15/\$50 AD/20% AD/20% AD*	\$10/\$40/20%/20%*	Rx p/p Deductible \$100 \$10/\$40 AD/20% AD/20% AD*	Rx p/p Deductible \$100 \$10/\$40 AD/30% AD/30% AD*

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to optimahealth.com
 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.
 Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Plan Name	Optima Vantage Gold 500/25/20% Rx Ded Direct	Optima Vantage Gold 1000/25/30% Rx Ded Direct	Optima Vantage Gold 1250/20/20% Rx Ded Direct	Optima Vantage Gold 1500/25/20% Rx Ded Direct	Optima Vantage Gold 2000/30/0% Rx Ded Direct	Optima Vantage Gold 2000/25/30% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,250/\$2,500	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Max Out-of-Pocket Individual/Family	\$6,500/\$13,000	\$5,200/\$10,400	\$6,000/\$12,000	\$5,000/\$10,000	\$7,400/\$14,800	\$4,500/\$9,000
Physician Services						
PCP Office Visit (Tier 1/Tier 2 physicians)	\$25/\$50	\$25/\$50	\$20/\$40	\$25/\$50	\$30/\$60	\$25/\$50
Virtual Consult	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$50/\$100	\$50/\$100	\$40/\$80	\$50/\$100	\$60/\$120	\$50/\$100
Outpatient Surgery						
Outpatient Surgery (Tier 1/Tier 2 facilities)	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$100/\$200	30% AD/50% AD
Outpatient Services						
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$50/\$100	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$60/\$120	30% AD/50% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$50/\$100	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$30/\$60	30% AD/50% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$300/\$600	30% AD/50% AD
Inpatient Services						
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Emergency & Urgent Care Services						
Emergency Services (In or Out-of-Network)	30% AD	40% AD	30% AD	30% AD	20% AD	40% AD
Urgent Care	\$50	\$50	\$40	\$40	\$60	\$50
Mental/Behavioral Health & Substance Use Disorder Services						
Inpatient Services	20% AD	30% AD	20% AD	20% AD	No charge AD	30% AD
Outpatient Office Visits	\$25	\$25	\$20	\$25	\$30	\$25
Other Outpatient Visits	20% AD	30% AD	20% AD	20% AD	\$30	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
Diabetes Treatment						
Insulin Pumps	No charge	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets & Supplies	20% AD	30% AD	20% AD	20% AD	No charge AD	30% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services						
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD	30% AD	20% AD	20% AD	No charge AD	30% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$450/\$600	\$500/\$650	\$450/\$600	\$450/\$600	No charge AD/20% AD	\$500/\$650
Pharmacy						
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$100 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$25/\$50 AD/25% AD/25% AD*	\$15/\$50/30%/30%*

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to [optimahealth.com](https://www.optimahealth.com)
 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.
 Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2022 Optima **Vantage Plans** (continued)

Plan Name	Optima Vantage Gold 2000/25/30% Rx Ded Direct	Optima Vantage Gold 2800/35/0% Rx Ded Direct	Optima Vantage Silver 3000/35/25% Direct	Optima Vantage Silver 4000/40/20% Rx Ded Direct	Optima Vantage Silver 4750/45/20% Direct	Optima Vantage Silver 5500/40/20% Direct	Optima Vantage Bronze 6600/30% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$4,750/\$9,500	\$5,500/\$11,000	\$6,600/\$13,200
Max Out-of-Pocket Individual/Family	\$4,500/\$9,000	\$7,400/\$14,800	\$7,800/\$15,600	\$8,150/\$16,300	\$8,500/\$17,000	\$7,800/\$15,600	\$7,800/\$15,600
Physician Services							
PCP Office Visit (Tier 1/Tier 2 physicians)	\$25/\$50	\$35/\$70	\$35/\$70	\$40/\$80	\$45/\$90	\$40/\$80	30% AD/50% AD
Virtual Consult	\$10	\$10	\$10	\$10	\$10	\$10	30% AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$50/\$100	\$65/\$130	\$70/\$140	\$80/\$160	\$90/\$180	\$80/\$160	30% AD/50% AD
Outpatient Surgery							
Outpatient Surgery (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD
Outpatient Services							
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	\$90 AD/\$180 AD	20% AD/40% AD	30% AD/50% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	\$90 AD/\$180 AD	20% AD/40% AD	30% AD/50% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD
Inpatient Services							
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD
Emergency & Urgent Care Services							
Emergency Services (In or Out-of-Network)	40% AD	20% AD	35% AD	30% AD	30% AD	30% AD	40% AD
Urgent Care	\$50	No charge AD	\$70	\$80	\$90	\$80	30% AD
Mental/Behavioral Health & Substance Use Disorder Services							
Inpatient Services	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	30% AD
Outpatient Office Visits	\$25	\$35	\$35	\$40	\$45	\$40	30% AD
Other Outpatient Visits	30% AD	No charge AD	25% AD	20% AD	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
Diabetes Treatment							
Insulin Pumps	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets & Supplies	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	30% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services							
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	30% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD
Pharmacy							
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$100 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*	Rx p/p Deductible \$150 \$25 AD/\$50 AD/20% AD/20% AD*	\$15/\$50/20%/20%*	\$10/\$40/20%/20%*	After Medical Deductible \$15/\$50 AD/30% AD/30% AD*

AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to optimahealth.com
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.
Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2022 Optima Vantage Equity Plans*

Plan Name	Optima Vantage Equity Silver 2800/10% Direct	Optima Vantage Equity Silver 3000/20% Direct	Optima Vantage Equity Silver 4000/0% Direct	Optima Vantage Equity Bronze 6100/40% Direct	Optima Vantage Equity Bronze 6500/0% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (No 4th Quarter Deductible Carryover on Equity Plans)	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$6,100/\$12,200	\$6,500/\$13,000
Max Out-of-Pocket Individual/Family	\$6,750/\$13,500	\$6,500/\$13,000	\$6,750/\$13,500	\$6,900/\$13,800	\$6,900/\$13,800
Physician Services					
PCP Office Visit (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Virtual Consult	10% AD	20% AD	No charge AD	40% AD	No charge AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Outpatient Surgery					
Outpatient Surgery (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Outpatient Services					
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Inpatient Services					
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Emergency & Urgent Care Services					
Emergency Services (In or Out-of-Network)	20% AD	30% AD	20% AD	50% AD	20% AD
Urgent Care	10% AD	20% AD	No charge AD	40% AD	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services					
Inpatient Services	10% AD	20% AD	No charge AD	40% AD	No charge AD
Outpatient Office Visits	10% AD	20% AD	No charge AD	40% AD	No charge AD
Other Outpatient Visits	10% AD	20% AD	No charge AD	40% 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	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
Diabetes Treatment					
Insulin Pumps	10% AD	20% AD	No charge AD	40% AD	No charge AD
Pump Infusion Sets and Supplies	10% AD	20% AD	No charge AD	40% AD	No charge AD
Testing Supplies	10% AD	20% AD	No charge AD	40% AD	No charge AD
Other Covered Services					
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	10% AD	20% AD	No charge AD	40% AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	40% AD/60% AD	No charge AD/20% AD
Pharmacy					
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	After Medical Deductible \$15 AD/\$50 AD/10% AD/10% AD*	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	After Medical Deductible 0% AD/0% AD/0% AD/0% AD	After Medical Deductible \$25 AD/\$55 AD/40% AD/40% AD*	After Medical Deductible 25% AD/25% AD/25% AD/25% AD*

*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 | Tier 2: Refer to optimahealth.com
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.
Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Plan Name	Optima POS Platinum 15/30 Direct	Optima POS Platinum 15/35 Direct	Optima POS Gold 500/25/20% Rx Ded Direct	Optima POS Gold 1000/25/30% Direct	Optima POS Gold 2000/30/0% Rx Ded Direct	Optima POS Gold 2000/25/30% Direct	Optima POS Gold 2800/35/0% Rx Ded Direct	Optima POS Silver 3000/35/25% Direct	Optima POS Silver 3500/20% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network)	None	None	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$3,500/\$7,000
Deductible Individual/Family (Out-of-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000	\$4,000/\$8,000	\$5,600/\$11,200	\$6,000/\$12,000	\$7,000/\$14,000
Max Out-of-Pocket Individual/Family (In-network)	\$4,500/\$9,000	\$3,000/\$6,000	\$6,500/\$13,000	\$5,200/\$10,400	\$7,400/\$14,800	\$4,500/\$9,000	\$7,400/\$14,800	\$7,800/\$15,600	\$6,000/\$12,000
Max Out-of-Pocket Individual/Family (Out-of-network)	\$9,000/\$18,000	\$6,000/\$12,000	\$13,000/\$26,000	\$10,400/\$20,800	\$14,800/\$29,600	\$9,000/\$18,000	\$14,800/\$29,600	\$15,600/\$31,200	\$12,000/\$24,000
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC	50% AD/AC	30% AD/AC	45% AD/AC	40% AD/AC
Physician Services									
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$25/\$50	\$25/\$50	\$30/\$60	\$25/\$50	\$35/\$70	\$35/\$70	\$35/\$70
Virtual Consult (No Out-of-Network Coverage)	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$50/\$100	\$50/\$100	\$60/\$120	\$50/\$100	\$65/\$130	\$70/\$140	\$70/\$140
Outpatient Surgery									
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20% AD/40% AD	30% AD/50% AD	\$100/\$200	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD
Outpatient Services									
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	\$50/\$100	30% AD/50% AD	\$60/\$120	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	\$50/\$100	30% AD/50% AD	\$30/\$60	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$150/\$300	\$150/\$300	20% AD/40% AD	30% AD/50% AD	\$300/\$600	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD
Inpatient Services									
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	20% AD/40% AD	30% AD/50% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD
Emergency & Urgent Care Services									
Emergency Services (In or Out-of-Network)	\$350	\$350	30% AD	40% AD	20% AD	40% AD	20% AD	35% AD	30% AD
Urgent Care	\$30	\$35	\$50	\$50	\$60	\$50	No charge AD	\$70	\$70
Mental/Behavioral Health & Substance Use Disorder Services									
Inpatient Services	\$250 copay/day;\$1,000 max	\$300 copay/day;\$1,200 max	20% AD	30% AD	No charge AD	30% AD	No charge AD	25% AD	20% AD
Outpatient Office Visits	\$15	\$15	\$25	\$25	\$30	\$25	\$35	\$35	\$35
Other Outpatient Visits	\$15	\$15	20% AD	30% AD	\$30	30% AD	No charge AD	25% 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
Diabetes Treatment									
Insulin Pumps	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets and Supplies	No charge	20%	20% AD	30% AD	No charge AD	30% AD	No charge AD	25% AD	20%AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit.	No charge under the Plan's Prescription Drug Benefit
Other Covered Services									
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20% AD	30% AD	No charge AD	30% AD	No charge AD	25% AD	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$200/ \$350	\$350/\$450	\$450/\$600	\$500/\$650	No charge AD/20% AD	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD
Pharmacy									
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	\$5/\$35/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$100 \$15/\$50 AD/20% AD/20% AD*	\$15/\$50/30%/30%*	Rx p/p Deductible \$200 \$25/\$50 AD/25% AD/ 25% AD*	\$15/\$50/30%/30%*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/ 25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/ 25% AD*	After Medical Deductible \$15 AD/\$50 AD/ 20% AD/20% AD*

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to [optimahealth.com](https://www.optimahealth.com)
 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.
 Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

2022 Optima POS Equity Plans*

Plan Name	Optima POS Equity Silver 3000/20% Direct	Optima POS Equity Silver 4000/0% Direct	Optima POS Equity Bronze 6200/40/30% Direct	Optima POS Equity Bronze 6500/0% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,200/\$12,400	\$6,500/\$13,000
Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$6,000/\$12,000	\$8,000/\$16,000	\$12,400/\$24,800	\$13,000/\$26,000
Max Out-of-Pocket Individual/Family (In-network)	\$6,500/\$13,000	\$6,750/\$13,500	\$6,900/\$13,800	\$6,900/\$13,800
Max Out-of-Pocket Individual/Family (Out-of-network)	\$13,000/\$26,000	\$13,500/\$27,000	\$13,800/\$27,600	\$15,000/\$30,000
Out-of-Network Coinsurance	40% AD/AC	30% AD/AC	50% AD/AC	30% AD/AC
Physician Services				
PCP Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	\$40 AD/\$80 AD	No charge AD/20% AD
Virtual Consult (No Out-of-Network Coverage)	20% AD	No charge AD	\$10 AD	No charge AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	\$80 AD/\$160 AD	No charge AD/20% AD
Outpatient Surgery				
Outpatient Surgery (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Outpatient Services				
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Inpatient Services				
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Emergency & Urgent Care Services				
Emergency Services (In or Out-of-Network)	30% AD	20% AD	40% AD	20% AD
Urgent Care	20% AD	No charge AD	30% AD	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services				
Inpatient Services	20% AD	No charge AD	30% AD	No charge AD
Outpatient Office Visits	20% AD	No charge AD	\$40 AD	No charge AD
Other Outpatient Visits	20% AD	No charge AD	30% 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	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment				
Insulin Pumps	20% AD	No charge AD	30% AD	No charge AD
Pump Infusion Sets and Supplies	20% AD	No charge AD	30% AD	No charge AD
Testing Supplies	20% AD	No charge AD	30% AD	No charge AD
Other Covered Services				
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD	No charge AD	30% AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Pharmacy				
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	After Medical Deductible 0% AD/0% AD/0% AD/0% AD	After Medical Deductible 30% AD/30% AD/30% AD/30% AD*	After Medical Deductible 25% AD/25% AD/25% AD/25% AD*

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

2021 Optima POS Design Plans

Plan Name	Optima POS Design Silver 2000/30% Rx Ded Direct	Optima POS Design Silver 3000/20% Rx Ded Direct
Embedded/Non-Embedded	Embedded	Embedded
Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Design Plans)	\$2,000/\$4,000	\$3,000/\$6,000
Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Design Plans)	\$4,000/\$8,000	\$6,000/\$12,000
Max Out-of-Pocket Individual/Family (In-network)	\$7,500/\$15,000	\$6,500/\$13,000
Max Out-of-Pocket Individual/Family (Out-of-network)	\$15,000/\$30,000	\$13,000/\$26,000
Out-of-Network Coinsurance	50% AD/AC	40% AD/AC
Physician Services		
PCP Office Visit (Tier 1/Tier 2 physicians)	30% AD/50% AD	20% AD/40% AD
Virtual Consult (No Out-of-Network Coverage)	30% AD	20% AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	30% AD/50% AD	20% AD/40% AD
Outpatient Surgery		
Outpatient Surgery (Tier 1/Tier 2 facilities)	30% AD/50% AD	20% AD/40% AD
Outpatient Services		
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	30% AD/50% AD	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	30% AD/50% AD	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	30% AD/50% AD	20% AD/40% AD
Inpatient Services		
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	30% AD/50% AD	20% AD/40% AD
Emergency & Urgent Care Services		
Emergency Services (In or Out-of-Network)	40% AD	30% AD
Urgent Care	30% AD	20% AD
Mental/Behavioral Health & Substance Use Disorder Services		
Inpatient Services	30% AD	20% AD
Outpatient Office Visits	30% AD	20% AD
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
Diabetes Treatment		
Insulin Pumps	No charge	No charge
Pump Infusion Sets and Supplies	30% AD	20% AD
Testing Supplies	No charge AD	No charge AD
Other Covered Services		
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	30% AD	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	30% AD/50% AD	20% AD/40% AD
Pharmacy		
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$150 \$10/\$40 AD/30% AD/30% AD*	Rx p/p Deductible \$150 \$15 AD/\$50 AD/20% AD/20% AD*

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to optimahealth.com
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.
Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Plan Name	Optima Plus Platinum 15/30 Direct	Optima Plus Platinum 15/35 Direct	Optima Plus Gold 500/25/20% Rx Ded Direct	Optima Plus Gold 1250/20/20% Rx Ded Direct	Optima Plus Gold 1500/25/20% Rx Ded Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network)	None	None	\$500/\$1,000	\$1,250/\$2,500	\$1,500/\$3,000
Deductible Individual/Family (Out-of-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,500/\$5,000	\$3,250/\$6,500
Max Out-of-Pocket Individual/Family (In-network)	\$4,500/\$9,000	\$3,000/\$6,000	\$6,500/\$13,000	\$6,000/\$12,000	\$5,000/\$10,000
Max Out-of-Pocket Individual/Family (Out-of-network)	\$9,000/\$18,000	\$6,000/\$12,000	\$13,000/\$26,000	\$12,000/\$24,000	\$10,000/\$20,000
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC
Physician Services					
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$25/\$50	\$20/\$40	\$25/\$50
Virtual Consult (No Out-of-Network Coverage)	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$50/\$100	\$40/\$80	\$50/\$100
Outpatient Surgery					
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Outpatient Services					
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	\$50/\$100	20% AD/40% AD	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$30/\$60	\$35/\$70	\$50/\$100	20% AD/40% AD	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$150/\$300	\$150/\$300	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Inpatient Services					
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Emergency & Urgent Care Services					
Emergency Services (In or Out-of-Network)	\$350	\$350	30% AD	30% AD	30% AD
Urgent Care	\$30	\$35	\$50	\$40	\$40
Mental/Behavioral Health & Substance Use Disorder Services					
Inpatient Services	\$250 copay/day;\$1,000 max	\$300 copay/day;\$1,200 max	20% AD	20% AD	20% AD
Outpatient Office Visits	\$15	\$15	\$25	\$20	\$25
Other Outpatient Visits	\$15	\$15	20% 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
Diabetes Treatment					
Insulin Pumps	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets and Supplies	No charge	20%	20% AD	20% AD	20% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services					
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20% AD	20% AD	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$200/\$350	\$350/\$450	\$450/\$600	\$450/\$600	\$450/\$600
Pharmacy					
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (* \$350 max out-of-pocket, per prescription)	\$5/\$35/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$100 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*

Plan Name	Optima Plus Gold 2000/30/0% Rx Ded Direct	Optima Plus Gold 2000/25/30% Rx Ded Direct	Optima Plus Gold 2800/35/0% Rx Ded Direct	Optima Plus Silver 3000/35/25% Direct	Optima Plus Silver 4000/40/20% Rx Ded Direct	Optima Plus Silver 5500/40/20% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$5,500/\$11,000
Deductible Individual/Family (Out-of-Network)	\$5,000/\$10,000	\$4,000/\$8,000	\$5,600/\$11,200	\$6,000/\$12,000	\$8,000/\$16,000	\$11,000/\$22,000
Max Out-of-Pocket Individual/Family (In-network)	\$7,400/\$14,800	\$4,500/\$9,000	\$7,400/\$14,800	\$7,800/\$15,600	\$8,150/\$16,300	\$7,800/\$15,600
Max Out-of-Pocket Individual/Family (Out-of-network)	\$14,800/\$29,600	\$9,000/\$18,000	\$14,800/\$29,600	\$15,600/\$31,200	\$16,300/\$32,600	\$15,600/\$31,200
Out-of-Network Benefits Coinsurance	30% AD/AC	50% AD/AC	30% AD/AC	45% AD/AC	40% AD/AC	40% AD/AC
Physician Services						
PCP Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$25/\$50	\$35/\$70	\$35/\$70	\$40/\$80	\$40/\$80
Virtual Consult (No Out-of-Network Coverage)	\$10	\$10	\$10	\$10	\$10	\$10
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$60/\$120	\$50/\$100	\$65/\$130	\$70/\$140	\$80/\$160	\$80/\$160
Outpatient Surgery						
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$100/\$200	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Outpatient Services						
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$60/\$120	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$30/\$60	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$300/\$600	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Inpatient Services						
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Emergency & Urgent Care Services						
Emergency Services (In or Out-of-Network)	20% AD	40% AD	20% AD	35% AD	30% AD	30% AD
Urgent Care	\$60	\$50	No charge AD	\$70	\$80	\$80
Mental/Behavioral Health & Substance Use Disorder Services						
Inpatient Services	No charge AD	30% AD	No charge AD	25% AD	20% AD	20% AD
Outpatient Office Visits	\$30	\$25	\$35	\$35	\$40	\$40
Other Outpatient Visits	\$30	30% AD	No charge AD	25% 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
Diabetes Treatment						
Insulin Pumps	No charge	No charge	No charge	No charge	No charge	No charge
Pump Infusion Sets and Supplies	No charge AD	30% AD	No charge AD	25% AD	20% AD	20% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services						
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	No charge AD	30% AD	No charge AD	25% AD	20% AD	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	No charge AD/20% AD	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD
Pharmacy						
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$200 \$25/\$50 AD/25% AD/25% AD*	Rx p/p Deductible \$100 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*	Rx p/p Deductible \$150 \$25 AD/\$50 AD/20% AD/20% AD*	\$10/\$40/20%/20%*

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to optimahealth.com
 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.
 Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Plan Name	Optima Plus Equity Silver 2800/10% Direct	Optima Plus Equity Silver 3000/20% Direct	Optima Plus Equity Silver 4000/0% Direct	Optima Plus Equity Bronze 6500/0% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$6,500/\$13,000
Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$5,600/\$11,200	\$6,000/\$12,000	\$8,000/\$16,000	\$13,000/\$26,000
Max Out-of-Pocket Individual/Family (In-network)	\$6,750/\$13,500	\$6,500/\$13,000	\$6,750/\$13,500	\$6,900/\$13,800
Max Out-of-Pocket Individual/Family (Out-of-network)	\$13,500/\$27,000	\$13,000/\$26,000	\$13,500/\$27,000	\$15,000/\$30,000
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	30% AD/AC	30% AD/AC
Physician Services				
PCP Office Visit (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Virtual Consult (No Out-of-Network Coverage)	10% AD	20% AD	No charge AD	No charge AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Outpatient Surgery				
Outpatient Surgery (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Outpatient Services				
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Inpatient Services				
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Emergency & Urgent Care Services				
Emergency Services (In or Out-of-Network)	20% AD	30% AD	20% AD	20% AD
Urgent Care	10% AD	20% AD	No charge AD	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services				
Inpatient Services	10% AD	20% AD	No charge AD	No charge AD
Outpatient Office Visits	10% AD	20% AD	No charge AD	No charge AD
Other Outpatient Visits	10% AD	20% AD	No charge 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	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment				
Insulin Pumps	10% AD	20% AD	No charge AD	No charge AD
Pump Infusion Sets and Supplies	10% AD	20% AD	No charge AD	No charge AD
Testing Supplies	10% AD	20% AD	No charge AD	No charge AD
Other Covered Services				
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	10% AD	20% AD	No charge AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	10% AD/30% AD	20% AD/40% AD	No charge AD/20% AD	No charge AD/20% AD
Pharmacy				
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	After Medical Deductible \$15 AD/\$50 AD/10% AD/10% AD*	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	After Medical Deductible 0% AD/0% AD/0% AD/0% AD	After Medical Deductible 25% AD/25% AD/25% AD/25% AD*

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

AC: Allowable Charge | AD: After Deductible | p/p: Per Person | Tier 1: All Optima Health participating providers except those listed as Tier 2 | Tier 2: Refer to optimahealth.com
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.
Most values reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

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

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