2023 Optima Vantage Direct Plans

Small Groups with 1-50 total employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	DED Individual Family	MOOP Individual Family	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Platinum 15/30 Direct	N/A	\$4,500 \$9,000	\$15/\$30	No charge	\$30/\$60	\$200/\$300	\$250 copay/day; \$1,000 max \$500 copay/day; \$2,000 max	\$350	\$30	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 15/35 Direct	N/A	\$3,000 \$6,000	\$15/\$30	No charge	\$35/\$70	\$150/\$250	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	\$350	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 20/20% Direct	N/A	\$3,500 \$7,000	\$20/\$40	No charge	\$40/\$80	20%/40%	20%/40%	30%	\$40	Tier 1: \$15 Tier 2: \$50 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 25/50 Direct	N/A	\$2,500 \$5,000	\$25/\$50	No charge	\$50/\$100	\$300/\$600	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	30%	\$50	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Platinum 25/50 Rx Ded Direct	N/A	\$2,500 \$5,000	\$25/\$50	No charge	\$50/\$100	\$300/\$600	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	30%	\$50	\$100 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 35/30% Rx Ded Direct	N/A	\$7,500 \$15,000	\$35/\$70	No charge	\$70/\$140	\$400/\$800	\$600 copay/day;\$2,400 max \$1,200 copay/day;\$4,800 max	40%	\$70	\$200 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 500/25/20% Rx Ded Direct	\$500 \$1,000	\$7,500 \$15,000	\$25/\$50	No charge	\$50/\$100	20% AD/ 40% AD	20% AD/40% AD	30% AD	\$50	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 750/30/20% Rx Ded Direct	\$750 \$1,500	\$7,700 \$15,400	\$30/\$60	No charge	\$60/\$120	20% AD/40% AD	20% AD/40% AD	30% AD	\$60	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 1000/25/30% Rx Ded Direct	\$1,000 \$2,000	\$6,200 \$12,400	\$25/\$50	No charge	\$50/\$100	30% AD/ 50% AD	30% AD/50% AD	40% AD	\$50	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 1250/20/20% Rx Ded Direct	\$1,250 \$2,500	\$6,500 \$13,000	\$20/\$40	No charge	\$40/\$80	20% AD/ 40% AD	20% AD/40% AD	30% AD	\$40	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD: After Deductible | *Ded p/p: Deductible per person | **MDA: Medical Deductible Applies

Optima Health Plan, Optima Health Plan, Optima Health Plan, Optima Health Plan, Optima Health Plans, Inc. Optima Vantage, POS, Direct, and Select plans are underwritten by Optima Health Plans. 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 services under any Optima Health plan. Value-added services 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.



2023 Optima Vantage Direct Plans

Small Groups with 1-50 total employees

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Plan Name	DED Individual Family	MOOP Individual Family	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Gold 1500/25/20% Rx Ded Direct	\$1,500 \$3,000	\$6,500 \$13,000	\$25/\$50	No charge	\$50/\$100	20% AD/40% AD	20% AD/40% AD	30% AD	\$40	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 2000/30/20% Rx Ded Direct	\$2,000 \$4,000	\$8,400 \$16,800	\$30/\$60	No charge	\$60/\$120	\$100/\$200	20% AD/40% AD	30% AD	\$60	\$200 Ded p/p* Tier 1: \$25 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Gold 2000/25/30% Direct	\$2,000 \$4,000	\$5,500 \$11,000	\$25/\$50	No charge	\$50/\$100	30% AD/50% AD	30% AD/50% AD	40% AD	\$50	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)
Optima Vantage Gold 2000/25/30% Rx Ded Direct	\$2,000 \$4,000	\$5,500 \$11,000	\$25/\$50	No charge	\$50/\$100	30% AD/50% AD	30% AD/50% AD	40% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Gold 2800/35/0% Rx Ded Direct	\$2,800 \$5,600	\$8,400 \$16,800	\$35/\$70	No charge	\$65/\$130	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	\$200 Ded p/p*Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Vantage Silver 3000/35/25% Direct	\$3,000 \$6,000	\$8,800 \$17,600	\$35/\$70	No charge	\$70 AD/\$140 AD	25% AD/45% AD	25% AD/45% AD	35% AD	\$70 AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Vantage Silver 4000/40/20% Rx Ded Direct	\$4,000 \$8,000	\$8,650 \$17,300	\$40/\$80	No charge	\$80/\$160	20% AD/40% AD	20% AD/40% AD	30% AD	\$80	\$250 Ded p/p*Tier 1: \$25 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Silver 4750/45/20% Direct	\$4,750 \$9,500	\$8,500 \$17,000	\$45/\$90	No charge	\$90/\$180	20% AD/40% AD	20% AD/40% AD	30% AD	\$90	Tier 1: \$15 Tier 2: \$50 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Vantage Silver 5600/40/20% Rx Ded Direct	\$5,600 \$11,200	\$8,800 \$17,600	\$40/\$80	No charge	\$80/\$160	20% AD/40% AD	20% AD/40% AD	30% AD	\$80	\$200 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 20% AD Tier 4: 20% AD* (\$350 max)

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2023 Optima Vantage Equity Plans

Plan Name	DED Individual Family	MOOP Individual Family	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima Vantage Silver 6500/0% Rx Ded Direct	\$6,500 \$13,000	\$8,800 \$17,600	0% AD/20% AD	No charge AD	No charge AD/20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No Charge AD	\$250 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD* (\$350 max)
Optima Vantage Bronze 6600/30% Direct	\$6,600 \$13,200	\$8,200 \$16,400	30% AD/50% AD	No charge AD	30% AD/50% AD	30% AD/50% AD	30% AD/50% AD	40% AD	30% AD	MDA** Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Vantage Equity Silver 3000/20% Direct	\$3,000 \$6,000	\$6,900 \$13,800	20% AD/40% AD	No charge AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Equity Silver 4000/0% Direct	\$4,000 \$8,000	\$6,900 \$13,800	No charge AD/20% AD	No charge AD	No charge AD/20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Vantage Equity Bronze 6100/40% Direct	\$6,100 \$12,200	\$6,900 \$13,800	40% AD/60% AD	No charge AD	40% AD/60% AD	40% AD/60% AD	40% AD/60% AD	50% AD	40% AD	MDA** Tier 1: \$25 AD Tier 2: \$55 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)
Optima Vantage Equity Bronze 6500/0% Direct	\$6,500 \$13,000	\$6,900 \$13,800	No charge AD/20% AD	No charge AD	No charge AD/20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: 25% AD Tier 2: 25% AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

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