Scan with your smartphone camera or QR Code reader app to learn more.

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# Optima Health B.

Website: optimahealth.com/brokers

Email: sales@optimahealth.com

#### Broker Services: 1-866-927-4785

8 a.m. to 5 p.m. EST Monday through Friday

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 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

**Revised August 2022** 

# Mid-Market & Large Group Guide 2023

Now available in Northern Virginia with access to Inova® Health System!



#### A health plan you can count on.

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 midto 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 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 2023 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.

<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, 2022, available at optimahealth.com/find-doctors-drugs-and-facilities





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# 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:



**Self-Employed Individuals<sup>4</sup> and Small Group** (1-50 total employees) Our small business health insurance options allow self-employed individuals and employers to offer competitive benefits while staying within budget. Members have access to comprehensive benefits that include wellness programs and support for chronic illness.

51-150

#### 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.

This plan guide is for Mid-Market and Large Group. If you are looking for information about other plans, such as Business EDGE<sup>®</sup> plans, or information about Small Group employers, contact your local Optima Health representative. Learn more by contacting us at optimahealth.com/brokers.

<sup>4</sup>Terms and conditions apply.

#### 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.

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- 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.
- $\mathbf{M}$
- 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. Our 2021 NPS was 20.4. Our 2021 NPS proves how we go above and beyond for our customers.



#### 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.

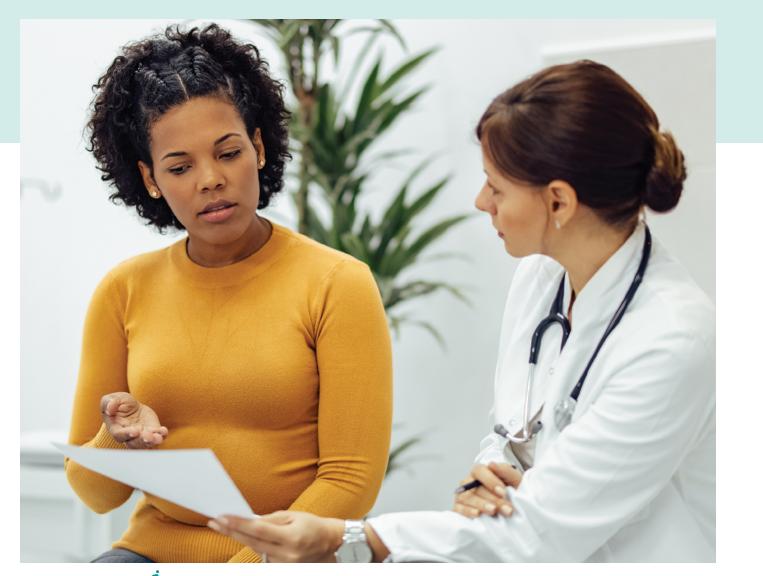
### **Provider Access**

#### **Making Quality Care Easier to Access**

As part of a not-for-profit, integrated delivery system, Optima Health has a unique approach to provider contracting.

Key clinically integrated networks within the Optima Health provider network offer members the benefit of new models of care from a custom care team, to deliver the right care, in the right place, at the right time.

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





#### 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>5</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>6</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 incent providers to make positive changes in their approach to care.



#### Convenient Vision Services Through VSP Vision Care (VSP)

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

<sup>5</sup>MultiPlan Press Release, July 16, 2019

<sup>6</sup>The member will be required to submit documentation to enroll.

<sup>7</sup>This is not a covered benefit but a value-added service.

7 | OptimaHealth



#### Around-The-World Assistance 24/7

Members have access to emergency travel assistance for medical and travel emergencies at no additional cost.<sup>7</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

### 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). Look for plan names that include "Equity" for our HSA products and "Design" for our HRA products. 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: <u>sales.healthequity.com/onboarding</u>. 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>8</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>9</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-touse 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.

This group of programs offers a wealth of resources that address the needs of members of all ages.<sup>10</sup> Our Staying Healthy Programs are regularly updated and available for all plans. Current options 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

<sup>9</sup>This is not a covered benefit but a value-added service. <sup>10</sup>optimahealth.com/members/health-and-wellness/prevention-and-wellness/



#### **Staying Healthy Programs**

#### **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 weightloss 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.

# 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>11</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 <u>optimahealth.com/mylifemyplan</u>, 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 cellularly-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 selffunded groups.

<sup>11</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 bookmarker 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.



### **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>12</sup>

Members may receive up to a 90-day supply of maintenance drugs through our mail-order pharmacy. This option helps members with conditions such as diabetes and heart disease to save money and reduce 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. Find out more at <u>optimahealth.com/find-doctors-drugs-</u> <u>and-facilities</u>.

#### **Specialty Pharmacy Services**

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

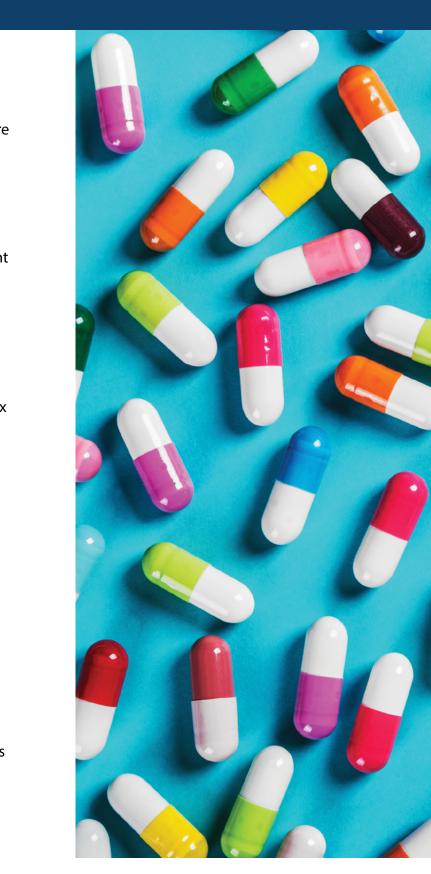
Core programs support members with Crohn's disease, hepatitis B and C, HIV/AIDS, rheumatoid arthritis, autoimmune disorders, and other complex conditions with intense medication management.

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

<sup>12</sup>Not all drugs are available from mail order and not all plans have mail-order benefits.





### **Optima EAP**

The Optima Health Employee Assistance Program (Optima EAP)<sup>13</sup> serves as a strategic partner for employers to help improve employee performance, absenteeism and presenteeism. It is a resource to help employees and all household members overcome life's challenges, solve personal problems, and address work-related issues. This program is available to all employer groups. Consult with an EAP client executive for pricing and additional information.

Employee assistance visits are included in all fully insured and Business**EDGE** plans, and as an option for self-funded groups.



#### **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.

#### **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 feefor-service).

#### **Additional Rider Benefits**

Riders available as fee-for-service offerings include:

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

#### **Account Management**

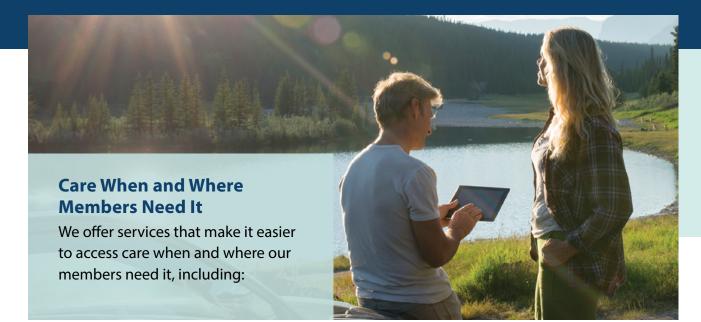
A designated account manager ensures that clients receive and maximize their contracted EAP services.

#### **Easy to Access**

To access Optima EAP services, employees or their household members can call 1-800-899-8174 or visit our website at <u>optimaeap.com</u> 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**



#### **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-doctorsdrugs-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.

#### **Treatment Cost Calculator**

Members can estimate 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**

New for 2023! Virtual Consult at no charge for most plans. 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 from telemedicine visits scheduled 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.

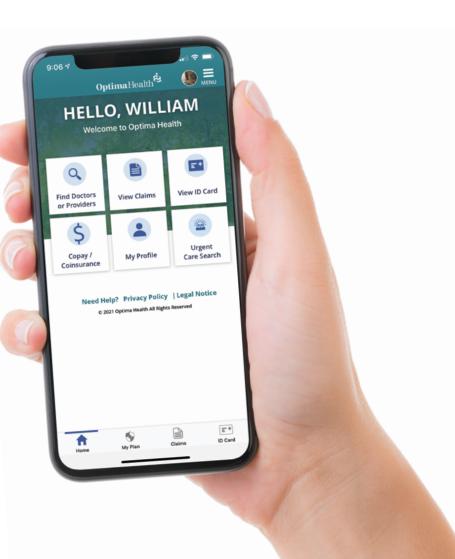
#### Our app provides secure access to many services:

- frequently asked questions and answers
- common forms and documents
- contact information
- find doctors and facilities
- claims and authorizations
- wellness tools
- member ID card
- virtual consults
- estimate costs for treatments and services
- important preventive care reminders
- HSA or HRA<sup>14</sup> account access
- and more!

For more information, visit optimahealth.com/app.

<sup>14</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.

### 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 Enrollmer Tool, employers can:

- apply their organization's eligibility rules
- change employee and dependent demograph 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
nt	select their own benefits through our
	simple online tool as well as access the
	Plan Shopping Tool to estimate their out-
hic	of-pocket expenses. The Plan Shopping
IIC	Tool gives employees support and
	guidance as they make enrollment choices.
	Getting started is easy. Contact your sales
у	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 or to assist with login issues:

#### **Broker Services Line**

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

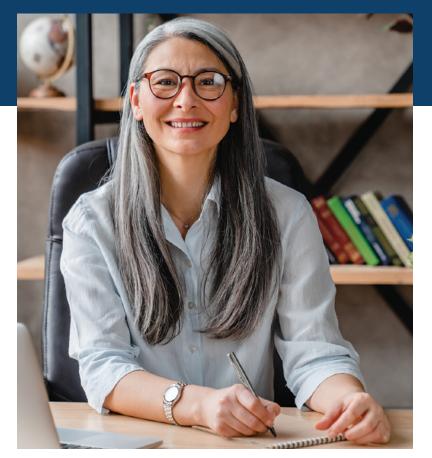
- 1-866-927-4785, 8 a.m. to 5 p.m. EST Monday through Friday
- optimahealth.com/brokers
- brokerservices@optimahealth.com

#### **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

<sup>15</sup>2022 Broker Satisfaction Survey "Easy to do Business With"



**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 **Our Score with Core Program Plan Choices** for Large Groups

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>16</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 POS:** This option provides the same open-access proprietary network as our Vantage plans with the addition of out-ofnetwork coverage.
- Optima Plus (PPO): Members have access to a national provider network at in-network benefit levels, and also have access to out-ofnetwork coverage.

<sup>16</sup>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 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



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



# **2023 Plan Design Options**

#### **Navigating Our 2023 Plan Options**

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

Plan Name Example: Optima Vantage Equity 3000/20%

Description: This is an HSA eligible Vantage HMO plan with a \$3,000 deductible, 20% coinsurance, and some preventive drugs covered before the deductible.

#### **Product Types**

#### Vantage: HMO

- in-network coverage only, except for emergencies

#### POS

- coverage
- open access

#### • 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.

in- and out-of-network

#### **Plus: PPO**

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

#### **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.

### 2023 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
Physician Services							
PCP Visit	\$20	\$25	\$20	\$25	\$20	\$20	\$30
Virtual Consult	No charge						
Specialist Visit	\$40	\$50	\$40	\$50	\$40	\$40	\$50
Maternity Care	\$450	\$500	\$450	\$500	\$450	\$450	\$500
Outpatient Services							
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
Inpatient Services							
Inpatient Hospital Services	\$250/day (\$1,250 max)	\$300/day (\$1,500 max)	20%	30%	20% AD	20% AD	30% AD
Emergency and Urgent Services							
Emergency Department (In-Network & Out-of-Network)	\$250	\$250	20%	30%	20% AD	20% AD	30% AD
Urgent Care Center Services	\$40	\$50	\$40	\$50	\$40	\$40	\$50
Mental/Behavioral Health and Substance Use Disorder Services							
Inpatient Services	\$250/day (\$1,250 max)	\$300/day (\$1,500 max)	20%	30%	20% AD	20% AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$30	\$35	\$30	\$35	\$30	\$30	\$40
Other Outpatient Services	\$30	\$35	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
DiabeticTreatment							
Pump Infusion Sets and Supplies	20%	20%	20%	30%	20% AD	20% AD	30% AD
Outpatient Prescription Drug Coverage							
Outpatient Prescy	ription Drug coverage is included; for pharma	acy benefit package options, please see page 55	j	Outr	patient Prescription Drug coverage is included; for	or pharmacy benefit package options, please see page	ge 55

### 2023 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%
n-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
Physician Services								
PCP Visit	\$25	\$25	\$30	\$30	\$30	\$30	\$30	\$30
Virtual Consult	No charge							
Specialist Visit	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$60
Maternity Care	\$500	\$500	\$500	\$500	\$500	\$550	\$600	20% AD
Outpatient Services								
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
Inpatient Services								
npatient Hospital Services	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Emergency and Urgent Services								
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 Center Services	\$50	\$50	\$50	\$50	\$50	\$50	\$50	20% AD
Mental/Behavioral Health and Substance Use Disorder Services								
npatient Services	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	\$35	\$40	\$40	\$40	\$40	\$40	\$40
Other Outpatient Services	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
Diabetic Treatment								
Pump Infusion Sets and Supplies	30% AD	30% AD	20% AD	30% AD	20% AD	30% AD	30% AD	20% AD
Outpatient Prescription Drug Coverage								
	Outpatient Prescription Drug cover	rage is included; for pharmacy benefit p	backage options, please see page 55		Out	patient Prescription Drug coverage is included; fo	r pharmacy benefit package options, please see p	age 55

### 2023 Optima Vantage Design Plans

Plan Name	Optima Vantage Design 3000/0%	Optima Vantage Design 3000/20%	Optima Vantage Design 3000/25/20%	Optima Vantage Design 3000/30%	Optima Vantage Design 4000/0%	Optima Vantage Design 4000/20%	Optima Vantage Design 5000/0%	Optima Vantage Design 5000/30%
n-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
n-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
Physician Services								
PCP Visit	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
/irtual Consult	No charge AD	No charge AD	No charge	No charge AD	No charge AD	No charge AD	No charge AD	No charge
pecialist Visit	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
laternity Care	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
utpatient Services								
Outpatient Surgery	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
iagnostic Procedures, Tests & Lab Work	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
dvanced Imaging	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
npatient Services								
npatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
mergency and Urgent Services								
mergency 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
Irgent Care Center Services	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Aental/Behavioral Health and Substance Ise Disorder Services								
npatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits PCP, Specialist or Virtual Consults)	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
ther Outpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
mployee 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
Diabetic Treatment								
ump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Prescription Drug Coverage								
0	utpatient Prescription Drug coverage is	included; for pharmacy benefit packag	re options, please see page 55		Quitat	ient Prescription Drug coverage is included: for	pharmacy benefit package options, please see page	s 55

### 2023 Optima Vantage Equity Plans\*

Plan Name	Optima Vantage Equity 3000/0%	Optima Vantage Equity 3000/10%	Optima Vantage Equity 3000/20%	Optima Vantage Equity 3000/25/20%	Optima Vantage Equity 3000/30%	Optima Vantage Equity 4000/0%	Optima Vantage Equity 4000/20%	Optima Vantage Equity 4000/30%	Optima Vantage Equity 4000/40%	Optima Vantage Equity 5000/0%	Optima Vantage Equity 5000/30%
In-Network Deductible (Individual/Family)	\$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)	\$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
Physician Services											
PCP Visit	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	No charge AD										
Specialist Visit	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	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 Services											
Outpatient Surgery	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	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	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
npatient Services											
npatient Hospital Services	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
Emergency and Urgent Services											
mergency Department In-Network & Out-of-Network)	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
Jrgent Care Center Services	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
Mental/Behavioral Health and Substance Use Disorder Services											
Inpatient Services	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
Dutpatient Office Visits PCP, Specialist or Virtual Consults)	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 Services	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
Diabetic Treatment											
Pump Infusion Sets and Supplies	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 Prescription Drug Coverage											
Outpatient Prescription Drug co	overage is included; for pharmac	y benefit package options, plea	se see page 55				Outpatient Prescriptio	n Drug coverage is included; for pł	narmacy benefit package options,	please see page 55	

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

### 2023 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%
In-Network Deductible (Individual/Family)	None	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000
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
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
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
Out-of-Network Coinsurance	40% AD	40% AD	40% AD	50% AD	40% AD
Physician Services					
PCP Visit	\$25	\$20	20% AD	\$25	20% AD
Virtual Consult	No charge No OON	No charge No OON	No charge AD No OON	No charge No OON	No charge AD No OON
Specialist Visit	\$50	\$40	20% AD	\$50	20% AD
Maternity Care	\$500	\$350	20% AD	\$350	20% AD
Outpatient Services					
Outpatient Surgery	\$300	20% AD	20% AD	30% AD	20% AD
Diagnostic Procedures, Tests & Lab Work	\$50	20% AD	20% AD	30% AD	20% AD
Advanced Imaging	\$150	20% AD	20% AD	30% AD	20% AD
Inpatient Services					
npatient Hospital Services	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD	20% AD
Emergency and Urgent Services					
Emergency Department (In-Network & Out-of-Network)	\$250	20% AD	20% AD	30% AD	20% AD
Urgent Care Center Services	\$50	\$40	20% AD	\$50	20% AD
Mental/Behavioral Health and Substance Use Disorder Services					
Inpatient Services	\$300/day (\$1,500 max)	20% AD	20% AD	30% AD	20% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	\$30	20% AD	\$35	20% AD
Other Outpatient Services	\$35	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
Diabetic Treatment					
Pump Infusion Sets and Supplies	20%	20% AD	20% AD	30% AD	20% AD
Outpatient Prescription Drug Coverage					
Out	patient Prescription Drug coverage is included; for pharmacy benefit package options, $\mu$	please see page 55	Outpatient Prescript	ion Drug coverage is included; for pharmacy benefit package optic	ons, please see page 55

### 2023 Optima **POS Plans** (continued)

Plan Name	Optima POS 2000/25/30%	Optima POS 3000/20%	Optima POS 5000/30/30%	
In-Network Deductible (Individual/Family)	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000	
Out-of-Network Deductible (Individual/Family)	\$4,000/\$8,000	\$6,000/\$12,000	\$10,000/\$20,000	
In-Network Out-of-Pocket Maximum (Individual/ Family)	\$5,500/\$11,000	\$6,000/\$12,000	\$7,350/\$14,700	
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$11,000/\$22,000	\$12,000/\$24,000	\$14,700/\$29,400	
Out-of-Network Coinsurance	50% AD	40% AD	50% AD	
Physician Services				
PCP Visit	\$25	20% AD	\$30	
Virtual Consult	No charge No OON	No charge AD No OON	No charge No OON	
Specialist Visit	\$50	20% AD	\$50	
Maternity Care	\$350	20% AD	\$600	
Outpatient Services				
Outpatient Surgery	30% AD	20% AD	30% AD	
Diagnostic Procedures, Tests & Lab Work	30% AD	20% AD	30% AD	
Advanced Imaging	30% AD	20% AD	30% AD	
Inpatient Services				
Inpatient Hospital Services	30% AD	20% AD	30% AD	
Emergency and Urgent Services				
Emergency Department (In-Network & Out-of-Network)	30% AD	20% AD	30% AD	
Urgent Care Center Services	\$50	20% AD	\$50	
Mental/Behavioral Health and Substance Use Disorder Services				
Inpatient Services	30% AD	20% AD	30% AD	
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	20% AD	\$40	
Other Outpatient Services	30% 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	
Diabetic Treatment				
Pump Infusion Sets and Supplies	30% AD	20% AD	30% AD	
Outpatient Prescription Drug Coverage				
0	ient Prescription Drug coverage is included: for pharmacy benefit package		Autnatient Prescription Drug coverage is includ	

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

Outpatient Prescription Drug coverage is included; for

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.

Optima POS 6000/20%
\$6,000/\$12,000
\$12,000/\$24,000
\$7,350/\$14,700
\$14,700/\$29,400
40% AD
\$30
No charge No OON
\$60
20% AD
20% AD
20% AD
20% AD
20% AD
20% AD
20% AD
20% AD
\$40
20% AD 3 sessions per presenting issue for each individual covered;
no copay required
20% AD
r pharmacy benefit package options, please see page 55

### 2023 Optima POS Design Plans

Plan Name	Optima POS Design 3000/0%	Optima POS Design 3000/20%	Optima POS Design 3000/25/20%	Optima POS Design 3000/30%	Optima POS Design 4000/0%	Optima POS Design 4000/20%	Optima POS Design 5000/0%	Optima POS Design 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
Physician Services								
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	No charge AD No OON	No charge No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge 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
Outpatient Services								
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
Inpatient Services								
Inpatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Emergency and Urgent Services								
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 Center Services	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Mental/Behavioral Health and Substance Use Disorder Services								
Inpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Other Outpatient Services	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
Diabetic Treatment								
Pump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Prescription Drug Coverage								
Outpatient Prescrip	ption Drug coverage is included; for pharmacy b	benefit package options, please see page 55	1	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.

### 2023 Optima POS Equity Plans\*

Plan Name	Optima POS Equity 3000/0%	Optima POS Equity 3000/10%	Optima POS Equity 3000/20%	Optima POS Equity 3000/25/20%
n-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Dut-of-Network Deductible Individual/Family)	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000	\$4,500/\$9,000
In-Network Out-of-Pocket Maximum (Individual/Family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-Network Out-of-Pocket Maximum (Individual/Family)	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000	\$9,000/\$18,000
Out-of-Network Coinsurance	30% AD	30% AD	40% AD	40% AD
Physician Services				
PCP Visit	No charge AD	10% AD	20% AD	\$25 AD
/irtual Consult	No charge AD	No charge AD No OON	No charge AD No OON	No charge AD No OON
specialist Visit	No OON	10% AD	20% AD	\$50 AD
Naternity Care	No charge AD	10% AD	20% AD	20% AD
Dutpatient Services	No charge AD			
utpatient Surgery	No charge AD	10% AD	20% AD	20% AD
agnostic Procedures, Tests & Lab Work	No charge AD	10% AD	20% AD	20% AD
dvanced Imaging	No charge AD	10% AD	20% AD	20% AD
apatient Services				
patient Hospital Services	No charge AD	10% AD	20% AD	20% AD
mergency and Urgent Services				
mergency Department in-Network & Out-of-Network)	No charge AD	10% AD	20% AD	20% AD
Irgent Care Center Services	No charge AD	10% AD	20% AD	20% AD
Mental/Behavioral Health and Substance Use Disorder Services				
npatient Services	No charge AD	10% AD	20% AD	20% AD
utpatient Office Visits PCP, Specialist or Virtual Consults)	No charge AD	10% AD	20% AD	\$25 AD
ther Outpatient Services	No charge AD	10% AD	20% AD	20% AD
mployee 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
Diabetic Treatment				
ump Infusion Sets and Supplies	No charge AD	10% AD	20% AD	20% AD
utpatient Prescription Drug Coverage				
Outp	atient Prescription Drug coverage is included; for pharmacy benefit pack	age options, please see page 55	Outpatient Prescription Drug coverage is included; for p	sharmacy benefit package options, please see page 55

### 2023 Optima **POS Equity Plans**\* (continued)

Plan Name	Optima POS Equity 3000/30%	Optima POS Equity 4000/0%	Optima POS Equity 4000/20%	Optima POS Equity 4000/30%	Optima POS Equity 4000/40%	Optima POS Equity 5000/0%	Optima POS Equity 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
Physician Services							
PCP Visit	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
/irtual Consult	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge 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
Outpatient Services							
Outpatient Surgery	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
iagnostic Procedures, Tests & Lab Work	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
dvanced Imaging	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
npatient Services							
npatient Hospital Services	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
mergency and Urgent Services							
mergency Department In-Network & Out-of-Network)	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Irgent Care Center Services	30% AD	No charge AD	20% AD	30% AD	\$50 AD	No charge AD	\$50 AD
Aental/Behavioral Health and Substance Use Disorder Services							
npatient Services	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
utpatient Office Visits (PCP, Specialist or Virtual Consults)	30% AD	No charge AD	20% AD	30% AD	\$25 AD	No charge AD	\$25 AD
)ther Outpatient Services	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
mployee 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
Diabetic Treatment							
Pump Infusion Sets and Supplies	30% AD	No charge AD	20% AD	30% AD	40% AD	No charge AD	30% AD
Outpatient Prescription Drug Coverage							
Outnatient Pr	rescription Drug coverage is included; for pharma	cy benefit package options, please see page 55		Ωι	Itpatient Prescription Drug coverage is included: for n	harmacy benefit package options, please see page 5:	5

### 2023 Optima Plus Plans

Plan Name	Optima Plus & OOA Plus 20/20%	Optima Plus & 00A Plus 25/20%	Optima Plus & OOA Plus 30/30%	Optima Plus & 00A Plus 500/25/20%	Optima Plus & OOA Plus 1000/20%	Optima Plus & 00A Plus 1000/25/20%	Optima Plus & 00A Plus 1000/30/30%	Optima Plus & 00A Plus 1500/25/20%	Optima Plus & OOA Plus 2000/20%	Optima Plus & 00A Plus 2000/20/30%	Optima Plus & 00A 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
Physician Services											
PCP Visit	\$20	\$25	\$30	\$25	20% AD	\$25	\$30	\$25	20% AD	\$20	20% AD
Virtual Consult	No charge No OON	No charge No OON	No charge No OON	No charge No OON	No charge AD No OON	No charge No OON	No charge No OON	No charge No OON	No charge AD No OON	No charge No OON	No charge 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
Outpatient Services											
Outpatient Surgery	\$150 & 20%	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
Inpatient Services											
Inpatient Hospital Services	\$400 & 20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Emergency and Urgent Services											
Emergency Department (In-Network & Out-of-Network)	\$250 & 20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Urgent Care Center Services	\$40	\$50	\$60	\$40	20% AD	\$40	\$50	\$40	20% AD	\$50	20% AD
Mental/Behavioral Health and Substance Use Disorder Services											
Inpatient Services	\$400 & 20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$30	\$35	\$40	\$35	20% AD	\$35	\$40	\$35	20% AD	\$30	20% AD
Other Outpatient Services	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
Diabetic Treatment											
Pump Infusion Sets and Supplies	20%	20%	30%	20% AD	20% AD	20% AD	30% AD	20% AD	20% AD	30% AD	20% AD
Outpatient Prescription Drug Coverage											
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						

### 2023 Optima **Plus Plans** (continued)

lan Name	Optima Plus & 00A Plus 3000/30/30%	Optima Plus & 00A Plus 4000/30/20%	Optima Plus & 00A Plus 5000/30/30%	Optima Plus & OOA Plus 6000/20%
-Network Deductible (Individual/Family)	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
ıt-of-Network Deductible (Individual/Family)	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000	\$12,000/\$24,000
-Network Out-of-Pocket Maximum (Individual/Family)	\$6,000/\$12,000	\$6,600/\$13,200	\$7,350/\$14,700	\$7,350/\$14,700
ut-of-Network Out-of-Pocket Maximum (Individual/Family)	\$12,000/\$24,000	\$13,200/\$26,400	\$14,700/\$29,400	\$14,700/\$29,400
ut-of-Network Coinsurance	50% AD	40% AD	50% AD	40% AD
nysician Services				
'P Visit	\$30	\$30	\$30	\$30
rtual Consult	No charge No OON	No charge No OON	No charge No OON	No charge No OON
ecialist Visit	\$50	\$50	\$50	\$50
aternity Care	\$500	\$550	\$600	20% AD
utpatient Services				
ıtpatient Surgery	30% AD	20% AD	30% AD	20% AD
agnostic Procedures, Tests & Lab Work	30% AD	20% AD	30% AD	20% AD
lvanced Imaging	30% AD	20% AD	30% AD	20% AD
patient Services				
patient Hospital Services	30% AD	20% AD	30% AD	20% AD
nergency and Urgent Services				
nergency Department (In-Network & Out-of-Network)	30% AD	20% AD	30% AD	20% AD
gent Care Center Services	\$50	\$50	\$50	20% AD
ental/Behavioral Health and Substance Use Disorder rvices				
patient Services	30% AD	20% AD	30% AD	20% AD
utpatient Office Visits (PCP, Specialist or Virtual Consults)	\$40	\$40	\$40	\$40
her Outpatient Services	30% AD	20% AD	30% AD	20% AD
nployee 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
abetic Treatment				
Imp Infusion Sets and Supplies	30% AD	20% AD	30% AD	20% AD
utpatient Prescription Drug Coverage				
Outpatient Prescript	tion Drug coverage is included; for pharmacy benefit package optior	ıs, please see page 55	Outpatient Prescription Drug coverage is included; for p	harmacy benefit package options, please see page 55

### 2023 Optima Plus Design Plans

Plan Name	Optima Plus Design & OOA Plus Design 3000/0%	Optima Plus Design & OOA Plus Design 3000/20%	Optima Plus Design & OOA Plus Design 3000/25/20%	Optima Plus Design & 00A Plus Design 3000/30%	Optima Plus Design & OOA Plus Design 4000/0%	Optima Plus Design & 00A Plus Design 4000/20%	Optima Plus Design & 00A Plus Design 5000/0%	Optima Plus Design & OOA Plus Design 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
Dut-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
Dut-of-Network Coinsurance	30% AD	40% AD	40% AD	50% AD	30% AD	40% AD	30% AD	50% AD
Physician Services								
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	No charge AD No OON	No charge No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge 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
Outpatient Services								
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
npatient Services								
npatient Hospital Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Emergency and Urgent Services								
mergency 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
Jrgent Care Center Services	No charge AD	20% AD	\$50	30% AD	No charge AD	20% AD	No charge AD	\$50
Nental/Behavioral Health and Substance Jse Disorder Services								
Inpatient Services	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	No charge AD	20% AD	\$25	30% AD	No charge AD	20% AD	No charge AD	\$25
Other Outpatient Services	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
Diabetic Treatment								
Pump Infusion Sets and Supplies	No charge AD	20% AD	20% AD	30% AD	No charge AD	20% AD	No charge AD	30% AD
Outpatient Prescription Drug Coverage								
Ou	tpatient Prescription Drug coverage is	included; for pharmacy benefit packag	e options, please see page 55			Outpatient Prescription Drug co benefit package ontic	verage is included; for pharmacy ons, 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.

### 2023 Optima Plus Equity Plans\*

Plan Name	Optima Plus Equity & 00A Plus Equity 3000/0%	Optima Plus Equity & OOA Plus Equity 3000/10%	Optima Plus Equity & OOA Plus Equity 3000/20%	Optima Plus Equity & OOA Plus Equity 3000/25/20%	Optima Plus Equity & OOA Plus Equity 3000/30%	Optima Plus Equity & 00A Plus Equity 4000/0%	Optima Plus Equity & OOA Plus Equity 4000/20%	Optima Plus Equity & OOA Plus Equity 4000/30%	Optima Plus Equity & OOA Plus Equity 4000/40%	Optima Plus Equity & OOA Plus Equity 5000/0%	Optima Plus Equity & OOA Plus Equity 5000/30%
In-Network Deductible (Individual/Family)	\$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)	\$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)	\$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)	\$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	30% AD	40% AD	40% AD	50% AD	30% AD	40% AD	50% AD	50% AD	30% AD	50% AD
Physician Services											
PCP Visit	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	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON	No charge AD No OON					
Specialist Visit	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	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 Services											
Outpatient Surgery	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	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	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
Inpatient Services											
Inpatient Hospital Services	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
Emergency and Urgent Services											
Emergency Department (In-Network & Out-of-Network)	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 Center Services	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
Mental/Behavioral Health and Substance Use Disorder Services											
Inpatient Services	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 (PCP, Specialist or Virtual Consults)	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 Services	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
Diabetic Treatment											
Pump Infusion Sets and Supplies	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 Prescription Drug Coverage											
	Outpatient Prescription Drug co	verage is included; for pharmac	y benefit package options, pleas	se see page 55		Outpatient Prescription Drug coverage is included; for pharmacy benefit package options, please see page 55					

### 2023 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

ductible      S10      S25 AD        r1      S10      S13 AD        r2      S45 AD      S113 AD        r3      S75 AD      S225 AD        r4      20% AD*      20% AD*        ption 2 - Large Group      No Deductible        r1      S10      S25        r2      S30      S75        r3      S50      S150        r4      20%*      20%*        r4      20%*      20%*        r2      S30      S75        r3      S50      S150        r4      20%*      20%*        ption 3 - Large Group      S10AD      S25 AD        r1      S10 AD      S25 AD        r2      S30 AD      S75 AD        r3      S50 AD      S150 AD        r4      20% AD*      20% AD*        r4      20% AD*	Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)			
r1  \$10  \$25 AD    r2  \$45 AD  \$113 AD    r3  \$75 AD  \$225 AD    r4  20% AD*  20% AD*    Define Coup    Note Coup    ductible    Note Coup	Option 1 - Mid-Market and Large Group					
r2  \$45 AD  \$113 AD    r3  \$75 AD  \$225 AD    r4  20% AD*  20% AD*    Down AD* <td< td=""><td>Deductible</td><td colspan="5">\$150</td></td<>	Deductible	\$150				
r3  575 AD  \$225 AD    r4  20% AD*  20% AD*    ption 2 - Large Group     ductible  ND Dettible    r1  \$10 Do 0000000000000000000000000000000000	Tier 1	\$10	\$25 AD			
r4      20% AD*      20% AD*        ption 2 - Large Group      No Decision      Second State        r1      \$10      \$25        r2      \$30      \$75        r3      \$50      \$150        r4      20%*      20%*        ption 3 - Large Group      \$25      \$20        dutible      \$10 AD      \$150        r1      \$10 AD      \$25 AD        r2      \$30 AD      \$25 AD        r4      \$20 AD*      \$25 AD        r1      \$10 AD      \$25 AD        r2      \$30 AD      \$25 AD        r3      \$25 AD      \$30 AD        r4      \$20 AD*      \$25 AD        r4      \$20 AD      \$25 AD        r4      \$20 AD      \$25 AD        r4      \$20 AD*      \$25 AD        r4      \$20 AD*      \$20 AD*        r4      \$20 AD*      \$30 AD	Tier 2	\$45 AD	\$113 AD			
ption 2 - Large Group      No Deductible        ductible      No Deductible        r1      \$10      \$25        r2      \$30      \$75        r3      \$50      \$150        r4      20%*      20%*        ption 3 - Large Group      20%*      20%*        ductible      \$10      \$25 AD        r1      \$10 AD      \$25 AD        r2      \$30 AD      \$75 AD        r3      \$50 AD      \$150 AD        r4      20% AD*      20% AD*        r1      \$10 AD      \$25 AD        r2      \$30 AD      \$150 AD        r4      20% AD*      \$20% AD*        r4      20% AD*      20% AD*        r4      20% AD*      \$150 AD        r4      20% AD*      20% AD*        ption 4 - Mid-Market and Large Group      No Deductible        r1      \$15      \$38        r2      \$40      \$100        r3      \$75      \$225	Tier 3	\$75 AD	\$225 AD			
ductible      No Delettible        r1      \$10      \$25        r2      \$30      \$75        r3      \$50      \$150        r4      20%*      20%*        ption 3 - Large Group        ductible        r1      \$10 AD        r2      \$30 AD      \$25 AD        r2      \$30 AD      \$150 AD        r3      \$50 AD      \$150 AD        r1      \$50 AD      \$150 AD        r4      20% AD*      \$25 AD        r1      \$10 AD      \$25 AD        r2 Add S30 AD      \$150 AD        r4      \$20% AD*      \$20% AD*        r4      \$20% AD*      \$20% AD*        r4      \$20% AD*      \$20% AD*        r4      \$20% AD*      \$30 AD      \$30 AD	Tier 4	20% AD*	20% AD*			
\$10  \$25    r2  \$30  \$75    r3  \$50  \$150    r4  20%*  20%*    ption 3 - Large Group    ductible  \$10 AD    r1  \$10 AD  \$25 AD    r2  \$30 AD  \$75 AD    r3  \$50 AD  \$150 AD    r4  \$20% AD*  \$25 AD    r2  \$30 AD  \$25 AD    r3  \$50 AD  \$150 AD    r4  20% AD*  \$150 AD    r4  20% AD*  \$20% AD*    r4  \$100 AD*  \$38    r4  \$15  \$38    r4  \$10  \$10    r4  \$10  \$10    r4  \$15  \$38    r4  \$15  \$38    r4  \$10  \$10	Option 2 - Large Group					
\$30  \$75    r3  \$50  \$150    r4  20%*  20%*    ption 3 - Large Group  20%*  20%*    dutible  \$10 AD  \$25 AD    r1  \$30 AD  \$25 AD    r2  \$30 AD  \$150 AD    r4  20% AD*  \$150 AD    r4  20% AD*  \$20% AD*    r4  20% AD*  \$30 AD    r5  \$30 AD  \$150 AD    r4  20% AD*  \$30 AD    r5  \$30 AD  \$150 AD    r4  20% AD*  \$30 AD    r5  \$30 AD  \$150 AD    r4  20% AD*  \$30 AD    r5  \$38  \$38    r2  \$15  \$38    r2  \$40  \$100    r3  \$375  \$225	Deductible	No Ded	uctible			
r3  \$50  \$150    r4  20%*  20%*    ption 3 - Large Group  20%*    ductible  \$10 AD  \$25 AD    r1  \$10 AD  \$25 AD    r2  \$30 AD  \$75 AD    r3  \$50 AD  \$150 AD    r4  20% AD*  20% AD*    ption 4 - Mid-Market and Large Group  No Dettible    r1  \$15  \$38    r2  \$40  \$100    r3  \$100  \$25 AD	Tier 1	\$10	\$25			
r4  20%*  20%*    ption 3 - Large Group    ductible  \$10 AD    r1  \$10 AD    r2  \$30 AD    r3  \$50 AD    r4  20% AD*    ption 4 - Mid-Market and Large Group    ductible  \$15    r1  \$10 AD    r4  20% AD*    r4  20% AD*    ption 4 - Mid-Market and Large Group  \$100 AD*    ductible  \$15    r1  \$13    s1  \$15    s1  \$38    s2  \$40    s2  \$100    s3  \$35	Tier 2	\$30	\$75			
ption 3 - Large Group      \$15        ductible      \$10 AD      \$25 AD        r 1      \$10 AD      \$25 AD        r 2      \$30 AD      \$75 AD        r 3      \$50 AD      \$150 AD        r 4      20% AD*      20% AD*        ption 4 - Mid-Market and Large Group      No Deductible        r 1      \$15      \$38        r 2      \$40      \$100	Tier 3	\$50	\$150			
ductible      \$10 AD      \$25 AD        r 1      \$10 AD      \$25 AD        r 2      \$30 AD      \$75 AD        r 3      \$50 AD      \$150 AD        r 4      20% AD*      20% AD*        ption 4 - Mid-Market and Large Group      No Deductible        r 1      \$15      \$38        r 2      \$40      \$100	Tier 4	20%*	20%*			
r1  \$10 AD  \$25 AD    r2  \$30 AD  \$75 AD    r3  \$50 AD  \$150 AD    r4  20% AD*  20% AD*    ption 4 - Mid-Market and Large Group  No Dedutible    r1  \$15  \$38    r2  \$40  \$100    r3  \$100  \$25 AD	Option 3 - Large Group					
r2  \$30 AD  \$75 AD    r3  \$50 AD  \$150 AD    r4  20% AD*  20% AD*    ption 4 - Mid-Market and Large Group    ductible  No Deductible    r1  \$15  \$38    r2  \$40  \$100    r3  \$75  \$225	Deductible	\$1	50			
r 3    \$50 AD    \$150 AD      r 4    20% AD*    20% AD*      ption 4 - Mid-Market and Large Group    No Deductible      ductible    No Deductible      r 1    \$150 AD    \$38      r 2    \$40    \$100      r 3    \$75    \$225	Tier 1	\$10 AD	\$25 AD			
r 4  20% AD*  20% AD*    ption 4 - Mid-Market and Large Group  Verture State    ductible  No Deductible    r 1  \$15  \$38    r 2  \$40  \$100    r 3  \$75  \$225	Tier 2	\$30 AD	\$75 AD			
Instrume      No Deductible        r 1      \$15      \$38        r 2      \$40      \$100        r 3      \$75      \$225	Tier 3	\$50 AD	\$150 AD			
Auctible      No Deductible        r 1      \$15      \$38        r 2      \$40      \$100        r 3      \$75      \$225	Tier 4	20% AD*	20% AD*			
r1  \$15  \$38    r2  \$40  \$100    r3  \$75  \$225	Option 4 - Mid-Market and Large Group					
r 2 \$40 \$100 r 3 \$75 \$225	Deductible	No Ded	uctible			
r 3 \$75 \$225	Tier 1	\$15	\$38			
	Tier 2	\$40	\$100			
r 4 20%* 20%*	Tier 3	\$75	\$225			
	Tier 4	20%*	20%*			

AD: After Deductible

\*\$300 max out-of-pocket, per prescription

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

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)	
Option 1 - Mid-Market and Large Group			
Deductible	No Dec	ductible	
Tier 1	\$10	\$25	
Tier 2	\$40	\$100	
lier 3	\$60	\$180	
Tier 4	20%*	20%*	
Option 2 - Mid-Market and Large Group			
eductible	No Dec	ductible	
ïer 1	20%	20%	
lier 2	20%	20%	
ier 3	20%	20%	
ïer 4	20%	20%	

AD: After Deductible

\*\$300 max out-of-pocket, per prescription



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

Open or Standard Formulary	Retail (30-day supply)	Mail Order (90-day supply)					
Option 1 - Mid-Market and Large Group							
Tier 1	\$10 AD	\$25 AD					
Tier 2	\$40 AD	\$100 AD					
Tier 3	\$60 AD	\$180 AD					
Tier 4	20% AD*	20% AD*					
Option 2 - Mid-Market and Large Group							
Tier 1	\$15 AD	\$38 AD					
Tier 2	\$50 AD	\$125 AD					
Tier 3	\$85 AD	\$255 AD					
Tier 4	20%*	20% AD*					
Option 3 - Mid-Market and Large Group							
Tier 1	10% AD	10% AD					
Tier 2	10% AD	10% AD					
Tier 3	10% AD	10% AD					
Tier 4	10% AD	10% AD					
Option 4 - Mid-Market and Large Group							
Tier 1	20% AD	20% AD					
Tier 2	20% AD	20% AD					
Tier 3	20% AD	20% AD					
Tier 4	20% AD	20% AD					

AD: After Deductible

\*\$300 max out-of-pocket, per prescription



# **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. Applicable to services rendered with a Med/Surg diagnosis. For treatment of mental health conditions or substance use disorder, the Outpatient Office Visits cost sharing listed under Mental Health and Substance Use Disorder Services applies.

#### Virtual Consult

Must be provided by an Optima Health approved provider.

#### **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. Applicable to services rendered with a Med/Surg diagnosis.

For treatment of mental health conditions or substance use disorder, cost sharing will follow the Other Outpatient Services cost sharing listed under Mental Health and Substance Use Disorder Services.

#### **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. Applicable to those with medical and mental health and substance use disorder diagnoses.

#### 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 Services**

All other outpatient services with a mental health or substance use disorder diagnoses will be covered under this benefit.

#### **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 selfmanagement training and education, including medical nutrition therapy, for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulinusing 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 VSP Vision Care (VSP) provider at the applicable office visit copayment or coinsurance amount. The following equipment and supplies are covered under this benefit:

- 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 VSP Vision Care (VSP)

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



### Choose Optima Health



We Improve Health Every Day