

Small Group Guide 2023

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OptimaHealth 

Website: optimahealth.com/brokers

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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

OptimaHealth 

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 1984.¹ With more than three decades of experience, we understand the needs of small businesses.

We are meeting those needs with offerings that include:

- a robust portfolio of plan choices and cost-sharing options
- a comprehensive provider network including specialists, primary care physicians and hospitals²
- impactful health improvement programs that help members maximize their health
- local service representatives who help members get the most out of their health benefits

Working with Optima Health is easier than ever with online tools and our exemplary broker support services. The 2023 Small Group Guide is an additional resource that puts information about plans and services right at your fingertips. And if you have questions, our sales and service teams stand ready to help.

Learn more by contacting us at optimahealth.com/brokers.

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

²Sentara Health Plans, Inc., Provider Status Report, 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.³

Our sales and service representatives, network managers, nurse case managers, and other staff are located in offices throughout the state. Working and living in the communities we serve means we have first-hand experience with the doctors, facilities, and services within our vast provider network.



Group Sizes

Serving the needs of individuals and employer groups of all sizes

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

Groups that are eligible for our plans include:

 <p>1-50</p>	<p>Self-Employed Individuals⁴ and Small Group (1-50 total employees)</p> <p>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.</p>
 <p>51-150</p>	<p>Mid-Market Group (more than 50 total employees with 150 or fewer eligible)</p> <p>We help employers and their employees get more value for their healthcare dollars.</p>
 <p>151+</p>	<p>Large Group (151+ eligible employees)</p> <p>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.</p>

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

⁴Terms 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 to assist employers and members.



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



Referrals to nearby resources: We work closely with nonprofits in the areas we serve to connect members with support services close to home.



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



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

³To ensure we continually meet or exceed our performance goals, our teams track and report on a variety of quality metrics. One way we measure our effectiveness is through a Net Promoter Score (NPS). NPS gauges customers' willingness to recommend us to friends or family. Scores range from -100 to 100. Our 2021 NPS was 20.4. Our 2021 NPS proves how we go above and beyond for our customers.

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.⁶ This provides members with in-network access to physicians and hospitals all over the country for services received outside the primary Optima Health service area – regardless of where members live or work.



Transformative Care Through Value Based Care Program

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



Convenient Vision Services Through 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.

Pediatric Vision Care

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



Around-The-World Assistance 24/7

Members have access to emergency travel assistance for medical and travel emergencies at no additional cost.⁷ The service covers members whenever traveling 100 miles or more away from their permanent residence, or in another country.

Emergency Travel Assistance Services Include:

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

⁶MultiPlan Press Release, July 16, 2019

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

Value for Employers and Members: Consumer-Driven Health

Helping Employers and Members Get More Value

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

Cost-Efficient Benefits for Employers and Their Employees

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

Our CDHPs ease the cost burden for employers while providing competitive benefit plans to members. Some preventive drugs are available before the deductible for CDHP plans that include a Health Savings Account or a Health Reimbursement Account (HSA and HRA, respectively). 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 claims data flow directly from Optima Health to HealthEquity. Members have easy, permanent access to claims information through the HealthEquity portal, eliminating paperwork requirements and facilitating the payment process. HealthEquity HSAs provide a world-class investing platform with a robust suite of Vanguard mutual fund options and ultra-low expense ratios.

CDHP Implementation Process

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



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



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

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



HealthEquity will create the employer portal.



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

Health and Wellness Services: MyLife MyPlan

Services that Empower Members to Live Healthier Lives

Small changes can make a big difference. That’s why Optima Health offers MyLife MyPlan.⁸ This personalized health and wellness program encourages members to weave healthier habits into their daily lives. It’s part of our mission to *improve health every day*.

Personalized Solutions for Sustained Well-Being

MyLife MyPlan wellness programs and services are:



Customizable

Exclusive WebMD® Health Services are tailored to fit each member’s age, biometrics, lifestyle, and overall health objectives.

Flexible

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



Accessible

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

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

Health and Wellness Services: MyLife MyPlan



MyLife MyPlan includes⁸:

Exclusive WebMD Health Services

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

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

Staying Healthy Programs

This group of programs offers a wealth of resources that address the needs of members of all ages.⁹ 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
- prompts to make healthy food choices at the grocery store and in meal planning

⁸This is not a covered benefit but a value-added service.
⁹optimahealth.com/members/health-and-wellness/prevention-and-wellness/

Discounts and Savings

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

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

Visit optimahealth.com/mylifemyplan for more information.

More Ways We Support Members on Their Wellness Journeys

Optima Health offers special services that help members stay healthy, even when life gets busy.¹⁰ Our services literally meet members where they are and empower them to take the next step toward improving their health.

- **Worksite wellness programs (minimum of 20 employees whether through a single employer or combined):** Our nursing team comes to the workplace to provide health screenings, flu shots, and health improvement presentations. Screening services have allowed us to catch issues such as high blood pressure and connect members with next-level care. Presentations include health improvement topics such as healthy eating, moving more, and tobacco cessation.

¹⁰There may be an additional fee for these services.

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

- **Outreach events:** Our member outreach also includes presentations, screenings, and flu shots at various locations. These events reflect our genuine interest in helping our fellow Virginians stay healthy.
- **Digital lunch and learn series:** As part of our ongoing effort to address relevant and timely risk reduction, our team of health educators host free webinars on a range of well-being topics. Available at optimahealth.com/mylifemyplan, this series is open to all. Past webinars are archived for viewing any time and topics include:
 - tobacco use and cholesterol and blood pressure
 - probiotics and gut health
 - planting your money tree
 - the importance of water intake
 - becoming mindful, not mind full
 - sleep deprivation and heart health



Pharmacy Benefits

Easy-to-Access, Integrated Prescription Drug Coverage

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



Mail-Order Drugs (Prescription Home Delivery)¹¹

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

Online Pharmacy Benefit Tools

Our online tools, which include a medication search app, help members identify and learn more about cost-effective drug alternatives. These tools help members maximize their pharmacy benefits. Find out more at optimahealth.com/find-doctors-drugs-and-facilities.

Specialty Pharmacy Services

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

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

Specialty pharmacy services may include:

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



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

Preventive Services

Patient Identification Manager Reminder System

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

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

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

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



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

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

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

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

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

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



Optima EAP

The Optima Health Employee Assistance Program (Optima EAP)¹² serves as a strategic partner for employers to help improve employee performance, absenteeism and presenteeism. It is a resource to help employees 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 BusinessEDGE 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 fee-for-service).

Additional Rider Benefits

Riders available as fee-for-service offerings include:

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

Account Management

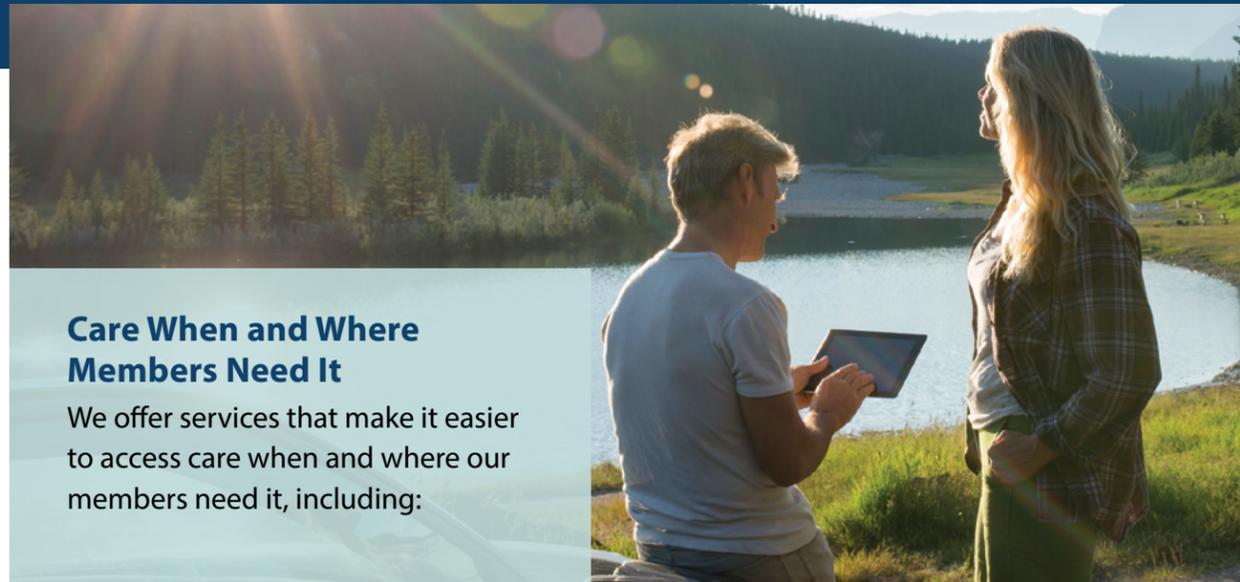
A designated account manager ensures that clients receive and maximize their contracted EAP services.

Easy to Access

To access Optima EAP services, employees or their household members can call 1-800-899-8174 or visit our website at optimahealth.com/eap for online resources.

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

Member Resources



Care When and Where Members Need It

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

Mobile App and Member Portal

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

Online Search Tool for Doctors, Drugs, and Facilities

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

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

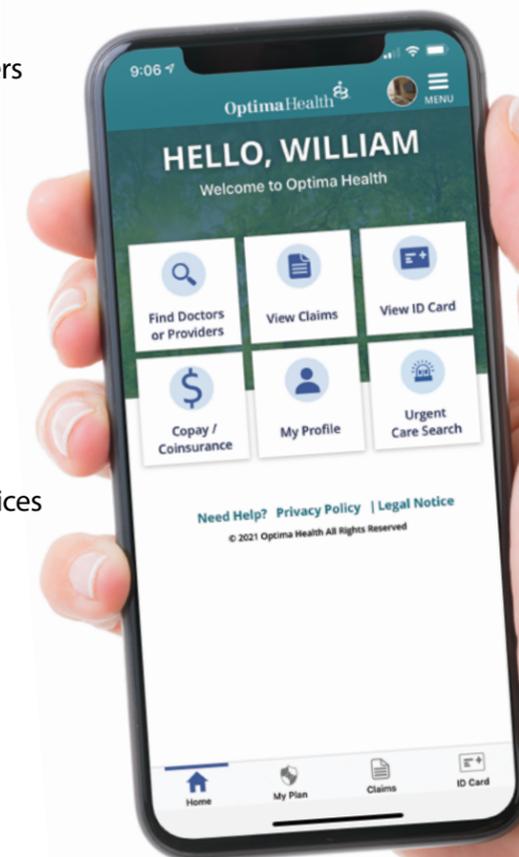
When illnesses or injuries occur after hours or when the physician's office is closed, Optima Health plan members can call the Nurse Advice Line at 1-800-394-2237.

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 HRA¹³ account access
- and more!



For more information, visit optimahealth.com/app.

¹³Applies to members with HSA or HRA plans

Employer Resources

Digital Solutions for Employers to Support our Customers

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

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



Online Enrollment Tool

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

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

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

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

Broker Services

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

When you have questions, our Virginia-based sales and service teams are easy to reach. We resolve many inquiries without having to transfer your call. And when employer groups and members have inquiries, they can count on us to promptly answer their call. Our high service standards are one of the many reasons brokers prefer Optima Health.¹⁴

There are many ways you can reach us for broker support 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

¹⁴2022 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

2023 Plan Design Options

We Give Employers More Health Benefit Plan Choices

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

Optima Health Core Health Plan Options

All health benefits packages with Optima Health are based on one of our core plan options. Our offerings include¹⁵:

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

Added Benefits Available on All Plans

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

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

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

Navigating Our 2023 Plan Options

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

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

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

Product Types

Vantage: HMO

- no referrals required
- select your PCP
- open access

POS

- HMO/PPO hybrid
- no referral required
Select your PCP
- includes out-of-network option
- open access

Plus: PPO

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

Product Lines

Equity: HSA

Employers and employees contribute tax-free income for qualified medical expenses. These accounts are easy to manage, with integrated claims accessed through the Optima Health online portal. There are no account management or HSA administration fees.

Design: HRA

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

¹⁵Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Vantage, 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.

2023 Optima Vantage Plans

Plan Name	Optima Vantage Platinum 15/30 Direct	Optima Vantage Platinum 15/35 Direct	Optima Vantage Platinum 20/20% Direct	Optima Vantage Platinum 25/50 Direct	Optima Vantage Platinum 25/50 Rx Ded Direct	Optima Vantage Gold 35/30% Rx Ded Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family	N/A	N/A	N/A	N/A	N/A	N/A
Max Out-of-Pocket Individual/Family	\$4,500/\$9,000	\$3,000/\$6,000	\$3,500/\$7,000	\$2,500/\$5,000	\$2,500/\$5,000	\$7,500/\$15,000
Physician Services						
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$20/\$40	\$25/\$50	\$25/\$50	\$35/\$70
Virtual Consult	No charge					
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$40/\$80	\$50/\$100	\$50/\$100	\$70/\$140
Outpatient Surgery						
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20%/40%	\$300/\$600	\$300/\$600	\$400/\$800
Outpatient Services						
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	20%/40%	20%/40%	20%/40%	\$35/\$70
Outpatient Lab Work (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	20%/40%	20%/40%	20%/40%	\$35/\$70
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	\$150/\$300	\$150/\$300	20%/40%	\$150/\$300	\$150/\$300	\$300/\$600
Inpatient Services						
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day; \$1,000 max \$500 copay/day; \$2,000 max	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	20%/40%	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	\$300 copay/day; \$1,200 max \$600 copay/day; \$2,400 max	\$600 copay/day; \$2,400 max \$1,200 copay/day; \$4,800 max
Emergency & Urgent Care Services						
Emergency Services (In or Out-of-Network)	\$350	\$350	30%	30%	30%	40%
Urgent Care Center Services	\$30	\$35	\$40	\$50	\$50	\$70
Mental/Behavioral Health & Substance Use Disorder Services						
Inpatient Services	\$250 copay/day; \$1,000 max	\$300 copay/day; \$1,200 max	20%	\$300 copay/day; \$1,200 max	\$300 copay/day; \$1,200 max	\$600 copay/day; \$2,400 max
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$25	\$25	\$30	\$35	\$35	\$45
Other Outpatient Services	\$25	\$25	20%	\$35	\$35	30%
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment						
Insulin Pumps	No charge					
Pump Infusion Sets & Supplies	No charge	20%	20%	20%	20%	30%
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services						
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20%	20%	20%	30%
Maternity Care (Tier 1/Tier 2 physicians)	\$200/\$350	\$350/\$450	\$450/\$600	\$500/\$650	\$500/\$650	\$500/\$650
Pharmacy						
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	\$10/\$40/20%/20%*	\$10/\$40/20%/20%*	\$15/\$50/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$100 \$10/\$40 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$10/\$40 AD/30% AD/30% AD*

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

2023 Optima **Vantage Plans** (continued)

Plan Name	Optima Vantage Gold 500/25/20% Rx Ded Direct	Optima Vantage Gold 750/30/20% Rx Ded Direct	Optima Vantage Gold 1000/25/30% Rx Ded Direct	Optima Vantage Gold 1250/20/20% Rx Ded Direct	Optima Vantage Gold 1500/25/20% Rx Ded Direct	Optima Vantage Gold 2000/30/20% Rx Ded Direct	Optima Vantage Gold 2000/25/30% Direct
Embedded/Non-Embedded	Embedded						
Deductible Individual/Family	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$1,250/\$2,500	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Max Out-of-Pocket Individual/Family	\$7,500/\$15,000	\$7,700/\$15,400	\$6,200/\$12,400	\$6,500/\$13,000	\$6,500/\$13,000	\$8,400/\$16,800	\$5,500/\$11,000
Physician Services							
PCP Office Visit (Tier 1/Tier 2 physicians)	\$25/\$50	\$30/\$60	\$25/\$50	\$20/\$40	\$25/\$50	\$30/\$60	\$25/\$50
Virtual Consult	No charge						
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$50/\$100	\$60/\$120	\$50/\$100	\$40/\$80	\$50/\$100	\$60/\$120	\$50/\$100
Outpatient Surgery							
Outpatient Surgery (Tier 1/Tier 2 facilities)	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$100/\$200	30% AD/50% AD
Outpatient Services							
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$50/\$100	\$60/\$120	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$60/\$120	30% AD/50% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$50/\$100	\$60/\$120	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$30/\$60	30% AD/50% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	\$300/\$600	30% AD/50% AD
Inpatient Services							
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	20% AD/\$40% AD	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD
Emergency & Urgent Care Services							
Emergency Services (In or Out-of-Network)	30% AD	30% AD	40% AD	30% AD	30% AD	30% AD	40% AD
Urgent Care Center Services	\$50	\$60	\$50	\$40	\$40	\$60	\$50
Mental/Behavioral Health & Substance Use Disorder Services							
Inpatient Services	20% AD	20% AD	30% AD	20% AD	20% AD	20% AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	\$40	\$35	\$30	\$35	\$40	\$35
Other Outpatient Services	20% AD	20% AD	30% AD	20% AD	20% AD	\$40	30% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment							
Insulin Pumps	No charge						
Pump Infusion Sets & Supplies	20% AD	20% AD	30% AD	20% AD	20% AD	20% AD	30% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services							
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD	20% AD	30% AD	20% AD	20% AD	20% AD	30% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$450/\$600	\$450/\$600	\$500/\$650	\$450/\$600	\$450/\$600	20% AD/40% AD	\$500/\$650
Pharmacy							
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$25/\$50 AD/20% AD/20% AD*	\$15/\$50/30%/30%*

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

2023 Optima **Vantage Plans** (continued)

Plan Name	Optima Vantage Gold 2000/25/30% Rx Ded Direct	Optima Vantage Gold 2800/35/0% Rx Ded Direct	Optima Vantage Silver 3000/35/25% Direct	Optima Vantage Silver 4000/40/20% Rx Ded Direct	Optima Vantage Silver 4750/45/20% Direct	Optima Vantage Silver 5600/40/20% Rx Ded Direct	Optima Vantage Silver 6500/0% Rx Ded Direct	Optima Vantage Bronze 6600/30% Direct
Embedded/Non-Embedded	Embedded							
Deductible Individual/Family	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$4,750/\$9,500	\$5,600/\$11,200	\$6,500/\$13,000	\$6,600/\$13,200
Max Out-of-Pocket Individual/Family	\$5,500/\$11,000	\$8,400/\$16,800	\$8,800/\$17,600	\$8,650/\$17,300	\$8,500/\$17,000	\$8,800/\$17,600	\$8,800/\$17,600	\$8,200/\$16,400
Physician Services								
PCP Office Visit (Tier 1/Tier 2 physicians)	\$25/\$50	\$35/\$70	\$35/\$70	\$40/\$80	\$45/\$90	\$40/\$80	No charge AD/20% AD	30% AD/50% AD
Virtual Consult	No charge	No charge AD	No charge AD					
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$50/\$100	\$65/\$130	\$70 AD/\$140 AD	\$80/\$160	\$90/\$180	\$80/\$160	No charge AD/20% AD	30% AD/50% AD
Outpatient Surgery								
Outpatient Surgery (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Outpatient Services								
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$80 AD/\$160 AD	\$90 AD/\$180 AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$80 AD/\$160 AD	\$90 AD/\$180 AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Inpatient Services								
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Emergency & Urgent Care Services								
Emergency Services (In or Out-of-Network)	40% AD	20% AD	35% AD	30% AD	30% AD	30% AD	20% AD	40% AD
Urgent Care Center Services	\$50	No charge AD	\$70 AD	\$80	\$90	\$80	No charge AD	30% AD
Mental/Behavioral Health & Substance Use Disorder Services								
Inpatient Services	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	No charge AD	30% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$35	\$45	\$45	\$50	\$55	\$50	No charge AD	30% AD
Other Outpatient Services	30% AD	No charge AD	25% AD	20% AD	20% 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
Diabetes Treatment								
Insulin Pumps	No charge							
Pump Infusion Sets & Supplies	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	No charge AD	30% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services								
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	30% AD	No charge AD	25% AD	20% AD	20% AD	20% AD	No charge AD	30% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD
Pharmacy								
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$100 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*	Rx p/p Deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*	\$15/\$50/20%/20%*	Rx p/p Deductible \$200 \$10/\$40 AD/20% AD/20% AD*	Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15/\$50 AD/30% AD/30% AD*

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

2023 Optima Vantage Equity Plans*

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

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

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

Plan Name	Optima POS Platinum 15/30 Direct	Optima POS Platinum 15/35 Direct	Optima POS Gold 500/25/20% Rx Ded Direct	Optima POS Gold 750/30/20% Rx Ded Direct	Optima POS Gold 1000/25/30% Direct	Optima POS Gold 2000/30/20% Rx Ded Direct	Optima POS Gold 2000/25/30% Direct	Optima POS Gold 2800/35/0% Rx Ded Direct	Optima POS Silver 3000/35/25% Direct	Optima POS Silver 3500/20% Direct	Optima POS Silver 6500/0% Rx Ded Direct
Embedded/Non-Embedded	Embedded										
Deductible Individual/Family (In-network)	None	None	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$3,500/\$7,000	\$6,500/\$13,000
Deductible Individual/Family (Out-of-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,600/\$11,200	\$6,000/\$12,000	\$7,000/\$14,000	\$13,000/\$26,000
Max Out-of-Pocket Individual/Family (In-network)	\$4,500/\$9,000	\$3,000/\$6,000	\$7,500/\$15,000	\$7,700/\$15,400	\$6,200/\$12,400	\$8,400/\$16,800	\$5,500/\$11,000	\$8,400/\$16,800	\$8,800/\$17,600	\$7,500/\$15,000	\$8,800/\$17,600
Max Out-of-Pocket Individual/Family (Out-of-network)	\$9,000/\$18,000	\$6,000/\$12,000	\$15,000/\$30,000	\$15,400/\$30,800	\$12,400/\$24,800	\$16,800/\$33,600	\$11,000/\$22,000	\$16,800/\$33,600	\$17,600/\$35,200	\$15,000/\$30,000	\$17,600/\$35,200
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC	50% AD/AC	30% AD/AC	45% AD/AC	40% AD/AC	30% AD/AC
Physician Services											
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$25/\$50	\$30/\$60	\$25/\$50	\$30/\$60	\$25/\$50	\$35/\$70	\$35/\$70	\$35/\$70	No charge AD/No charge AD
Virtual Consult (No Out-of-Network Coverage)	No charge	No charge AD									
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$50/\$100	\$60/\$120	\$50/\$100	\$60/\$120	\$50/\$100	\$65/\$130	\$70 AD/\$140 AD	\$70/\$140	No charge AD/20% AD
Outpatient Surgery											
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	\$100/\$200	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	No Charge AD/20% AD
Outpatient Services											
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	\$50/\$100	\$60/\$120	30% AD/50% AD	\$60/\$120	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$70 AD/\$140 AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	\$50/\$100	\$60/\$120	30% AD/50% AD	\$30/\$60	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$70 AD/\$140 AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$150/\$300	\$150/\$300	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	\$300/\$600	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$300 AD/\$600 AD	No charge AD/20% AD
Inpatient Services											
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	20% AD/40% AD	20% AD/40% AD	30% AD/50% AD	20% AD/40% AD	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	No charge AD/20% AD
Emergency & Urgent Care Services											
Emergency Services (In or Out-of-Network)	\$350	\$350	30% AD	30% AD	40% AD	30% AD	40% AD	20% AD	35% AD	30% AD	20% AD
Urgent Care Center Services	\$30	\$35	\$50	\$60	\$50	\$60	\$50	No charge AD	\$70 AD	\$70	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services											
Inpatient Services	\$250 copay/day;\$1,000 max	\$300 copay/day;\$1,200 max	20% AD	20% AD	30% AD	20% AD	30% AD	No charge AD	25% AD	20% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$25	\$25	\$35	\$40	\$35	\$40	\$35	\$45	\$45	\$45	No charge AD
Other Outpatient Services	\$25	\$25	20% AD	20% AD	30% AD	\$40	30% AD	No charge AD	25% AD	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment											
Insulin Pumps	No charge										
Pump Infusion Sets and Supplies	No charge	20%	20% AD	20% AD	30% AD	20% AD	30% AD	No charge AD	25% AD	20% AD	No charge AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services											
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20% AD	20% AD	30% AD	20% AD	30% AD	No charge AD	25% AD	20% AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	\$200/ \$350	\$350/\$450	\$450/\$600	\$450/\$600	\$500/\$650	20% AD/40% AD	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD	No charge AD/20% AD
Pharmacy											
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	\$10/\$40/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*	\$15/\$50/30%/30%*	Rx p/p Deductible \$200 \$25/\$50 AD/20% AD/20% AD*	\$15/\$50/30%/30%*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*

2023 Optima POS Equity Plans*

Plan Name	Optima POS Equity Silver 3000/20% Direct	Optima POS Equity Silver 4000/0% Direct	Optima POS Equity Bronze 6200/40/30% Direct	Optima POS Equity Bronze 6500/0% Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,200/\$12,400	\$6,500/\$13,000
Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Equity Plans)	\$6,000/\$12,000	\$8,000/\$16,000	\$12,400/\$24,800	\$13,000/\$26,000
Max Out-of-Pocket Individual/Family (In-network)	\$6,900/\$13,800	\$6,900/\$13,800	\$7,050/\$14,100	\$6,900/\$13,800
Max Out-of-Pocket Individual/Family (Out-of-network)	\$13,800/\$27,600	\$13,800/\$27,600	\$14,100/\$28,200	\$15,000/\$30,000
Out-of-Network Coinsurance	40% AD/AC	30% AD/AC	50% AD/AC	30% AD/AC
Physician Services				
PCP Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	\$40 AD/\$80 AD	No charge AD/20% AD
Virtual Consult (No Out-of-Network Coverage)	No charge AD	No charge AD	No charge AD	No charge AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	\$80 AD/\$160 AD	No charge AD/20% AD
Outpatient Surgery				
Outpatient Surgery (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Outpatient Services				
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities and physicians)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Inpatient Services				
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Emergency & Urgent Care Services				
Emergency Services (In or Out-of-Network)	30% AD	20% AD	40% AD	20% AD
Urgent Care Center Services	20% AD	No charge AD	30% AD	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services				
Inpatient Services	20% AD	No charge AD	30% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	20% AD	No charge AD	\$50 AD	No charge AD
Other Outpatient Services	20% AD	No charge AD	30% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment				
Insulin Pumps	20% AD	No charge AD	30% AD	No charge AD
Pump Infusion Sets and Supplies	20% AD	No charge AD	30% AD	No charge AD
Testing Supplies	Covered under Rx Benefits on associated tier			
Other Covered Services				
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD	No charge AD	30% AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	20% AD/40% AD	No charge AD/20% AD	30% AD/50% AD	No charge AD/20% AD
Pharmacy				
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	After Medical Deductible \$15 AD/\$50 AD/20% AD/20% AD*	After Medical Deductible 30% AD/30% AD/30% AD/30% AD*	After Medical Deductible 25% AD/25% AD/25% AD/25% AD*

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

2023 Optima POS Design Plans

Plan Name	Optima POS Design Silver 3000/20% Rx Ded Direct
Embedded/Non-Embedded	Embedded
Deductible Individual/Family (In-network; No 4th Quarter Deductible Carryover on Design Plans)	\$3,000/\$6,000
Deductible Individual/Family (Out-of-network; No 4th Quarter Deductible Carryover on Design Plans)	\$6,000/\$12,000
Max Out-of-Pocket Individual/Family (In-network)	\$7,700/\$15,400
Max Out-of-Pocket Individual/Family (Out-of-network)	\$15,400/\$30,800
Out-of-Network Coinsurance	40% AD/AC
Physician Services	
PCP Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD
Virtual Consult (No Out-of-Network Coverage)	No charge AD
Specialist Office Visit (Tier 1/Tier 2 physicians)	20% AD/40% AD
Outpatient Surgery	
Outpatient Surgery (Tier 1/Tier 2 facilities)	20% AD/40% AD
Outpatient Services	
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	20% AD/40% AD
Inpatient Services	
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD
Emergency & Urgent Care Services	
Emergency Services (In or Out-of-Network)	30% AD
Urgent Care Center Services	20% AD
Mental/Behavioral Health & Substance Use Disorder Services	
Inpatient Services	20% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	20% AD
Other Outpatient Services	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment	
Insulin Pumps	No charge
Pump Infusion Sets and Supplies	20% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit
Other Covered Services	
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	20% AD/40% AD
Pharmacy	
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$250 \$15 AD/\$50 AD/20% AD/20% AD*

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

Plan Name	Optima Plus Platinum 15/30 Direct	Optima Plus Platinum 15/35 Direct	Optima Plus Gold 500/25/20% Rx Ded Direct	Optima Plus Gold 750/30/20% Rx Ded Direct	Optima Plus Gold 1250/20/20% Rx Ded Direct	Optima Plus Gold 1500/25/20% Rx Ded Direct
Embedded/Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Deductible Individual/Family (In-network)	None	None	\$500/\$1,000	\$750/\$1,500	\$1,250/\$2,500	\$1,500/\$3,000
Deductible Individual/Family (Out-of-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,250/\$6,500
Max Out-of-Pocket Individual/Family (In-network)	\$4,500/\$9,000	\$3,000/\$6,000	\$7,500/\$15,000	\$7,700/\$15,400	\$6,500/\$13,000	\$6,500/\$13,000
Max Out-of-Pocket Individual/Family (Out-of-network)	\$9,000/\$18,000	\$6,000/\$12,000	\$15,000/\$30,000	\$15,400/\$30,800	\$13,000/\$26,000	\$13,000/\$26,000
Out-of-Network Coinsurance	30% AD/AC	40% AD/AC				
Physician Services						
PCP Office Visit (Tier 1/Tier 2 physicians)	\$15/\$30	\$15/\$30	\$25/\$50	\$30/\$60	\$20/\$40	\$25/\$50
Virtual Consult (No Out-of-Network Coverage)	No charge					
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$35/\$70	\$50/\$100	\$60/\$120	\$40/\$80	\$50/\$100
Outpatient Surgery						
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$200/\$300	\$150/\$250	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Outpatient Services						
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	\$50/\$100	\$60/\$120	20% AD/40% AD	20% AD/40% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	No charge/20%	20%/40%	\$50/\$100	\$60/\$120	20% AD/40% AD	20% AD/40% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$150/\$300	\$150/\$300	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Inpatient Services						
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD
Emergency & Urgent Care Services						
Emergency Services (In or Out-of-Network)	\$350	\$350	30% AD	30% AD	30% AD	30% AD
Urgent Care Center Services	\$30	\$35	\$50	\$60	\$40	\$40
Mental/Behavioral Health & Substance Use Disorder Services						
Inpatient Services	\$250 copay/day;\$1,000 max	\$300 copay/day;\$1,200 max	20% AD	20% AD	20% AD	20% AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$25	\$25	\$35	\$40	\$30	\$35
Other Outpatient Services	\$25	\$25	20% AD	20% AD	20% AD	20% AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment						
Insulin Pumps	No charge					
Pump Infusion Sets and Supplies	No charge	20%	20% AD	20% AD	20% AD	20% AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services						
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	\$15	20%	20% AD	20% AD	20% AD	20% AD
Maternity Care (Tier 1/Tier 2 physicians)	\$200/\$350	\$350/\$450	\$450/\$600	\$450/\$600	\$450/\$600	\$450/\$600
Pharmacy						
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (* \$350 max out-of-pocket, per prescription)	\$10/\$40/20%/20%*	\$10/\$40/20%/20%*	Rx p/p Deductible \$200 \$15/\$50 AD/20% AD/20% AD*			

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

Plan Name	Optima Plus Gold 2000/30/20% Rx Ded Direct	Optima Plus Gold 2000/25/30% Rx Ded Direct	Optima Plus Gold 2800/35/0% Rx Ded Direct	Optima Plus Silver 3000/35/25% Direct	Optima Plus Silver 4000/40/20% Rx Ded Direct	Optima Plus Silver 5600/40/20% Rx Ded Direct	Optima Plus Silver 6500/0% Rx Ded Direct
Embedded/Non-Embedded	Embedded						
Deductible Individual/Family (In-network)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,800/\$5,600	\$3,000/\$6,000	\$4,000/\$8,000	\$5,600/\$11,200	\$6,500/\$13,000
Deductible Individual/Family (Out-of-Network)	\$4,000/\$8,000	\$4,000/\$8,000	\$5,600/\$11,200	\$6,000/\$12,000	\$8,000/\$16,000	\$11,200/\$22,400	\$13,000/\$26,000
Max Out-of-Pocket Individual/Family (In-network)	\$8,400/\$16,800	\$5,500/\$11,000	\$8,400/\$16,800	\$8,800/\$17,600	\$8,650/\$17,300	\$8,800/\$17,600	\$8,800/\$17,600
Max Out-of-Pocket Individual/Family (Out-of-network)	\$16,800/\$33,600	\$11,000/\$22,000	\$16,800/\$33,600	\$17,600/\$35,200	\$17,000/\$34,000	\$17,600/\$35,200	\$17,600/\$35,200
Out-of-Network Benefits Coinsurance	40% AD/AC	50% AD/AC	30% AD/AC	45% AD/AC	40% AD/AC	40% AD/AC	30% AD/AC
Physician Services							
PCP Office Visit (Tier 1/Tier 2 physicians)	\$30/\$60	\$25/\$50	\$35/\$70	\$35/\$70	\$40/\$80	\$40/\$80	No charge AD/20% AD
Virtual Consult (No Out-of-Network Coverage)	No charge	No charge AD					
Specialist Office Visit (Tier 1/Tier 2 physicians)	\$60/\$120	\$50/\$100	\$65/\$130	\$70 AD/\$140 AD	\$80/\$160	\$80/\$160	No charge AD/20% AD
Outpatient Surgery							
Outpatient Surgery (Tier 1/Tier 2 facilities)	\$100/\$200	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	No Charge AD/20% AD
Outpatient Services							
Outpatient Diagnostic Procedures & Tests (Tier 1/Tier 2 facilities)	\$60/\$120	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$80 AD/\$160 AD	20% AD/40% AD	No charge AD/20% AD
Outpatient Lab Work (Tier 1/Tier 2 facilities)	\$30/\$60	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	\$80 AD/\$160 AD	20% AD/40% AD	No charge AD/20% AD
Advanced Imaging & Testing Procedures (Tier 1/Tier 2 facilities & physicians)	\$300/\$600	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD
Inpatient Services							
Inpatient Hospital Services (Tier 1/Tier 2 facilities)	20% AD/40% AD	30% AD/50% AD	No charge AD/20% AD	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD
Emergency & Urgent Care Services							
Emergency Services (In or Out-of-Network)	30% AD	40% AD	20% AD	35% AD	30% AD	30% AD	20% AD
Urgent Care Center Services	\$60	\$50	No charge AD	\$70 AD	\$80	\$80	No charge AD
Mental/Behavioral Health & Substance Use Disorder Services							
Inpatient Services	20% AD	30% AD	No charge AD	25% AD	20% AD	20% AD	No charge AD
Outpatient Office Visits (PCP, Specialist or Virtual Consults)	\$40	\$35	\$45	\$45	\$50	\$50	No charge AD
Other Outpatient Services	\$40	30% AD	No charge AD	25% AD	20% AD	20% AD	No charge AD
Employee Assistance Visits	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required	3 sessions per presenting issue for each individual covered; no copay required
Diabetes Treatment							
Insulin Pumps	No charge						
Pump Infusion Sets and Supplies	20% AD	30% AD	No charge AD	25% AD	20% AD	20% AD	No charge AD
Testing Supplies	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit	No charge under the Plan's Prescription Drug Benefit
Other Covered Services							
Adult Preventive Vision Exams	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months	No charge for 1 in-network visit every 12 months
Chiropractic Care (Spinal Manipulation)	20% AD	30% AD	No charge AD	25% AD	20% AD	20% AD	No charge AD
Maternity Care (Tier 1/Tier 2 physicians)	20% AD/40% AD	\$500/\$650	\$500/\$650	25% AD/45% AD	20% AD/40% AD	20% AD/40% AD	No charge AD/20% AD
Pharmacy							
Prescription Drug Coverage Deductible, if applicable Tier 1/Tier 2/Tier 3/Tier 4 (*\$350 max out-of-pocket, per prescription)	Rx p/p Deductible \$200 \$25/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$100 \$15/\$50 AD/30% AD/30% AD*	Rx p/p Deductible \$200 \$15 AD/\$50 AD/25% AD/25% AD*	After Medical Deductible \$15 AD/\$50 AD/25% AD/25% AD*	Rx p/p Deductible \$250 \$25 AD/\$50 AD/20% AD/20% AD*	Rx p/p Deductible \$200 \$10/\$40 AD/20% AD/20% AD*	Rx p/p Deductible \$250 \$15 AD/\$50 AD/25% AD/25% AD*

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

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

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

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

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

Equipment and supplies under this benefit are not considered durable medical equipment. An annual diabetic eye exam is covered from an Optima Health Plan provider or at a participating 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.



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