

# 2023 BusinessEDGE® Optima Plus Equity Plans

Groups with 5-250 enrolled employees

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

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE OPTION 1 Deductible, if applicable	PRESCRIPTION DRUG COVERAGE OPTION 2 Deductible, if applicable
<b>Optima Plus Equity 3000/0%</b>	\$3,000 \$6,000	\$4,000 \$8,000	\$5,500 \$11,000	\$11,000 \$22,000	No charge AD	No charge AD	No charge AD	No charge AD	No charge AD	20% AD	No charge AD	<b>MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	<b>Prev BD, MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
<b>Optima Plus Equity 3000/10%</b>	\$3,000 \$6,000	\$4,000 \$8,000	\$5,500 \$11,000	\$11,000 \$22,000	10% AD	No charge AD	10% AD	10% AD	10% AD	20% AD	10% AD	<b>MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	<b>Prev BD, MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
<b>Optima Plus Equity 4000/20%</b>	\$4,000 \$8,000	\$5,500 \$10,500	\$6,500 \$13,000	\$13,000 \$26,000	20% AD	No charge AD	20% AD	20% AD	20% AD	30% AD	20% AD	<b>MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	<b>Prev BD, MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)
<b>Optima Plus Equity 5000/0%</b>	\$5,000 \$10,000	\$10,000 \$20,000	\$6,900 \$13,800	\$13,800 \$27,600	\$30 AD	No charge AD	\$60 AD	No charge AD	No charge AD	20% AD	20% AD	<b>MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)	<b>Prev BD, MDA**</b> Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 25% AD (\$250 max) Tier 4: 25% AD (\$400 max)

AD: After Deductible | \*Ded p/p: Deductible per person | \*\*MDA: Medical Deductible Applies | AC: Allowable Charges | Prev BD: Preventive Drugs Before Deductible

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