

Samples

Commercial Group

(does not include custom cards for self-funded employer groups)

HMO, POS, and PPO Product Lines

FRONT OF CARD

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX
RxBIN# 610011
RxPCN# OHPCOMM

RxDed: \$999
RX: 99/99/99/99

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

Detailed benefit information at optimahealth.com and our mobile app

Traditional Plan

- Company/Group Name
- Plan name
- Benefit copay/coinsurance
- Plan deductible
- Rx benefit

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: John X Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 99-99-99

RxBIN# 610011
RxPCN# OHPCOMM
Network: DIRECT

Tier1		Tier2	
Coins: 99/99%	UCC: \$99	Coins: 99/99%	UCC: \$99
OV: \$99	ED: \$999	OV: \$99	ED: \$999
SOV: \$99	DX1: \$999	SOV: \$99	DX1: \$999
	IP: \$999		IP: \$999

RxDed: \$999
RX: 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Direct Network Plan

- Network name is on right on card
- Tier 1 benefit copay/coinsurance
- Tier 2 copay/coinsurance

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX

Network: SELECT
RxBIN# 610011
RxPCN# OHPCOMM

RxDed: \$999
RX: 99/99/99/99

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

Detailed benefit information at optimahealth.com and our mobile app

Select Network Plan

- Network name is on left of card

OptimaHealth

ABC COMPANY
EQUITY POSA

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX
RxBIN# 610011
RxPCN# OHPCOMM

*Ded: \$9999
Coins: 99%

*This plan includes preventive care benefits not subject to the deductible.
Please refer to your plan documents for details.

RX^{AD}
99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Equity and Design Plans

- Plan name has Equity or Design
- Benefit deductible and coinsurance
- Notice of preventive care services (Equity plans only)

Samples

Commercial Group

(does not include custom cards for self-funded employer groups)

HMO, POS, and PPO Product Lines (cont.)


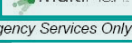
BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	X-XXX-XXX-XXXX
Provider Services: <i>(Including Pre-Authorization)</i>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Employee Assistance Program (EAP):	1-800-899-8174

Submit claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
--	--



Emergency Services Only

An HMO plan Underwritten by Optima Health Plan




PHCS and MultiPlan logos

Emergency Services notice for HMO plans only

"Underwritten by..." for fully insured groups and

"Administered by..." for self-funded groups

OOA PPO Product Line

ABC COMPANY PLUS

OUT OF AREA PLAN

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26	Coins: 99/99%
Member Number: XXXXXXXXX10	OV: \$99
Group Number: XXXXX6	SOV: \$99
Effective Date: XX-XX-XX	UCC: \$99
RxBIN# 610011	ED: \$999
RxPCN# OHPCOMM	DX1: \$999
	DX2: \$999
RxDed \$999	OP: \$999
	IP: \$999
RX 99/99/99/99	

Detailed benefit information at optimahealth.com and our mobile app

Out-of-Area PPO – All Network Plans

Shows "Out of Area" on card

PHCS logo and MultiPlan logo on front

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	X-XXX-XXX-XXXX
Provider Services: <i>(Including Pre-Authorization)</i>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Employee Assistance Program (EAP):	1-800-899-8174
Out of Area Provider Network:	1-888-817-7427

Submit claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
--	--

A PPO plan Administered by Sentara Health Plans, Inc.

Samples

Individual & Family Plans

FRONT OF CARD

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX
RxBIN# 610011
RxPCN# OHPCOMM

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

RxDed \$999

RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Traditional Plan

- Individual Product
- Plan name, includes "OptimaFit"
- Benefit copay/coinsurance
- Plan deductible
- Rx benefit
- "FFM" for On-Exchange plans only

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFITXXXXXXXXXXXXXXXXXXXX35XXXXXXXXX47
PLANXNAMEXXXXXXXXXXXXXXXXXXXX35XXXXXXXXX47

Member Name: John X Doe
Member Number: 9999999*99
Group Number: 999999
Effective Date: 99-99-99

RxBIN# 610011
RxPCN# OHPCOMM
Network: DIRECT

Tier1			Tier2		
Coins: 99/99%	UCC: \$99	DX2: \$999	Coins: 99/99%	UCC: \$99	DX2: \$999
OV: \$99	ED: \$999	OP: \$999	OV: \$99	ED: \$999	OP: \$999
SOV: \$99	DX1: \$999	IP: \$999	SOV: \$99	DX1: \$999	IP: \$999

RxDed \$999

RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Direct Network Plan

- Network name is on right on card
- Tier 1 benefit copay/coinsurance
- Tier 2 copay/coinsurance

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX

Network: SELECT
RxBIN# 610011
RxPCN# OHPCOMM

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

RxDed \$999

RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Select Network Plan

- Network name is on left of card

Samples

Individual & Family Plans

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX HSA

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: XXXXX6
 Effective Date: XX-XX-XX
 RxBIN# 610011
 RxPCN# OHPCOMM

*Ded: \$9999
 Coins: 99%

**This plan includes preventive care benefits not subject to the deductible
 Please refer to your plan documents for details*

RX^{MD}
 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Equity HSA Plan

- Plan name includes "HSA"
- Benefit deductible and coinsurance
- Notice of preventive care services

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: X-XXX-XXX-XXXX
(Hearing Impaired / Virginia Relay: 711)

Provider Services: 1-800-229-8822
(Including Pre-Authorization)

24/7 Nurse Advice Line: 1-800-394-2237

OptumRx Pharmacist Help Desk: 1-866-244-9113

Submit claims to:

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

An HMO HSA plan Administered by Sentara Health Plans, Inc.


PHCS
MultiPlan
Emergency Services Only

- PHCS and MultiPlan logos
- Emergency Services notice

Samples

Medicare Plans

FRONT OF CARD

OptimaHealth 

Optima Medicare HMO

Optima Community Complete (HMO DSNP)

Member Name: John Doe Sample
 Member Number: 9999999999*01
 Rx Group Number: MAPDCRX
 Effective Date: 01/01/20XX
 Issuer: 80840

OV: \$XX
 SOV: \$XX
 UCC: \$XX
 ED: \$XX

Part B and Part D Rx
 RxBin: 610011
 RxPcn: CTRXMEDD


MedicareRx
 Prescription Drug Coverage

H2563-004

Detailed benefit information at optimahealth.com and our mobile app

Optima Health Community Complete

- Product line
- Plan type
- Optima Health Issuer ID number
- Benefit copays/coinsurance
- Rx benefit
- Medicare Rx logo
- Medicare Federal plan ID

OptimaHealth 

Optima Medicare Prime (HMO)

Member Name: John Doe Sample
 Member Number: 9999999999*01
 Rx Group Number: MAPDBRX
 Effective Date: 01/01/20XX
 Issuer: 80840

OV: \$0
 SOV: \$25
 UCC: \$25
 ED: \$90

Part B and Part D Rx
 RxBin: 610011
 RxPcn: CTRXMEDD

MedicareRx
 Prescription Drug Coverage

H2563-005-001

Detailed benefit information at optimahealth.com and our mobile app

Optima Medicare Prime

- Plan type
- Optima Health Issuer ID number
- Benefit copays/coinsurance
- Rx benefit
- Medicare Rx logo
- Medicare Federal plan ID

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <small>(Hearing Impaired / Virginia Relay: 711)</small>	1-800-927-6048
Provider Services: <small>(Including Pre-Authorization)</small>	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacy Help Desk:	1-866-603-7514

Submit claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	PHARMACY PAPER CLAIMS P.O. Box 968021 Schaumburg, IL 60196-8021	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
---	--	---


An HMO plan offered by Optima Health Plan

"Offered by..." for Medicare plans

Samples

Medicaid Plans

FRONT OF CARD

OptimaHealth 

FAMILY CARE

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: ABC
 Member Effective Date: 99-99-99
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999



OV: \$0
 ER: \$0
 RX: \$0

DOB: 99/99/9999

Detailed benefit information at optimahealth.com and our mobile app

Optima Family Care

- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth

 **OptimaHealth** 

OPTIMA HEALTH COMMUNITY CARE


Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: ABC
 Member Effective Date: 99-99-99
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999

DOB: 99/99/9999

Detailed benefit information at optimahealth.com and our mobile app

Optima Health Community Care

- CCC Plus logo
- Plan type
- Member Medicaid ID number
- Member date of birth
- PCP name and phone number


OptimaHealth 

OPTIMA FAMILY CARE
MEDICAID XP

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: OFC
 Member Effective Date: 07-01-18
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999

OV: \$0
 ER: \$0
 RX: \$0

DOB: 99/99/9999



Detailed benefit information at optimahealth.com and our mobile app

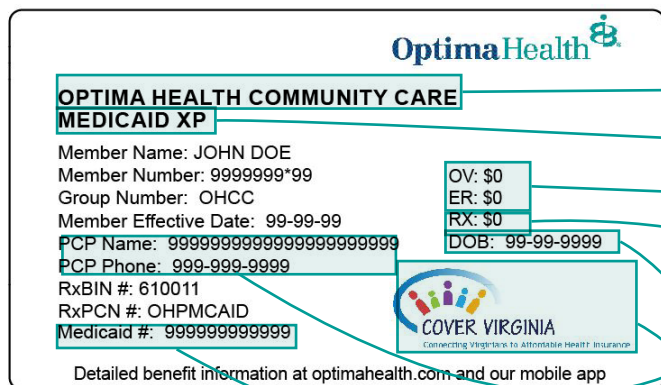
Medicaid Expansion/Family Care

- Product line
- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth
- Cover Virginia logo

Samples

Medicaid Plans

FRONT OF CARD



OptimaHealth

**OPTIMA HEALTH COMMUNITY CARE
MEDICAID XP**

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: OHCC
 Member Effective Date: 99-99-99
 PCP Name: 999999999999999999999999
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999

OV: \$0
 ER: \$0
 RX: \$0
 DOB: 99-99-9999

COVER VIRGINIA
 Connecting Virginians to Affordable Health Insurance

Detailed benefit information at optimahealth.com and our mobile app

Medicaid Expansion/Community Care

- Product line
- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth
- Cover Virginia logo

BACK OF CARD

Pre Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room.
 Always call your Primary Care Physician for non-emergent care.

Member Services: (Hearing Impaired/Virginia Relay: 711)	1-800-881-2186
Behavioral Health/ARTS Crisis Line:	1-800-648-8420
Provider Services: (Including Pre-Authorization)	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacist Help Desk: (Including Pre-Authorization)	1-866-244-9113
Smiles for Children:	1-888-912-3456
Transportation:	1-877-892-3986

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440	OPTIMA HEALTH 4417 Corporation Lane Virginia Beach, VA 23462-3162
--	--	---

Offered by Optima Health Plan