

2023 Optima Plus Plans

Small Groups with 1-50 total employees

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

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	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 Deductible, if applicable
Optima Plus Platinum 15/30 Direct	None	\$2,000 \$4,000	\$4,500 \$9,000	\$9,000 \$18,000	30% AD/AC	\$15/\$30	No charge	\$30/\$60	\$200/\$300	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$350	\$30	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Plus Platinum 15/35 Direct	None	\$2,000 \$4,000	\$3,000 \$6,000	\$6,000 \$12,000	40% AD/AC	\$15/\$30	No charge	\$35/\$70	\$150/\$250	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	\$350	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima Plus Gold 500/25/20% Rx Ded Direct	\$500 \$1,000	\$1,000 \$2,000	\$7,000 \$15,000	\$15,000 \$30,000	40% AD/AC	\$25/\$50	No charge	\$50/\$100	20% AD/40% AD	20% AD/40% AD	30% AD	\$50	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Gold 750/30/20% Rx Ded Direct	\$750 \$1,500	\$1,500 \$3,000	\$7,700 \$15,400	\$15,400 \$30,800	40% AD/AC	\$30/\$60	No charge	\$60/\$120	20% AD/40% AD	20% AD/40% AD	30% AD	\$60	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Gold 1250/20/20% Rx Ded Direct	\$1,250 \$2,500	\$2,500 \$5,000	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	\$20/\$40	No charge	\$40/\$80	20% AD/40% AD	20% AD/40% AD	30% AD	\$40	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Gold 1500/25/20%Rx Ded Direct	\$1,500 \$3,000	\$3,250 \$6,500	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	\$25/\$50	No charge	\$50/\$100	20% AD/40% AD	20% AD/40% AD	30% AD	\$40	\$200 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Gold 2000/30/20% Rx Ded Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$8,400 \$16,800	\$16,800 \$33,600	40% AD/AC	\$30/\$60	No charge	\$60/\$120	\$100/\$200	20% AD/40% AD	30% AD	\$60	\$200 Ded p/p* Tier 1: \$25 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Gold 2000/25/30% Rx Ded Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$5,500 \$11,000	\$11,000 \$22,000	50% AD/AC	\$25/\$50	No charge	\$50/\$100	30% AD/50% AD	30% AD/50% AD	40% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima Plus Gold 2800/35/0% Rx Ded Direct	\$2,800 \$5,600	\$5,600 \$11,200	\$8,400 \$16,800	\$16,800 \$33,600	30% AD/AC	\$35/\$70	No charge	\$65/\$130	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	\$200 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima Plus Silver 3000/35/25% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$8,800 \$17,600	\$17,600 \$35,200	45% AD/AC	\$35/\$70	No charge	\$70 AD/\$140 AD	25% AD/45% AD	25% AD/45% AD	35% AD	\$70 AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

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

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.

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Optima Plus Silver 4000/40/20% Rx Ded Direct	\$4,000 \$8,000	\$8,000 \$16,000	\$8,650 \$17,300	\$17,000 \$34,000	40% AD/AC	\$40/\$80	No charge	\$80/\$160	20% AD/40% AD	20% AD/40% AD	30% AD	\$80	\$250 Ded p/p* Tier 1: \$25 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Silver 5600/40/20% Rx Ded Direct	\$5,600 \$11,200	\$11,200 \$22,400	\$8,800 \$17,600	\$17,600 \$35,200	40% AD/AC	\$40/\$80	No charge	\$80/\$160	20% AD/40% AD	20% AD/40% AD	30% AD	\$80	\$200 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Silver 6500/0% Rx Ded Direct	\$6,500 \$13,000	\$13,000 \$26,000	\$8,800 \$17,600	\$17,600 \$35,200	30% AD/AC	No charge AD/ 20% AD	No charge AD	No charge AD/ 20% AD	No charge AD/ 20% AD	No charge AD/ 20% AD	20% AD	No charge AD	\$250 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

2023 Optima Plus Equity Plans

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	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 Deductible, if applicable
Optima Plus Equity Silver 3000/20% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$6,900 \$13,800	\$13,800 \$27,600	40% AD/AC	20% AD/40% AD	No charge AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Equity Silver 4000/0% Direct	\$4,000 \$8,000	\$8,000 \$16,000	\$6,900 \$13,800	\$13,800 \$27,600	30% AD/AC	No charge AD/ 20% AD	No charge AD	No charge AD/ 20% AD	No charge AD/ 20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima Plus Equity Bronze 6500/0% Direct	\$6,500 \$13,000	\$13,000 \$26,000	\$6,900 \$13,800	\$15,000 \$30,000	30% AD/AC	No charge AD/20% AD	No charge AD	No charge AD/20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: 25% AD Tier 2: 25% AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

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