

OptimaFit Direct Cost-Share Reduction (CSR) Plans

Hampton Roads, New Kent, Louisa, Franklin, Mecklenburg, Southampton, and more.

OptimaFit Direct Cost-Share Reduction (CSR) Plans

	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
Plan Name	OptimaFit Silver 1800 25% Direct M	OptimaFit Silver 1800 (04) Direct M	OptimaFit Silver 400 (05) Direct M	OptimaFit Silver 100 (06) Direct M	OptimaFit Silver 6600 30% Direct M	OptimaFit Silver 2800 (04) Direct M	OptimaFit Silver 700 (05) Direct M	OptimaFit Silver 230 (06) Direct M
In-Network Deductible: Individual Family	\$1,800 \$3,600	\$1,800 \$3,600	\$400 \$800	\$100 \$200	\$6,600 \$13,200	\$2,800 \$5,600	\$700 \$1,400	\$230 \$460
Type of Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Individual Family	\$7,900 \$15,800	\$6,100 \$12,200	\$2,500 \$5,000	\$800 \$1,600	\$7,900 \$15,800	\$6,300 \$12,600	\$2,600 \$5,200	\$900 \$1,800
Coinsurance	25%	25%	15%	10%	30%	25%	10%	10%
Office Visit: Primary Care Physician (PCP) (Tier 1 Tier 2 physician)	\$40 \$80	\$30 \$60	\$20 \$40	\$10 \$20	\$25 \$50	\$25 \$50	\$20 \$40	\$10 \$20
Virtual Consult Provided by an approved provider	\$40	\$30	\$20	\$10	\$25	\$25	\$20	\$10
Office Visit: Specialist (Tier 1 Tier 2 physician)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Maternity Care (Tier 1 Tier 2 physician)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Preventive Care	0%	0%	0%	0%	0%	0%	0%	0%
Urgent Care	25% AD	25% AD	15% AD	10% AD	30% AD	25% AD	10% AD	10% AD
Emergency Room Care (In and Out-of-network)	45% AD	45% AD	35% AD	30% AD	50% AD	45% AD	30% AD	30% AD
Inpatient Hospital Services (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1 Tier 2 physician & facilities)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Outpatient Surgery (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Adult Preventive Vision Exams	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months	0% for 1 visit every 12 months
Mental Health and Substance Abuse: Outpatient Office Visits (Tier 1 Tier 2 physician)	5% 50%	5% 50%	5% 50%	5% 50%	10% 50%	5% 50%	5% 50%	5% 50%
Mental Health and Substance Abuse: Inpatient Services (Tier 1 Tier 2 facilities)	25% AD 50% AD	25% AD 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Chiropractic Care (Spinal Manipulation)	25% AD	25% AD	15% AD	10% AD	30% AD	25% AD	10% AD	10% AD
Physical and Occupational Therapy (Tier 1 Tier 2 physician & facilities)	25% AD 50% AD	25% AD / 50% AD	15% AD 50% AD	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	10% AD 50% AD	10% AD 50% AD
Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$15 25% AD 35% AD 35% AD	Medical deductible applies \$15 25% AD 35% AD 35% AD	Medical deductible applies \$15 25% AD 25% AD 25% AD	Medical deductible applies \$15 20% AD 20% AD 20% AD	Medical deductible applies \$20 \$40 40% AD 40% AD	Medical deductible applies \$15 \$40 35% AD 35% AD	Medical deductible applies \$10 \$35 20% AD 20% AD	Medical deductible applies \$10 \$35 20% AD 20% AD

Optima Health is the trade name of Optima Health Plan. Optima Health Insurance Company, Optima Health Group, Inc. and Sentara Health Plans, Inc. Optima Vantage HMO plans are underwritten by Optima Health Plan. Optima Preferred Provider Organization (PPO) products are 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.

This summary is for comparison purposes only. For complete details, please view the product Summary of Benefits and Coverage (SBC) at www.optimahealth.com/sbc.

AD = After Deductible OON = Out Of Network