

Plan Name	OptimaFit Gold 1600 10% Direct	OptimaFit Silver 1800 25% Direct	OptimaFit Silver 6600 30% Direct	OptimaFit Bronze 6000 20% HSA Direct	OptimaFit Bronze 7200 20% Direct
<b>In-Network Deductible:</b> Individual   Family	\$1,600   \$3,200	\$1,800   \$3,600	\$6,600   \$13,200	\$6,000   \$12,000	\$7,200   \$14,400
<b>Type of Deductible</b>	Embedded	Embedded	Embedded	Embedded	Embedded
<b>In-Network Out-of-Pocket Max:</b> Individual   Family	\$7,900   \$15,800	\$7,900   \$15,800	\$7,900   \$15,800	\$6,650   \$13,300	\$7,900   \$15,800
<b>Coinsurance</b>	10%	25%	30%	20%	20%
<b>Office Visit: Primary Care Physician (PCP)</b> (Tier 1   Tier 2 physician)	\$30   \$60	\$40   \$80	\$25   \$50	20% AD   50% AD	\$40 per visit for first 3 visits, then 20% AD \$80 per visit for first 3 visits, then 50% AD
<b>Virtual Consult</b> Provided by an approved provider	\$30	\$40	\$25	20% AD	\$40 per visit for first 3 visits, then 20% AD
<b>Office Visit: Specialist</b> (Tier 1   Tier 2 physician)	\$60   \$120	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	\$60 AD   \$120 AD
<b>Maternity Care</b> (Tier 1   Tier 2 physician)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Preventive Care</b>	0%	0%	0%	0%	0%
<b>Urgent Care</b>	10% AD	25% AD	30% AD	20% AD	20% AD
<b>Emergency Room Care</b> (In and Out-of-network)	30% AD	45% AD	50% AD	40% AD	40% AD
<b>Inpatient Hospital Services</b> (Tier 1   Tier 2 facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Outpatient Diagnostic Tests:</b> X-ray, Ultrasound, EKG, etc. (Tier 1   Tier 2 facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Outpatient Advanced Diagnostic Tests:</b> MRI, CT Scan, etc. (Tier 1   Tier 2 physician & facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Outpatient Surgery</b> (Tier 1   Tier 2 facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Adult Preventive Vision Exams</b>	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
<b>Mental Health and Substance Abuse:</b> Outpatient Office Visits (Tier 1   Tier 2 physician)	\$30   \$60	5%   50%	10%   50%	20% AD   50% AD	\$40 per visit for first 3 visits, then 20% AD \$80 per visit for first 3 visits, then 50% AD
<b>Mental Health and Substance Abuse:</b> Inpatient Services (Tier 1   Tier 2 facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Chiropractic Care</b> (Spinal Manipulation)	10% AD	25% AD	30% AD	20% AD	20% AD
<b>Physical and Occupational Therapy</b> (Tier 1   Tier 2 physician & facilities)	10% AD   50% AD	25% AD   50% AD	30% AD   50% AD	20% AD   50% AD	20% AD   50% AD
<b>Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$15   \$55   35% AD   35% AD	Medical deductible applies \$15   25% AD   35% AD   35% AD	Medical deductible applies \$20   \$40   40% AD   40% AD	Medical deductible applies 20% AD   20% AD   35% AD   35% AD	Medical deductible applies \$25   \$45 AD   35% AD   35% 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](http://www.optimahealth.com/sbc).

AD = After Deductible OON = Out Of Network