

Plan Name Charlottesville	OptimaFit Gold 1000 10% Direct CH M	OptimaFit Silver 1500 30% Direct CH M	OptimaFit Bronze 5600 25% HSA Direct CH M	OptimaFit Bronze 6700 40% Direct CH M
Plan Name Rockingham	OptimaFit Gold 1000 10% Direct RK M	OptimaFit Silver 1500 30% Direct RK M	OptimaFit Bronze 5600 25% HSA Direct RK M	OptimaFit Bronze 6700 40% Direct RK M
In-Network Deductible: Individual Family	\$1,000 \$2,000	\$1,500 \$3,000	\$5,600 \$11,200	\$6,700 \$13,400
Type of Deductible	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Individual Family	\$7,900 \$15,800	\$7,900 \$15,800	\$6,650 \$13,300	\$7,900 \$15,800
Coinsurance	10%	30%	25%	40%
Office Visit: Primary Care Physician (PCP) (Tier 1 Tier 2 physician)	\$35 \$70	\$40 \$80	25% AD 50% AD	\$45 per visit for first 3 visits, then 40% AD \$90 per visit for first 3 visits, then 50% AD
Virtual Consult Provided by an approved provider	\$35	\$40	25% AD	\$45 per visit for first 3 visits, then 40% AD
Office Visit: Specialist (Tier 1 Tier 2 physician)	\$65 \$130	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Maternity Care (Tier 1 Tier 2 physician)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Preventive Care	0%	0%	0%	0%
Urgent Care	10% AD	30% AD	25% AD	40% AD
Emergency Room Care (In and Out-of-network)	30% AD	50% AD	45% AD	50% AD
Inpatient Hospital Services (Tier 1 Tier 2 facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc. (Tier 1 Tier 2 facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc. (Tier 1 Tier 2 physician & facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Outpatient Surgery (Tier 1 Tier 2 facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% 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
Mental Health and Substance Abuse: Outpatient Office Visits (Tier 1 Tier 2 physician)	\$35 \$70	10% 50%	25% AD 50% AD	20% 50%
Mental Health and Substance Abuse: Inpatient Services (Tier 1 Tier 2 facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Chiropractic Care (Spinal Manipulation)	10% AD	30% AD	25% AD	40% AD
Physical and Occupational Therapy (Tier 1 Tier 2 physician & facilities)	10% AD 50% AD	30% AD 50% AD	25% AD 50% AD	40% AD 50% AD
Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$25 \$50 35% AD 35% AD	Medical deductible applies \$25 \$50 40% AD 40% AD	Medical deductible applies 25% AD 25% AD 35% AD 35% AD	Medical deductible applies \$25 40% AD 45% AD 45% 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