

Plan Name Charlottesville	OptimaFit Gold 1600 10% Select CH	OptimaFit Silver 6600 30% Select CH	OptimaFit Bronze 6000 20% HSA Select CH	OptimaFit Bronze 7200 20% Select CH
Plan Name Rockingham	OptimaFit Gold 1600 10% Select RK	OptimaFit Silver 6600 30% Select RK	OptimaFit Bronze 6000 20% HSA Select RK	OptimaFit Bronze 7200 20% Select RK
In-Network Deductible: Individual Family	\$1,600 \$3,200	\$6,600 \$13,200	\$6,000 \$12,000	\$7,200 \$14,400
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%	20%	20%
Office Visit: Primary Care Physician (PCP)	\$30	\$25	20% AD	\$40 per visit for first 3 visits, then 20% AD
Virtual Consult Provided by an approved provider	\$30	\$25	20% AD	\$40 per visit for first 3 visits, then 20% AD
Office Visit: Specialist	\$60	30% AD	20% AD	\$60 AD
Maternity Care	10% AD	30% AD	20% AD	20% AD
Preventive Care	0%	0%	0%	0%
Urgent Care	10% AD	30% AD	20% AD	20% AD
Emergency Room Care (In and Out-of-network)	30% AD	50% AD	40% AD	40% AD
Inpatient Hospital Services	10% AD	30% AD	20% AD	20% AD
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc.	10% AD	30% AD	20% AD	20% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc.	10% AD	30% AD	20% AD	20% AD
Outpatient Surgery	10% AD	30% AD	20% AD	20% 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	\$30	10%	20% AD	\$40 per visit for first 3 visits, then 20% AD
Mental Health and Substance Abuse: Inpatient Services	10% AD	30% AD	20% AD	20% AD
Chiropractic Care (Spinal Manipulation)	10% AD	30% AD	20% AD	20% AD
Physical and Occupational Therapy	10% AD	30% AD	20% AD	20% AD
Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$15 \$55 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.

AD = After Deductible OON = Out Of Network