

Plan Name Charlottesville	OptimaFit Gold 1600 10% Select CH M	OptimaFit Silver 6600 30% Select CH M	OptimaFit Bronze 6000 20% HSA Select CH M	OptimaFit Bronze 7200 20% Select CH M
Plan Name Rockingham	OptimaFit Gold 1600 10% Select RK M	OptimaFit Silver 6600 30% Select RK M	OptimaFit Bronze 6000 20% HSA Select RK M	OptimaFit Bronze 7200 20% Select RK M
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

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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



optimahealth.com/individual