

Optima Health 2018 Small Group Guide



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OptimaHealth 

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*“Optima Health is a
great company to work with.”*

Northwest Hardware

Table of Contents

4	Introduction
5	New for 2018
6–7	Guide Sheet
8–15	Optima Vantage Plans
16–19	Optima POS Plans
20–25	Optima Plus Plans
26–27	OptimaDirect[®] Plans
28–33	Optima BusinessEDGE[®] Plans
34	Innovative Solutions and Value-Added Services
35	Health and Wellness

Dear Partners,

Healthcare can be complicated, but choosing a health plan that best suits your business needs doesn't have to be.

Through our fully-integrated approach, Optima Health is committed to providing you and your clients comprehensive product lines.

Our care team of medical professionals, facilities, pharmacies, and wellness programs work together to promote good health. We manage costs and improve quality to help make your job a little easier.

Our broad spectrum of advanced, Affordable Care Act (ACA)-compliant products and service solutions are designed for employers, employees, and their families. Our progressive plan designs encourage greater member participation in healthcare decisions, and empower you to better manage costs and improve your overall service quality.

Optima Health is committed to being the healthcare carrier with the best product selection and service for you and your clients. We look forward to continuing our partnership with you.

Donna Briggs, Tim Glebus and Lance Pessarra

Regional Sales Managers

2018 Innovative Plans for Small Groups



BreadWorks Bakery & Deli, Charlottesville

BusinessEDGE® Expands the Size of Businesses and Number of Plans Available for 2018

Optima BusinessEDGE is now available for businesses with 10 to 150 total enrolled employees. This self-funded alternative has over 20 different plan options.

Optima BusinessEDGE offers an integrated solution – claims administration and provision of a stop-loss policy. This integrated solution makes transactions faster, more efficient and more secure, and avoids the hassle of coordinating with multiple companies..

- Cost savings over Optima Health fully insured ACA-compliant Vantage, POS, and Plus plans
- Same quality service
- Protection from high claims
- Vantage, Plus, POS, Equity and Design plan options
- For groups with 10-150 employees

2018 Products and Features Guide Sheet

As a business owner or employer, you watch expenses carefully and work hard for a return on every investment. Because of this, we offer several small group health insurance plans to meet your coverage and budget needs, whether you have a handful of employees or nearly 150.

This guide will walk you through the Optima Health products and features available for 2018, helping you find the best health plan option(s) for you and your employees.

Plan Name

Our product names include a combination of the following components:

Our plan name includes all the important basics of the plan: product type, product line, metallic tier, as well as individual deductible amount and any copayment or coinsurance amount the member will pay

Product types include:

Plus = PPO, Vantage = HMO, POS = POS

Product lines include:

Equity = HSA and Design = HRA

Example 1: Optima Vantage Equity Silver 2700/10%

Example 2: Optima Plus Gold 1000/20/20% Rx Ded

“We chose Optima Health because we like the variety of providers that are available.”

**Boys & Girls Clubs
of Southwest Virginia**



Product Type

Traditional Plans

- **Vantage (HMO)**—Less paperwork and fewer worries with no referrals required for members to see specialists. Wide provider network for members to choose from.
- **Plus (PPO)**—In- and out-of-network benefits and access to a national network of providers (PHCS and Multi Plan).
- **Point of Service (POS)**—An HMO/PPO hybrid. Like an HMO, participants designate an in-network physician to be their primary care provider. But like a PPO, members may go outside of the provider network for healthcare services.

Low Premium, Integrated Account-based Product Lines

- **Equity (HSA)**—Employees and employers may contribute to a tax-advantaged Health Savings Account (HSA) the employee may use these funds on current or future qualified medical expenses for any dependent of the employee—whether or not they're included in the health plan.
- **Design (HRA)**—A health plan with an employer-funded reimbursement account that covers some deductible expenses for employees. All unused funds remain with you, the employer.

Self-funded Options

- **BusinessEDGE®**—Our self-funded plan alternative for qualifying groups with 10 - 150 employees. BusinessEDGE is an underwritten product that can save healthy groups money compared to fully insured community plans. Your maximum exposure is funded with consistent monthly premiums to cover claims, stop loss coverage, and administration. If actual claims expenses are lower than expected, you will receive money back!

Tiered Plan

- **OptimaDirect®**—The Optima Health tiered plans—OptimaDirect—are available only within the Richmond service area for HMO and POS. Members may choose to receive services from Direct Network Tier 1 facilities and physicians, enjoying quality service at a lower cost share, versus receiving service from Tier 2 facilities and physicians.

Outstanding Provider Access

- **Our committed, high-quality networks include the Optima Health statewide networks, PHCS®, MDLIVE®, and American Specialty Health®.**
- **The percentage of providers with a favorable impression of Optima Health is 97.04%¹.**
- **Our providers continually rank us high for service, consistently outranking other comparable health plans¹, and our voluntary turnover rate is less than 1%².**

The percentages of hospitals and physicians participating in our Virginia network are shown below³:

Location	Hospitals	Physicians
Hampton Roads	93%	94%
Richmond	100%	96%
Charlottesville	100%	98%
Harrisonburg	100%	98%
Roanoke	100%	93%
Lynchburg	100%	88%
Winchester	100%	99%

¹ Optima Health Customer Service Monthly Report Cards, July 2017.

² Statewide Voluntary Network Turnover Worksheet, March, 2017.

³ Provider Network Penetration, February, 2016.

2018 Optima Vantage Plans

Plan Name	Optima Vantage Platinum 10/20	Optima Vantage Platinum 15/35	Optima Vantage Platinum 20/20% Rx Ded
Deductible Individual/Family	N/A	N/A	N/A
Max Out-of-Pocket Individual/Family	\$4,500/\$9,000	\$3,000/\$6,000	\$3,500/\$7,000
Primary Care Physician/Virtual Consult	\$10	\$15	\$20
Specialist Visit	\$20	\$35	\$40
Preventive Care	0%	0%	0%
Outpatient Surgery	\$200	\$150	20%
Inpatient Care	\$250/day (\$1,000 max)	\$300/day (\$1,200 max)	20%
Emergency/Urgent Care	\$200/\$20	\$200/\$35	20%/\$40
Pediatric Dental**	0%	20%	20%
Prescription Drug Coverage	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD = After Deductible. P/P = Per Person. ** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represents the percentage the member pays.

Optima Vantage Platinum 25/50	Optima Vantage Platinum 25/50 Rx Ded	Optima Vantage Gold 35/30% Rx Ded
N/A	N/A	N/A
\$2,500/\$5,000	\$2,500/\$5,000	\$6,850/\$13,700
\$25	\$25	\$35
\$50	\$50	\$70
0%	0%	0%
\$300	\$300	30%
\$300/day (\$1,200 max)	\$300/day (\$1,200 max)	30%
\$200/\$50	\$200/\$50	30%/\$70
20%	20%	30%
Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$10 Tier 2: \$40 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)

2018 Optima Vantage Plans

Plan Name	Optima Vantage Gold 500/25/20% Rx Ded	Optima Vantage Gold 1000/20/20% Rx Ded	Optima Vantage Gold 1000/25/30% Rx Ded
Deductible Individual/Family	\$500/\$1,000	\$1,000/\$2,000	\$1,000/\$2,000
Max Out-of-Pocket Individual/Family	\$5,500/\$11,000	\$3,500/\$7,000	\$4,000/\$8,000
Primary Care Physician/Virtual Consult	\$25	\$20	\$25
Specialist Visit	\$50	\$40 AD	\$50 AD
Preventive Care	0%	0%	0%
Outpatient Surgery	20% AD	20% AD	30% AD
Inpatient Care	20% AD	20% AD	30% AD
Emergency/Urgent Care	20% AD/\$50	20% AD/\$40 AD	30% AD/\$50 AD
Pediatric Dental**	20% AD	20% AD	30% AD
Prescription Drug Coverage	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)

AD = After Deductible. P/P = Per Person. ** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

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Optima Vantage Gold 1500/30/0% Rx Ded	Optima Vantage Gold 1500/25/20% Rx Ded	Optima Vantage Gold 2000/25/30%
\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
\$7,150/\$14,300	\$4,000/\$8,000	\$4,000/\$8,000
\$30	\$25	\$25
\$60	\$50	\$50
0%	0%	0%
0% AD	20% AD	30% AD
0% AD	20% AD	30% AD
0% AD/\$60	20% AD/\$40	30% AD/\$50
0% AD	20% AD	30% AD
Rx p/p Deductible \$200 Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)

2018 Optima Vantage Plans

Plan Name	Optima Vantage Gold 2000/25/30% Rx Ded	Optima Vantage Gold 2500/35/0% Rx Ded	Optima Vantage Silver 2500/25/40% Rx Ded
Deductible Individual/Family	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000
Max Out-of-Pocket Individual/Family	\$3,500/\$7,000	\$7,150/\$14,300	\$7,350/\$14,700
Primary Care Physician/Virtual Consult	\$25	\$35	\$25
Specialist Visit	\$50	\$65	40% AD
Preventive Care	0%	0%	0%
Outpatient Surgery	30% AD	0% AD	40% AD
Inpatient Care	30% AD	0% AD	40% AD
Emergency/Urgent Care	30% AD/\$50	0% AD/0% AD	40% AD/40% AD
Pediatric Dental**	30% AD	0% AD	40% AD
Prescription Drug Coverage	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)

AD = After Deductible. P/P = Per Person. ** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represents the percentage the member pays.

Optima Vantage Silver 3000/35/25%	Optima Vantage Silver 3700/20%	Optima Vantage Silver 5000/40/20%	Optima Vantage Bronze 6600/30%
\$3,000/\$6,000	\$3,700/\$7,400	\$5,000/\$10,000	\$6,600/\$13,200
\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
\$35	\$40	\$40	(3 visits at \$45) 30% AD
\$70	\$80	\$80	30% AD
0%	0%	0%	0%
25% AD	20% AD	20% AD	30% AD
25% AD	20% AD	20% AD	30% AD
25% AD/\$70	20% AD/\$80	20% AD/\$80	30% AD/30% AD
25% AD	20% AD	20% AD	30% AD
After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Tier 1: \$15 Tier 2: \$50 Tier 3: 20% Tier 4: 20% (\$350 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	After Medical Deductible Tier 1: 30% AD Tier 2: 30% AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)

2018 Optima Vantage Equity Plans

Plan Name	Optima Vantage Equity Silver 2700/10%	Optima Vantage Equity Silver 3000/20%	Optima Vantage Equity Silver 4000/0%
Deductible Individual/Family	\$2,700/\$5,400	\$3,000/\$6,000	\$4,000/\$8,000
Max Out-of-Pocket Individual/Family	\$5,500/\$11,000	\$4,800/\$9,600	\$4,000/\$8,000
Primary Care Physician/Virtual Consult	10% AD	20% AD	0% AD
Specialist Visit	10% AD	20% AD	0% AD
Preventive Care	0%	0%	0%
Outpatient Surgery	10% AD	20% AD	0% AD
Inpatient Care	10% AD	20% AD	0% AD
Emergency/Urgent Care	10% AD/10% AD	20% AD/20% AD	0% AD/0% AD
Pediatric Dental**	10% AD	20% AD	0% AD
Prescription Drug Coverage	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	After Medical Deductible Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD

AD = After Deductible. P/P = Per Person. ** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represents the percentage the member pays.

Optima Vantage Equity Bronze 5300/40%	Optima Vantage Equity Bronze 6500/0%
\$5,300/\$10,600	\$6,500/\$13,000
\$6,550/\$13,100	\$6,500/\$13,000
40% AD	0% AD
40% AD	0% AD
0%	0%
40% AD	0% AD
40% AD	0% AD
40% AD/40% AD	0% AD/0% AD
40% AD	0% AD
After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)	After Medical Deductible Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD

2018 Optima POS Plans

Plan Name	Optima POS Platinum 10/20	Optima POS Platinum 15/35	Optima POS Gold 500/25/20% Rx Ded	Optima POS Gold 1000/25/30%	Optima POS Gold 1400/20/20%
Deductible Individual/Family (In Network)	N/A	N/A	\$500/\$1,000	\$1,000/\$2,000	\$1,400/\$2,800 (Non-embedded)
Deductible Individual/Family (Out of Network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$2,000/\$4,000	\$2,800/\$5,600 (Non-embedded)
Max Out-of-Pocket (In Network)	\$4,500/\$9,000	\$3,000/\$6,000	\$5,500/\$11,000	\$4,000/\$8,000	\$2,950/\$5,900 (Non-embedded)
Max Out-of-Pocket (Out of Network)	\$9,000/\$18,000	\$6,000/\$12,000	\$10,800/\$21,600	\$8,000/\$16,000	\$6,500/\$13,000 (Non-embedded)
PCP Visit/Virtual Consult (In Network)	\$10	\$15	\$25	\$25	\$20 AD
PCP Visit/Virtual Consult (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Specialist Visit (In Network)	\$20	\$35	\$50	\$50 AD	20% AD
Specialist Visit (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Preventive Care (In Network)	0%	0%	0%	0%	0%
Preventive Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Outpatient Surgery (In Network)	\$200	\$150	20% AD	30% AD	20% AD
Outpatient Surgery (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Inpatient Care (In Network)	\$250/day (\$1,000 max)	\$300/day (\$1,200 max)	20% AD	30% AD	20% AD
Inpatient Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Emergency Department (In or Out of Network)	\$200	\$200	20% AD	30% AD	20% AD
Urgent Care (In Network)	\$20	\$35	\$50	\$50 AD	20% AD
Urgent Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Pediatric Dental** (In Network)	0%	20%	20% AD	30% AD	20% AD
Pediatric Dental** (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC	50% AD/AC	40% AD/AC
Prescription Drug Coverage	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)	After Medical Deductible Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. Coinsurance amounts represents the percentage the member pays.

Optima POS Gold 1500/30/0% Rx Ded	Optima POS Gold 2000/25/30%	Optima POS Gold 2500/35/0% Rx Ded	Optima POS Silver 2500/25/40% Rx Ded	Optima POS Silver 3000/35/25%	Optima POS Silver 3500/20%
\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
\$5,000/\$10,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
\$7,150/\$14,300	\$4,000/\$8,000	\$7,150/\$14,300	\$7,350/\$14,700	\$7,350/\$14,700	\$6,000/\$12,000
\$10,000/\$20,000	\$8,000/\$16,000	\$14,300/\$28,600	\$14,700/\$29,400	\$14,700/\$29,400	\$12,000/\$24,000
\$30	\$25	\$35	\$25	\$35	\$35
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
\$60	\$50	\$65	40% AD	\$70	\$70
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
0%	0%	0%	0%	0%	0%
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
0% AD	30% AD	0% AD	40% AD	25% AD	20% AD
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
0% AD	30% AD	0% AD	40% AD	25% AD	20% AD
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
0% AD	30% AD	0% AD	40% AD	25% AD	20% AD
\$60	\$50	0% AD	40% AD	\$70	\$70
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
0% AD	30% AD	0% AD	40% AD	25% AD	20% AD
30% AD/AC	50% AD/AC	30% AD/AC	60% AD/AC	45% AD/AC	40% AD/AC
Rx p/p Deductible \$200 Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

2018 Optima POS Equity and Design Plans

Plan Name	Optima POS Equity Silver 3000/20%	Optima POS Equity Silver 4000/0%	Optima POS Equity Bronze 5200/30%
Deductible Individual/Family (In Network)	\$3,000/\$6,000	\$4,000/\$8,000	\$5,200/\$10,400
Deductible Individual/Family (Out of Network)	\$6,000/\$12,000	\$8,000/\$16,000	\$10,000/\$20,000
Max Out-of-Pocket (In Network)	\$4,800/\$9,600	\$4,000/\$8,000	\$6,550/\$13,100
Max Out-of-Pocket (Out of Network)	\$9,600/\$19,200	\$8,000/\$16,000	\$13,100/\$26,200
PCP Visit/Virtual Consult (In Network)	20% AD	0% AD	30% AD
PCP Visit/Virtual Consult (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Specialist Visit (In Network)	20% AD	0% AD	30% AD
Specialist Visit (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Preventive Care (In Network)	0%	0%	0%
Preventive Care (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Outpatient Surgery (In Network)	20% AD	0% AD	30% AD
Outpatient Surgery (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Inpatient Care (In Network)	20% AD	0% AD	30% AD
Inpatient Care (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Emergency Department (In or Out of Network)	20% AD	0% AD	30% AD
Urgent Care (In Network)	20% AD	0% AD	30% AD
Urgent Care (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Pediatric Dental** (In Network)	20% AD	0% AD	30% AD
Pediatric Dental** (Out of Network)	40% AD/AC	30% AD/AC	50% AD/AC
Prescription Drug Coverage	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	After Medical Deductible Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD	After Medical Deductible Tier 1: 30% AD Tier 2: 30% AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

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Optima POS Equity Bronze 6500/0%	Optima POS Design Silver 2000/30% Rx Ded	Optima POS Design Silver 3000/20% Rx Ded	Optima POS Design Silver 4000/0% Rx Ded
\$6,500/\$13,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000
\$13,000/\$26,000	\$4,000/\$8,000	\$6,000/\$12,000	\$8,000/\$16,000
\$6,500/\$13,000	\$7,150/\$14,300	\$4,700/\$9,400	\$7,350/\$14,700
\$15,000/\$30,000	\$14,300/\$28,600	\$9,400/\$18,800	\$14,700/\$29,400
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0%	0%	0%	0%
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
0% AD	30% AD	20% AD	0% AD
30% AD/AC	50% AD/AC	40% AD/AC	30% AD/AC
After Medical Deductible Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD	Rx p/p Deductible \$150 Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)	Rx p/p Deductible \$150 Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

2018 Optima Plus Plans

Plan Name	Optima Plus Platinum 10/20	Optima Plus Platinum 15/35	Optima Plus Gold 500/25/20% Rx Ded
Deductible Individual/Family (In Network)	N/A	N/A	\$500/\$1,000
Deductible Individual/Family (Out of Network)	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000
Max Out-of-Pocket (In Network)	\$4,500/\$9,000	\$3,000/\$6,000	\$5,500/\$11,000
Max Out-of-Pocket (Out of Network)	\$9,000/\$18,000	\$6,000/\$12,000	\$10,800/\$21,600
PCP Visit/Virtual Consult (In Network)	\$10	\$15	\$25
PCP Visit/Virtual Consult (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Specialist Visit (In Network)	\$20	\$35	\$50
Specialist Visit (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Preventive Care (In Network)	0%	0%	0%
Preventive Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Outpatient Surgery (In Network)	\$200	\$150	20% AD
Outpatient Surgery (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Inpatient Care (In Network)	\$250/day (\$1,000 max)	\$300/day (\$1,200 max)	20% AD
Inpatient Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Emergency Department (In or Out of Network)	\$200	\$200	20% AD
Urgent Care (In Network)	\$20	\$35	\$50
Urgent Care (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Pediatric Dental** (In Network)	0%	20%	20% AD
Pediatric Dental** (Out of Network)	30% AD/AC	40% AD/AC	40% AD/AC
Prescription Drug Coverage	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. Coinsurance amounts represents the percentage the member pays.

Optima Plus Gold 1000/20/20% Rx Ded	Optima Plus Gold 1500/25/20% Rx Ded	Optima Plus Gold 1500/30/0% Rx Ded
\$1,000/\$2,000	\$1,500/\$3,000	\$1,500/\$3,000
\$2,000/\$4,000	\$3,250/\$6,500	\$5,000/\$10,000
\$3,500/\$7,000	\$4,000/\$8,000	\$7,150/\$14,300
\$7,000/\$14,000	\$8,000/\$16,000	\$10,000/\$20,000
\$20	\$25	\$30
40% AD/AC	40% AD/AC	30% AD/AC
\$40 AD	\$50	\$60
40% AD/AC	40% AD/AC	30% AD/AC
0%	0%	0%
40% AD/AC	40% AD/AC	30% AD/AC
20% AD	20% AD	0% AD
40% AD/AC	40% AD/AC	30% AD/AC
20% AD	20% AD	0% AD
40% AD/AC	40% AD/AC	30% AD/AC
20% AD	20% AD	0% AD
40% AD/AC	40% AD/AC	30% AD/AC
20% AD	20% AD	0% AD
\$40 AD	\$40	\$60
40% AD/AC	40% AD/AC	30% AD/AC
20% AD	20% AD	0% AD
40% AD/AC	40% AD/AC	30% AD/AC
Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

2018 Optima Plus Plans

Plan Name	Optima Plus Gold 2000/25/30% Rx Ded	Optima Plus Gold 2500/35/0% Rx Ded	Optima Plus Silver 2500/25/40% Rx Ded
Deductible Individual/Family (In Network)	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000
Deductible Individual/Family (Out of Network)	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000
Max Out-of-Pocket (In Network)	\$3,500/\$7,000	\$7,150/\$14,300	\$7,350/\$14,700
Max Out-of-Pocket (Out of Network)	\$7,000/\$14,000	\$14,300/\$28,600	\$14,700/\$29,400
PCP Visit/Virtual Consult (In Network)	\$25	\$35	\$25
PCP Visit/Virtual Consult (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Specialist Visit (In Network)	\$50	\$65	40% AD
Specialist Visit (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Preventive Care (In Network)	0%	0%	0%
Preventive Care (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Outpatient Surgery (In Network)	30% AD	0% AD	40% AD
Outpatient Surgery (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Inpatient Care (In Network)	30% AD	0% AD	40% AD
Inpatient Care (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Emergency Department (In or Out of Network)	30% AD	0% AD	40% AD
Urgent Care (In Network)	\$50	0% AD	40% AD
Urgent Care (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Pediatric Dental** (In Network)	30% AD	0% AD	40% AD
Pediatric Dental** (Out of Network)	50% AD/AC	30% AD/AC	60% AD/AC
Prescription Drug Coverage	Rx p/p Deductible \$100 Tier 1: \$15 Tier 2: \$50 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)	Rx p/p Deductible \$200 Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Rx p/p Deductible \$100 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. Coinsurance amounts represents the percentage the member pays.

Optima Plus Silver 3000/35/25%	Optima Plus Silver 5000/40/20%	Optima Plus Bronze 5000/20%
\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
\$6,000/\$12,000	\$10,000/\$20,000	\$10,000/\$20,000
\$7,350/\$14,700	\$7,350/\$14,700	\$7,150/\$14,300
\$14,700/\$29,400	\$14,700/\$29,400	\$14,300/\$28,600
\$35	\$40	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
\$70	\$80	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
0%	0%	0%
45% AD/AC	40% AD/AC	40% AD/AC
25% AD	20% AD	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
25% AD	20% AD	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
25% AD	20% AD	20% AD
\$70	\$80	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
25% AD	20% AD	20% AD
45% AD/AC	40% AD/AC	40% AD/AC
After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)	After Medical Deductible Tier 1: 20% AD Tier 2: 20% AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

2018 Optima Plus Equity Plans

Plan Name	Optima Plus Equity Silver 2700/10%	Optima Plus Equity Silver 3000/20%	Optima Plus Equity Silver 4000/0%
Deductible Individual/Family (In Network)	\$2,700/\$5,400	\$3,000/\$6,000	\$4,000/\$8,000
Deductible Individual/Family (Out of Network)	\$5,400/\$10,800	\$6,000/\$12,000	\$8,000/\$16,000
Max Out-of-Pocket (In Network)	\$5,500/\$11,000	\$4,800/\$9,600	\$4,000/\$8,000
Max Out-of-Pocket (Out of Network)	\$11,000/\$22,000	\$9,600/\$19,200	\$8,000/\$16,000
PCP Visit/Virtual Consult (In Network)	10% AD	20% AD	0% AD
PCP Visit/Virtual Consult (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Specialist Visit (In Network)	10% AD	20% AD	0% AD
Specialist Visit (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Preventive Care (In Network)	0%	0%	0%
Preventive Care (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Outpatient Surgery (In Network)	10% AD	20% AD	0% AD
Outpatient Surgery (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Inpatient Care (In Network)	10% AD	20% AD	0% AD
Inpatient Care (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Emergency Department (In or Out of Network)	10% AD	20% AD	0% AD
Urgent Care (In Network)	10% AD	20% AD	0% AD
Urgent Care (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Pediatric Dental** (In Network)	10% AD	20% AD	0% AD
Pediatric Dental** (Out of Network)	30% AD/AC	40% AD/AC	30% AD/AC
Prescription Drug Coverage	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	After Medical Deductible Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. Coinsurance amounts represents the percentage the member pays.

**Optima Plus Equity
Bronze
6500/0%**

\$6,500/\$13,000

\$13,000/\$26,000

\$6,500/\$13,000

\$13,100/\$26,200

0% AD

30% AD/AC

0% AD

30% AD/AC

0%

30% AD/AC

0% AD

30% AD/AC

0% AD

30% AD/AC

0% AD

0% AD

30% AD/AC

0% AD

30% AD/AC

After Medical Deductible

Tier 1: 0% AD

Tier 2: 0% AD

Tier 3: 0% AD

Tier 4: 0% AD



**Care-A-Lot Pet Supply,
Virginia Beach**

2018 OptimaDirect® Vantage Plans

Plan Name RICHMOND ONLY *	Optima Vantage Gold 2000/25/30% Direct	Optima Vantage Equity Silver 3000/20% Direct	Optima Vantage Equity Bronze 6000/10% Direct
Deductible Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000
Max Out-of-Pocket Individual/Family	\$4,000/\$8,000	\$4,800/\$9,600	\$6,550/\$13,100
PCP Visit/Virtual Consult	Tier 1: \$25 Tier 2: \$50	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Specialist Visit	Tier 1: \$50 Tier 2: \$100	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Preventive Care	0%	0%	0%
Outpatient Surgery	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Inpatient Care	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Emergency/Urgent Care	30% AD/\$50	20% AD/20% AD	10% AD/10% AD
Pediatric Dental**	30% AD	20% AD	10% AD
Prescription Drug Coverage	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	After Medical Deductible Tier 1: 10% AD Tier 2: 10% AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)

AD = After Deductible. P/P = Per Person. AC = Allowable Charge is the amount Optima Health determines should be paid to a Provider for a Covered Service. When You use In-Network benefits from Plan Providers Allowable Charge is the Provider's contracted rate with Optima Health or the Provider's actual charge for the service, whichever is less. Plan Providers accept this amount as payment in full.

* Service area for Optima Direct: Amelia, Caroline, Charles City, Chesterfield, Colonial Heights City, Cumberland, Dinwiddie, Goochland, Hanover, Hopewell City, King and Queen, King William, Louisa, New Kent, Petersburg City, Powhatan, Prince George, Richmond City, Sussex.

** Pediatric Dental Services other than ACA defined diagnostic and preventive dental procedures.

This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represents the percentage the member pays.

2018 OptimaDirect® POS Plans

Plan Name RICHMOND ONLY *	Optima POS Gold 2000/25/30% Direct	Optima POS Equity Silver 3000/20% Direct	Optima POS Equity Bronze 6000/10% Direct
Deductible Individual/Family (In Network)	\$2,000/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000
Deductible Individual/Family (Out of Network)	\$4,000/\$8,000	\$6,000/\$12,000	\$12,000/\$24,000
Max Out-of-Pocket (In Network)	\$4,000/\$8,000	\$4,800/\$9,600	\$6,550/\$13,100
Max Out-of-Pocket (Out of Network)	\$8,000/\$16,000	\$9,600/\$19,200	\$13,300/\$26,600
PCP Visit/Virtual Consult (In Network)	Tier 1: \$25 Tier 2: \$50	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
PCP Visit/Virtual Consult (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Specialist Visit (In Network)	Tier 1: \$50 Tier 2: \$100	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Specialist Visit (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Preventive Care (In Network)	0%	0%	0%
Preventive Care (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Outpatient Surgery (In Network)	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Outpatient Surgery (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Inpatient Care (In Network)	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Inpatient Care (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Emergency Department (In or Out of Network)	30% AD	20% AD	10% AD
Urgent Care (In Network)	\$50	20% AD	10% AD
Urgent Care (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Pediatric Dental** (In Network)	30% AD	20% AD	10% AD
Pediatric Dental** (Out of Network)	50% AD/AC	50% AD/AC	50% AD/AC
Prescription Drug Coverage	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)	After Medical Deductible Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)	After Medical Deductible Tier 1: 10% AD Tier 2: 10% AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)

2018 Optima BusinessEDGE® Plans

For Groups with 10-150 Employees

Plan Name	Optima Vantage 20/40	Optima Vantage 25/50	Optima Vantage 25/30%	Optima Vantage 500/20/20%
Deductible Individual/Family	N/A	N/A	N/A	\$500/\$1,500
Max Out-of-Pocket Individual/Family	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,500/\$7,000
Primary Care Physician/Virtual Consult	\$20	\$25	\$25	\$20
Specialist Visit	\$40	\$50	\$50	\$40
Preventative Care	0%	0%	0%	0%
Outpatient Surgery	\$200	\$300	30%	20% AD
Outpatient Diagnostic	\$40	\$50	30%	20% AD
Maternity Care	\$450	\$500	\$500	\$450
Inpatient Care	\$200/day (\$1,000 max)	\$250/day (\$1,250 max)	30%	20% AD
Emergency Care	\$200	\$200	30%	20% AD
Urgent Care	\$40	\$50	\$50	\$40
Prescription Drug Coverage	Tier 1: \$10 Tier 2: \$30 Tier 3: \$50/20% (\$250 max) Tier 4: 20% (\$250 max)	Rx p/p Deductible \$50 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$50 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)

AD = After Deductible. P/P = Per Person This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Optima Vantage 1000/25/30%	Optima Vantage 2000/25/30%	Optima Vantage 3000/30/0%	Optima Vantage 4000/30/0%	Optima Vantage Equity 2700/30%
\$1,000/\$2,000	\$2,000/\$4,500	\$3,000/\$6,000	\$4,000/\$8,000	\$2,700/\$5,400
\$3,500/\$7,000	\$3,500/\$7,000	\$5,500/\$11,000	\$6,500/\$13,000	\$5,500/\$11,000
\$25	\$25	\$30	\$30	30% AD
\$50	\$50	\$60	\$60	30% AD
0%	0%	0%	0%	0%
30% AD	30% AD	0% AD	0% AD	30% AD
30% AD	30% AD	0% AD	0% AD	30% AD
\$500	\$500	0% AD	0% AD	30% AD
30% AD	30% AD	0% AD	0% AD	30% AD
30% AD	30% AD	\$200	\$200	30% AD
\$50	\$50	\$75	\$75	30% AD
Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Tier 1 Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)

2018 Optima BusinessEDGE® Plans

For Groups with 10 -150 Employees

Plan Name	Optima Vantage Equity 3000/0%	Optima Vantage Equity 3000/10%	Optima Vantage Equity 4000/20%	Optima Vantage Equity 5000/0%
Deductible Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Max Out-of-Pocket Individual/Family	\$4,000/\$8,000	\$4,500/\$9,000	\$5,950/\$11,900	\$6,550/\$13,100
Primary Care Physician/Virtual Consult	0% AD	10% AD	20% AD	\$30 AD
Specialist Visit	0% AD	10% AD	20% AD	\$60 AD
Preventative Care	0%	0%	0%	0%
Outpatient Surgery	0% AD	10% AD	20% AD	0% AD
Outpatient Diagnostic	0% AD	10% AD	20% AD	0% AD
Maternity Care	0% AD	10% AD	20% AD	0% AD
Inpatient Care	0% AD	10% AD	20% AD	0% AD
Emergency Care	10% AD	10% AD	20% AD	20% AD
Urgent Care	0% AD	10% AD	20% AD	20% AD
Prescription Drug Coverage	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)

AD = After Deductible. P/P = Per Person This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Optima Vantage Design 2500/10%	Optima Vantage Design 3000/20%	Optima POS 1000/25/20%	Optima POS Equity 2700/10%
\$2,500/\$5,000	\$3,000/\$6,000	\$1,000/\$2,000	\$2,700/\$5,400
\$4,000/\$8,000	\$5,000/\$10,000	\$3,750/\$7,000	\$5,500/\$11,000
10% AD	20% AD	\$25	10% AD
10% AD	20% AD	\$40	10% AD
0%	0%	0%	0%
10% AD	20% AD	20% AD	10% AD
10% AD	20% AD	20% AD	10% AD
10% AD	20% AD	20% AD	10% AD
10% AD	20% AD	20% AD	10% AD
10% AD	20% AD	20% AD	10% AD
10% AD	20% AD	\$40	10% AD
Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max)	Rx p/p Deductible \$100 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)

2018 Optima BusinessEDGE® Plans

Plan Name	Optima Plus 500/25/20%	Optima Plus 1500/25/20%	Optima Plus 1750/30/30%
Deductible Individual/Family	\$500/\$1,000	\$1,500/\$3,000	\$1,750/\$3,500
Max Out-of-Pocket Individual/Family	\$3,000/\$6,000	\$4,500/\$9,000	\$5,500/\$10,000
Primary Care Physician/Virtual Consult	\$25	\$25	\$30
Specialist Visit	\$40	\$40	\$30
Preventative Care	0%	0%	0%
Outpatient Surgery	20% AD	20% AD	30% AD
Outpatient Diagnostic	20% AD	20% AD	30% AD
Maternity Care	20% AD	20% AD	30% AD
Inpatient Care	20% AD	20% AD	30% AD
Emergency Care	20% AD	20% AD	30% AD
Urgent Care	\$40	\$40	\$30
Prescription Drug Coverage	Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)

AD = After Deductible. P/P = Per Person This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represent the percentage the member pays.

Optima Plus Equity 3000/0%	Optima Plus Equity 3000/10%	Optima Plus Equity 4000/20%	Optima Plus Design 2500/10%
\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$2,500/\$5,000
\$4,000/\$8,000	\$4,500/\$9,000	\$5,950/\$11,900	\$4,000/\$8,000
0% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
0%	0%	0%	0%
0% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
10% AD	10% AD	20% AD	10% AD
0% AD	10% AD	20% AD	10% AD
After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max)	Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max)



“The enrollment process is seamless.”

ADS, Inc., Virginia Beach

Innovative Solutions and Value-Added Services

MDLIVE®

24/7/365 video or phone access to board-certified physicians.

MDLIVE provides convenient telehealth services around the clock for you and your employees. They can call, email, or video conference with a board-certified medical professional at any time and receive guidance immediately without leaving their home.

This easy-to-access service means your employees consult with a provider and start any needed treatment fast, meaning reduced absenteeism and increased productivity.

Emergency Travel Assistance Program

Fully-paid, global-emergency, medically-related assistance services are provided by Assist America® and available to most Optima Health members⁴.

With the Emergency Travel Assistance Program, Optima Health members are protected with resources whenever they travel 100 miles or more from home. The first 90 consecutive days of any trip are included in this coverage. Assist America® pays for all of its assistance services with no caps, limits, or charge-backs and with no exclusions for pre-existing conditions, adventure sports, geographic risk, or alcohol-related incidents.

Alternative Medicine Discount Program

Discounts for programs that include acupuncture, chiropractic, and massage therapy services.

Employee Assistance Visits

A unique, flexible approach in assisting employees with personal and workplace issues.

All of our fully insured plans include the Optima Health Employee Assistance Visits. Through free, face-to-face counseling visits with local mental health professionals, our members can better manage work and life issues so they may stay focused and productive. As the employer, you also can choose a “buyout” to cover all employees regardless of their health insurance carrier or a “buy up” (more visits) to enhance the core benefits.

Transparency Tool

Provides localized, provider-specific, out-of-pocket cost estimates for over 300 procedures and services based on the member’s specific benefit plan.

⁴ The Emergency Travel Assistance Program is included in the Optima Health fully insured commercial product. Employer groups purchasing insurance on a self-funded basis have the option of purchasing these services.

Healthy Employees are Vital to a Successful Business

Optima Health offers all members MyLife MyPlan, a flexible program to help members adopt healthy behaviors, reduce health risk, and lower healthcare costs. WebMD® powers this resource with a Personal Health Assessment and a comprehensive online activities tool, the Digital Health Assistant (DHA), to provide a personalized, interactive, and motivational experience to help members take action and sustain healthy behaviors.

Worksite Programs

Optima Health provides insured groups a variety of educational programs to help employees manage their health (with a minimum of 20 attendees).

- **Health Risks Programs**

Educate employees about health risks and how to prevent disease. Various topics offer information on high blood pressure and cholesterol.

- **Physical Activity and Movement Programs**

Focus on understanding the importance of adopting an active lifestyle. Programs include information about making exercise a lifestyle choice and walking your way to better health.

- **Tobacco Awareness Classes**

Offer tips on how to help someone quit using tobacco products. Participants learn about the nature of nicotine addiction and effective ways to control dependency/addiction.

- **Nutrition and Healthy Eating Programs**

Designed to teach employees about reading and understanding food labels and making healthy food choices.

Self-Paced, At-Home Staying Healthy Programs

An award-winning collection of nutrition, fitness, tobacco cessation, healthy habits, and screening programs to help employees improve their health in the comfort of their home.

- **Eating for Life**—An award-winning educational program that helps participants develop healthy eating and exercising habits.

- **Get Off Your Butt: Stay Smokeless for Life**—An educational CD program offering support for anyone who wants to quit tobacco use.

- **Guided Meditation**—A CD that invites listeners to experience a calm, peaceful retreat from everyday stress.

- **Healthy Habits Healthy You**—Helps adults take steps to prevent diabetes and heart disease by making healthy food choices, managing body weight, exercising, and finding ways to relax and get more sleep every day.

Movement Programs

- **Tai Chi**—DVD teaches movements that help your body to mentally and physically relax. The movements enhance your blood flow, release muscle tension, and improve your balance.

- **WalkAbout with Healthy Edge** is a six-month walking program that includes a pedometer and encourages participants to start moving and begin walking their way to better health.

- **Yoga DVDs** include stretching and strengthening exercises to help improve flexibility, strength, and cardiovascular health. Chair Yoga is also available.



“We chose Optima Health because of its high-deductible plan.”

Goodwill, Central and Coastal Virginia



optimahealth.com

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, POS, Direct, and Select plans are underwritten by Optima Health Plan. Optima Plus (PPO) products are underwritten by Optima Health Insurance Company. Small group self-funded BusinessEDGE® plans are administered, but not underwritten by, Sentara Health Plans, Inc. Stop Loss policies are offered and 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. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit optimahealth.com.