

OptimaFit OFF Exchange 2018 Plans

This summary is for comparison purposes only. For complete details, please view the product Summary of Benefits and Coverage (SBC) at www.optimahealth.com.

*Applies only if Rx deductible is separate from the medical deductible.

	OptimaFit Silver 3500 30	OptimaFit Silver 2200 HSA	OptimaFit Silver 4600 20%	OptimaFit Silver 2850 20% HSA	OptimaFit Bronze 7200 20%	OptimaFit Bronze 6000 HSA	OptimaFit Catastrophic 7350
In-Network Deductible: Single / Family	\$3,500 Single / \$7,000 Family	\$2,200 Single / \$4,400 Family	\$4,600 Single / \$9,200 Family	\$2,850 Single / \$5,700 Family	\$7,200 Single / \$14,400 Family	\$6,000 Single / \$12,000 Family	\$7,350 Single / \$14,700 Family
Type of Deductible	Embedded	Non-Embedded Medical Deductible and Embedded MOOP	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$6,850 Single / \$13,700 Family	\$6,500 Single / \$13,000 Family	\$7,350 Single / \$14,700 Family	\$5,600 Single / \$11,200 Family	\$7,350 Single / \$14,700 Family	\$6,550 Single / \$13,100 Family	\$7,350 Single / \$14,700 Family
Coinsurance	30%	30%	20%	20%	20%	10%	0%
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services subject to deductible and coinsurance</i>	\$30 copay per visit for 3 office visits, then 30% AD	30% AD	\$30	20% AD	\$40 AD	10% AD	\$40 copay per visit for 3 office visits, then 0%
Virtual Visit: Primary Care Physician (PCP) <i>Note: Consultations provided by MDLIVE® physicians</i>	\$30 copay per visit for 3 office visits, then 30% AD	30% AD	\$30	20% AD	\$40 AD	10% AD	\$40 copay per visit for 3 office visits, then 0%
Office Visit: Specialist	30% AD	30% AD	\$60	20% AD	\$60 AD	10% AD	0% AD
Preventive Care	0%	0%	0%	0%	0%	0%	0%
Urgent Care	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Emergency Room Care	50% AD	50% AD	40% AD	40% AD	40% AD	30% AD	0% AD
Inpatient Care	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Outpatient Diagnostic Tests (X-ray, EKG, etc.)	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Outpatient Surgery	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Pediatric Dental	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Adult Vision	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months. (OON claims reimbursed up to \$30 for eye exam only)	100% coverage 1 visit every 12 months.
Mental Health and Substance Abuse: Outpatient Facility & Services	\$0 copay per visit for 3 office visits, then 30% AD	30% AD	\$30	20% AD	\$40 AD	10% AD	0% AD
Mental Health and Substance Abuse: Inpatient Hospital	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Spinal Manipulation/Chiropractic Care	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Physical and Occupational Therapy	30% AD	30% AD	20% AD	20% AD	20% AD	10% AD	0% AD
Retail Pharmacy Deductible*	None	None	\$200 per covered person	None	None	None	None
Retail Pharmacy Tier 1	\$30	30% AD	\$25 AD	\$25 AD	\$25	10% AD	0% AD
Retail Pharmacy Tier 2	\$55 AD	30% AD	\$50 AD	\$60 AD	\$45 AD	10% AD	0% AD
Retail Pharmacy Tier 3	30% AD	30% AD	35% AD	35% AD	35% AD	10% AD	0% AD
Retail Pharmacy Tier 4	30% AD	30% AD	35% AD	35% AD	35% AD	10% AD	0% 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.

AD = After Deductible OON = Out Of Network