

OptimaFit ON Exchange Cost-Share Reduction (CSR) 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.

	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
	OptimaFit Silver 4600 20% M	OptimaFit Silver 2900 (04) M	OptimaFit Silver 600 (05) M	OptimaFit Silver 150 (06) M	OptimaFit Silver 2850 20% HSA M	OptimaFit Silver 1600 20% (04) M	OptimaFit Silver 500 10% (05) M	OptimaFit Silver 100 5% (06) M
In-Network Deductible: Single / Family	\$4,600 Single / \$9,200 Family	\$2,900 Single / \$5,800 Family	\$600 Single / \$1,200 Family	\$150 Single / \$300 Family	\$2,850 Single / \$5,700 Family	\$1,600 Single / \$3,200 Family	\$500 Single / \$1,000 Family	\$100 Single / \$200 Family
Type of Deductible	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$7,350 Single / \$14,700 Family	\$5,850 Single / \$11,700 Family	\$2,300 Single / \$4,600 Family	\$900 Single / \$1,800 Family	\$5,600 Single / \$11,200 Family	\$5,000 Single / \$10,000 Family	\$2,250 Single / \$4,500 Family	\$1,800 Single / \$3,600 Family
Coinsurance	20%	20%	10%	10%	20%	20%	10%	5%
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services subject to deductible and coinsurance</i>	\$30	\$30	\$20	\$10	20% AD	20% AD	10% AD	5% AD
Virtual Visit: Primary Care Physician (PCP) <i>Note: Consultations provided by MDLIVE® physicians</i>	\$30	\$30	\$20	\$10	20% AD	20% AD	10% AD	5% AD
Office Visit: Specialist	\$60	\$60	\$40	\$20	20% AD	20% AD	10% AD	5% AD
Preventive Care	0%	0%	0%	0%	0%	0%	0%	0%
Urgent Care	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Emergency Room Care	40% AD	40% AD	30% AD	30% AD	40% AD	40% AD	30% AD	25% AD
Inpatient Care	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Outpatient Diagnostic Tests (X-ray, EKG, etc.)	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Outpatient Surgery	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Pediatric Dental	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% 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. (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)
Mental Health and Substance Abuse: Outpatient Facility & Services	\$30	\$30	\$20	\$10	20% AD	20% AD	10% AD	5% AD
Mental Health and Substance Abuse: Inpatient Hospital	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Spinal Manipulation/Chiropractic Care	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Physical and Occupational Therapy	20% AD	20% AD	10% AD	10% AD	20% AD	20% AD	10% AD	5% AD
Retail Pharmacy Deductible*	\$200 per covered person	\$150 per covered person	None	None	None	None	None	None
Retail Pharmacy Tier 1	\$25 AD	\$25	\$20	\$15	\$25 AD	\$20 AD	\$15 AD	\$10 AD
Retail Pharmacy Tier 2	\$50 AD	\$50	\$40	\$35	\$60 AD	\$40 AD	\$35 AD	\$20 AD
Retail Pharmacy Tier 3	35% AD	25% AD	10%	5%	35% AD	25% AD	10% AD	5% AD
Retail Pharmacy Tier 4	35% AD	25% AD	10%	5%	35% AD	25% AD	10% AD	5% AD

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AD = After Deductible OON = Out Of Network