

# OptimaFit OFF Exchange 2017 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](http://www.optimahealth.com).

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Metallic Tier → Plan Name →	Gold OptimaFit Gold 600	Gold OptimaFit Gold 1000	Gold OptimaFit Gold 1400	Gold OptimaFit Gold 2350 HSA	Silver OptimaFit Silver 2600 25 20%	Silver OptimaFit Silver 3000 25
In-Network Deductible: Single / Family	\$600 Single / \$1,200 Family	\$1,000 Single / \$2,000 Family	\$1,400 Single / \$2,800 Family	\$2,350 Single / \$4,700 Family	\$2,600 Single / \$5,200 Family	\$3,000 Single / \$6,000 Family
Type of Deductible	Embedded	Embedded	Embedded	Non-Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$7,150 Single / \$14,300 Family	\$7,150 Single / \$14,300 Family	\$4,000 Single / \$8,000 Family	\$2,350 Single / \$4,700 Family	\$7,150 Single / \$14,300 Family	\$6,850 Single / \$13,700 Family
Coinsurance	20%	10%	20%	0%	20%	30%
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services subject to deductible and coinsurance</i>	\$25	\$25	\$30	0% AD	\$25 copay per visit for 3 office visits, then deductible and 20% coinsurance	\$25 copay per visit for 3 office visits, then deductible and 30% coinsurance
Virtual Visit: Primary Care Physician (PCP) <i>Note: Consultations provided by MDLIVE® physicians</i>	\$25	\$25	\$30	0% AD	\$25 copay per visit for 3 office visits, then deductible and 20% coinsurance	\$25 copay per visit for 3 office visits, then deductible and 30% coinsurance
Office Visit: Specialist	\$50	\$50	20% AD	0% AD	20% AD	30% AD
Preventive Care	0	0	0	0	0	0
Urgent Care	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Emergency Room Care	40% AD	30% AD	40% AD	0% AD	40% AD	50% AD
Inpatient Care	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Outpatient Diagnostic Tests (X-ray, EKG, etc.)	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Outpatient Surgery	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Pediatric Dental	20% AD	10% AD	20% AD	0% AD	20% AD	30% 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)
Mental Health and Substance Abuse: Outpatient Facility & Services	\$25	\$25	0	0% AD	\$0 copay per visit for 3 office visits, then deductible and 20% coinsurance	\$0 copay per visit for 3 office visits, then deductible and 30% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Spinal Manipulation/Chiropractic Care	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Physical and Occupational Therapy	20% AD	10% AD	20% AD	0% AD	20% AD	30% AD
Retail Pharmacy Deductible	None	None	None	None	\$150 per covered person	None
Retail Pharmacy Tier 1	\$15	\$15	\$15	0% AD	\$15	\$15
Retail Pharmacy Tier 2	\$50 AD	\$45	\$50 AD	0% AD	\$50 AD	\$50 AD
Retail Pharmacy Tier 3	20% AD	35%	20% AD	0% AD	35% AD	30% AD
Retail Pharmacy Tier 4	20% AD	35%	20% AD	0% AD	35% AD	30% AD

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# OptimaFit OFF Exchange 2017 Plans *Continued*

<b>Metallic Tier</b> → <b>Plan Name</b> →	<b>Silver</b> OptimaFit Silver 4000 20%	<b>Silver</b> OptimaFit Silver 2000 HSA	<b>Bronze</b> OptimaFit Bronze 5000 HSA	<b>Bronze</b> OptimaFit Bronze 6000 HSA	<b>Bronze</b> OptimaFit Bronze 6850 30	<b>Bronze</b> OptimaFit Bronze 7150
In-Network Deductible: Single / Family	\$4,000 Single / \$8,000 Family	\$2,000 Single / \$4,000 Family	\$5,000 Single / \$10,000 Family	\$6,000 Single / \$12,000 Family	\$6,850 Single / \$13,700 Family	\$7,150 Single / \$14,300 Family
Type of Deductible	Embedded	Non-Embedded Medical Deductible & Embedded MOOP	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$7,150 Single / \$14,300 Family	\$6,500 Single / \$13,000 Family	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$7,150 Single / \$14,300 Family	\$7,150 Single / \$14,300 Family
Coinsurance	20%	30%	30%	10%	20%	0%
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services subject to deductible and coinsurance</i>	\$25	30% AD	30% AD	10% AD	\$30 AD	\$25 copay per visit for 3 office visits, then deductible and 0% coinsurance
Virtual Visit: Primary Care Physician (PCP) <i>Note: Consultations provided by MDLIVE® physicians</i>	\$25	30% AD	30% AD	10% AD	\$30 AD	\$25 copay per visit for 3 office visits, then deductible and 0% coinsurance
Office Visit: Specialist	\$50	30% AD	30% AD	10% AD	\$60 AD	0% AD
Preventive Care	0	0	0	0	0	0
Urgent Care	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Emergency Room Care	40% AD	50% AD	50% AD	30% AD	40% AD	0% AD
Inpatient Care	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Outpatient Diagnostic Tests (X-ray, EKG, etc.)	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Outpatient Surgery	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Pediatric Dental	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
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Mental Health and Substance Abuse: Outpatient Facility & Services	\$25	30% AD	30% AD	10% AD	\$30 AD	0
Mental Health and Substance Abuse: Inpatient Hospital	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Spinal Manipulation/Chiropractic Care	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Physical and Occupational Therapy	20% AD	30% AD	30% AD	10% AD	20% AD	0% AD
Retail Pharmacy Deductible	\$150 per covered person	None	None	None	None	None
Retail Pharmacy Tier 1	\$15 AD	\$15 AD	30% AD	10% AD	\$15	0% AD
Retail Pharmacy Tier 2	\$50 AD	30% AD	30% AD	10% AD	\$45	0% AD
Retail Pharmacy Tier 3	35% AD	30% AD	30% AD	10% AD	35%	0% AD
Retail Pharmacy Tier 4	35% AD	30% AD	30% AD	10% AD	35%	0% AD

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