

## 2018 OptimaDirect® POS Plans

### Mid-Market Groups with 51-150 Employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Optima POS 500/15/20% Direct	Optima POS 1500/20/20% Direct
Deductible Individual/Family <i>(In Network)</i>	\$500/\$1,000	\$1,500/\$3,500
Deductible Individual/Family <i>(Out of Network)</i>	\$1,000/\$2,000	\$3,000/\$7,000
Max Out-of-Pocket Individual/Family <i>(In Network)</i>	\$3,000/\$6,000	\$3,500/\$7,000
Max Out-of-Pocket Individual/Family <i>(Out of Network)</i>	\$8,000/\$16,000	\$8,000/\$16,000
Primary Care Physician (PCP)/Virtual Consult <i>(In Network)</i>	Tier 1: \$15 Tier 2: \$30	Tier 1: \$20 Tier 2: \$40
Primary Care Physician (PCP)/Virtual Consult <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Specialist Office Visit <i>(In Network)</i>	Tier 1: \$35 Tier 2: \$70	Tier 1: \$40 Tier 2: \$80
Specialist Office Visit <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Maternity <i>(In Network)</i>	Tier 1: \$350 Tier 2: \$700	Tier 1: \$350 Tier 2: \$700
Maternity <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Outpatient Surgery <i>(In Network)</i>	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD
Outpatient Surgery <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Inpatient Hospital Services <i>(In Network)</i>	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD
Inpatient Hospital Services <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Emergency Services <i>(In and Out of Network)</i>	20% AD	20% AD
Urgent Care Center Services <i>(In Network)</i>	\$35	\$40
Urgent Care Center Services <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
Behavioral Health Inpatient <i>(In Network)</i>	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD
Behavioral Health Inpatient <i>(Out of Network)</i>	40% AD/AC	40% AD/AC
<b>PHARMACY/PRESCRIPTION DRUG DEFAULT COVERAGE Closed Formulary</b>		
Rx Deductible Applies only if Rx deductible is separate from the medical deductible.	\$150 Ded p/p*	\$150 Ded p/p*
Retail: Selected Generic (Tier 1) Commonly prescribed generic drugs.	\$10	\$10
Retail: Selected Brand & Other Generics (Tier 2) Includes brand and some generic drugs.	\$45 AD	\$45 AD
Retail: Non — Selected Brand (Tier 3) Includes brand drugs not included on tier 1 or 2	\$75 AD or 20% AD (\$250 max)	\$75 AD or 20% AD (\$250 max)
Retail: Specialty Drugs (Tier 4) Includes specialty drugs and compound prescription medications.	20% AD (\$250 max)	20% AD (\$250 max)
Mail Order	Tiers 1, 2 and 3	Tiers 1, 2 and 3

AD = After Deductible \*Ded p/p = Deductible per person \*\*MDA = Medical Deductible Applies AC = Allowable Charge

## 2018 OptimaDirect® POS Plans

### Mid-Market Groups with 51-150 Employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	Optima Design POS 2500/30% Direct	Optima Design POS 3000/10% Direct	Optima Equity POS 3000/20% Direct	Optima Equity POS 4000/10% Direct
Deductible Individual/Family <i>(In Network)</i>	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
Deductible Individual/Family <i>(Out of Network)</i>	\$4,000/\$8,000	\$4,000/\$8,000	\$4,500/\$9,000	\$5,500/\$10,500
Max Out-of-Pocket Individual/Family <i>(In Network)</i>	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000	\$6,600/\$13,200
Max Out-of-Pocket Individual/Family <i>(Out of Network)</i>	\$8,000/\$16,000	\$8,000/\$16,000	\$9,000/\$18,000	\$13,200/\$26,400
Primary Care Physician (PCP)/Virtual Consult <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Primary Care Physician (PCP)/Virtual Consult <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Specialist Office Visit <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Specialist Office Visit <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Maternity <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Maternity <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Outpatient Surgery <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Outpatient Surgery <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Inpatient Hospital Services <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Inpatient Hospital Services <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Emergency Services <i>(In and Out of Network)</i>	30% AD	10% AD	20% AD	10% AD
Urgent Care Center Services <i>(In Network)</i>	30% AD	10% AD	20% AD	10% AD
Urgent Care Services <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
Behavioral Health Inpatient <i>(In Network)</i>	Tier 1: 30% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Behavioral Health Inpatient <i>(Out of Network)</i>	50% AD/AC	30% AD/AC	40% AD/AC	30% AD/AC
<b>PHARMACY/PRESCRIPTION DRUG DEFAULT COVERAGE Closed Formulary</b>				
Rx Deductible Applies only if Rx deductible is separate from the medical deductible.			MDA**	MDA**
Retail: Selected Generic (Tier 1) Commonly prescribed generic drugs.	\$10	\$10	\$10 AD	\$10 AD
Retail: Selected Brand & Other Generics (Tier 2) Includes brand and some generic drugs.	\$40	\$40	\$40 AD	\$40 AD
Retail: Non — Selected Brand (Tier 3) Includes brand drugs not included on tier 1 or 2	\$60 or 20% (\$250 max)	\$60 or 20% (\$250 max)	\$60 AD or 20% AD (\$250 max)	\$60 AD or 20% AD (\$250 max)
Retail: Specialty Drugs (Tier 4) Includes specialty drugs and compound prescription medications.	20% (\$250 max)	20% (\$250 max)	20% AD (\$250 max)	20% AD (\$250 max)
Mail Order	Tiers 1, 2 and 3	Tiers 1, 2 and 3	Tiers 1, 2 and 3	Tiers 1, 2 and 3

AD = After Deductible    \*\*MDA = Medical Deductible Applies    AC = Allowable Charge

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 and POS 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. 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](http://optimahealth.com).

