

2018 OptimaDirect® Vantage 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 Vantage 20/40 Direct	Optima Vantage 1500/20/20% Direct
Deductible Individual/Family	N/A	\$1,500/\$3,500
Max Out-of-Pocket Individual/Family	\$2,500/\$5,000	\$3,500/\$7,000
Primary Care Physician (PCP)/Virtual Consult	Tier 1: \$20 Tier 2: \$40	Tier 1: \$20 Tier 2: \$40
Specialist Office Visit	Tier 1: \$40 Tier 2: \$80	Tier 1: \$40 Tier 2: \$80
Maternity	Tier 1: \$450 Tier 2: \$900	Tier 1: \$450 Tier 2: \$900
Outpatient Surgery	Tier 1: \$200 Tier 2: \$400	Tier 1: 20% AD Tier 2: 50% AD
Inpatient Hospital Services	Tier 1: \$200/day (\$1,000 max) Tier 2: \$400/day (\$2,000 max)	Tier 1: 20% AD Tier 2: 50% AD
Emergency Services <i>(In and Out of Network)</i>	\$200	20% AD
Urgent Care Center Services	\$40	\$40
Behavioral Health Inpatient	Tier 1: \$200/day (\$1,000 max) Tier 2: \$400/day (\$2,000 max)	Tier 1: 20% AD Tier 2: 50% AD
PHARMACY/PRESCRIPTION DRUG DEFAULT COVERAGE Closed Formulary		
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® Vantage 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 Vantage 2500/20% Direct	Optima Design Vantage 4000/20% Direct	Optima Equity Vantage 2700/20% Direct	Optima Equity Vantage 3000/10% Direct
Deductible Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000	\$2,700/\$5,400	\$3,000/\$6,000
Max Out-of-Pocket Individual/Family	\$4,500/\$9,000	\$6,000/\$12,000	\$4,500/\$9,000	\$4,500/\$9,000
Primary Care Physician (PCP)/Virtual Consult	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Specialist Office Visit	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Maternity	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Outpatient Surgery	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Inpatient Hospital Services	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
Emergency Services (<i>In and Out of Network</i>)	20% AD	20% AD	20% AD	10% AD
Urgent Care Center Services	20% AD	20% AD	20% AD	10% AD
Behavioral Health Inpatient	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 20% AD Tier 2: 50% AD	Tier 1: 10% AD Tier 2: 50% AD
PHARMACY/PRESCRIPTION DRUG DEFAULT COVERAGE Closed Formulary				
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.

