

# Optima PPO 2017 Plans

## Small Groups with 2-50 employees

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

Plan Name		NET	Ded	MOOP	PCP / Virtual Consult	Spec	Prev	Outpatient	Inpatient	ED	UCC	Pediatric Dental	Prescription Drug Coverage
PLUS	Optima Plus Platinum 15/35	IN	N/A	\$1,850 \$3,700	\$15	\$35	0%	\$150	\$300/day (\$1,200 max)	\$200	\$35	20%	Tier 1: \$10 Tier 2: \$40
		OUT	\$2,000 \$4,000	\$3,700 \$7,400	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	\$200	40% AD/AC	40% AD/AC	Tier 3: 20% Tier 4: 20% (\$350 max)
	Optima Plus Gold 500/25/20% Rx Ded	IN	\$500 \$1,000	\$5,500 \$11,000	4 visits \$25/ 20% AD	\$50	0%	20% AD	20% AD	20% AD	\$50	20% AD	<b>\$100 Ded p/p*</b> Tier 1: \$15 Tier 2: \$50 AD
		OUT	\$1,000 \$2,000	\$10,800 \$21,600	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC	Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	Optima Plus Gold 1000/20/20% Rx Ded	IN	\$1,000 \$2,000	\$3,500 \$7,000	3 visits \$20 / 20% AD	20% AD	0%	20% AD	20% AD	20% AD	20% AD	20% AD	<b>\$100 Ded p/p*</b> Tier 1: \$15 Tier 2: \$50 AD
		OUT	\$2,000 \$4,000	\$7,000 \$14,000	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC	Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	Optima Plus Gold 1000/25/30%	IN	\$1,000 \$2,000	\$3,000 \$6,000	\$25	\$50 AD	0%	30% AD	30% AD	30% AD	\$50 AD	30% AD	Tier 1: \$15 Tier 2: \$50
		OUT	\$2,000 \$4,000	\$6,000 \$12,000	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	30% AD	50% AD/AC	50% AD/AC	Tier 3: 30% Tier 4: 30% (\$350 max)
	Optima Plus Gold 1500/20/20% Rx Ded	IN	\$1,500 \$3,000	\$3,250 \$6,500	\$20	\$40	0%	20% AD	20% AD	20% AD	\$40	20% AD	<b>\$100 Ded p/p*</b> Tier 1: \$10 Tier 2: \$40 AD
		OUT	\$3,250 \$6,500	\$6,500 \$13,000	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC	Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	Optima Plus Gold 2000/25/30%	IN	\$2,000 \$4,000	\$3,500 \$7,000	\$25	\$50	0%	30% AD	30% AD	30% AD	\$50	30% AD	Tier 1: \$15 Tier 2: \$50
		OUT	\$4,000 \$8,000	\$7,000 \$14,000	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	30% AD	50% AD/AC	50% AD/AC	Tier 3: 30% Tier 4: 30% (\$350 max)
	Optima Plus Gold 2000/25/30% Rx Ded	IN	\$2,000 \$4,000	\$2,750 \$5,500	\$25	\$50	0%	30% AD	30% AD	30% AD	\$50	30% AD	<b>\$100 Ded p/p*</b> Tier 1: \$15 Tier 2: \$50 AD
		OUT	\$4,000 \$8,000	\$7,000 \$14,000	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	30% AD	50% AD/AC	50% AD/AC	Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
	Optima Plus Silver 2000/30% Rx Ded	IN	\$2,000 \$4,000	\$6,850 \$13,700	30% AD	30% AD	0%	30% AD	30% AD	30% AD	30% AD	30% AD	<b>\$100 Ded p/p*</b> Tier 1: \$10 Tier 2: \$40 AD
		OUT	\$4,000 \$8,000	\$13,700 \$27,400	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	50% AD/AC	30% AD	50% AD/AC	50% AD/AC	Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
	Optima Plus Silver 2500/25/40% Rx Ded	IN	\$2,500 \$5,000	\$6,850 \$13,700	\$25	40% AD	0%	40% AD	40% AD	40% AD	40% AD	40% AD	<b>\$100 Ded p/p*</b> Tier 1: \$10 AD Tier 2: \$40 AD
		OUT	\$5,000 \$10,000	\$13,700 \$27,400	60% AD/AC	60% AD/AC	60% AD/AC	60% AD/AC	60% AD/AC	40% AD	60% AD/AC	60% AD/AC	Tier 3: 40% AD Tier 4: 40% AD (\$350 max)
	Optima Plus Silver 5000/20%	IN	\$5,000 \$10,000	\$7,150 \$14,300	\$30	\$60	0%	20% AD	20% AD	20% AD	\$60	20% AD	Tier 1: \$3 Tier 2: \$30
		OUT	\$10,000 \$20,000	\$14,300 \$28,600	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC	Tier 3: 20% Tier 4: 20% (\$350 max)
	Optima Plus Bronze 5000/20%	IN	\$5,000 \$10,000	\$7,150 \$14,300	20% AD	20% AD	0%	20% AD	20% AD	20% AD	20% AD	20% AD	<b>MDA**</b> Tier 1: 20% AD Tier 2: 20% AD
		OUT	\$10,000 \$20,000	\$14,300 \$28,600	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC	Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

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



# Optima PPO 2017 Plans

## Small Groups with 2-50 employees

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

Plan Name	NET	Ded	MOOP	PCP / Virtual Consult	Spec	Prev	Outpatient	Inpatient	ED	UCC	Pediatric Dental	Prescription Drug Coverage	
EQUITY PLUS PLANS	Optima Plus Equity Gold 1400/20/20% NON-EMBEDDED	IN	\$1,400 \$2,800	\$2,950 \$5,900	\$20 AD	20% AD	0%	20% AD	20% AD	20% AD	20% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	OUT	\$2,800 \$5,600	\$6,500 \$13,000	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC		
	Optima Plus Equity Gold 1500/10% NON-EMBEDDED	IN	\$1,500 \$3,000	\$3,575 \$6,650	10% AD	10% AD	0%	10% AD	10% AD	10% AD	10% AD	10% AD	MDA** Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)
	OUT	\$3,000 \$6,000	\$6,650 \$13,300	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	10% AD	40% AD/AC	40% AD/AC		
	Optima Plus Equity Silver 2300/20% NON-EMBEDDED	IN	\$2,300 \$4,600	\$4,800 \$6,650	20% AD	20% AD	0%	20% AD	20% AD	20% AD	20% AD	20% AD	MDA** Tier 1: 20% AD Tier 2: 20% AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	OUT	\$4,600 \$9,200	\$6,650 \$13,300	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC		
	Optima Plus Equity Silver 2700/10%	IN	\$2,700 \$5,400	\$5,500 \$11,000	10% AD	10% AD	0%	10% AD	10% AD	10% AD	10% AD	10% AD	MDA** Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 10% AD Tier 4: 10% AD (\$350 max)
	OUT	\$5,400 \$10,800	\$11,000 \$22,000	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	10% AD	40% AD/AC	40% AD/AC		
	Optima Plus Equity Silver 3000/20% NON-EMBEDDED	IN	\$3,000 \$6,000	\$3,800 \$6,550	20% AD	20% AD	0%	20% AD	20% AD	20% AD	20% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
	OUT	\$6,000 \$12,000	\$7,600 \$15,200	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	20% AD	40% AD/AC	40% AD/AC		
Optima Plus Equity Silver 3600/0%	IN	\$3,600 \$7,200	\$4,500 \$9,000	0% AD	0% AD	0%	0% AD	0% AD	0% AD	0% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD (\$350 max)	
OUT	\$7,200 \$14,400	\$9,675 \$19,350	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	0% AD	40% AD/AC	40% AD/AC			
Optima Plus Equity Bronze 5300/40%	IN	\$5,300 \$10,600	\$6,550 \$13,100	40% AD/AC	40% AD	0%	40% AD	40% AD	40% AD	40% AD	40% AD	MDA** Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: 40% AD Tier 4: 40% AD (\$350 max)	
OUT	\$10,000 \$20,000	\$13,100 \$26,200	60% AD/AC	60% AD/AC	60% AD/AC	60% AD/AC	60% AD/AC	40% AD	60% AD/AC	60% AD/AC			
Optima Plus Equity Bronze 6500/0%	IN	\$6,500 \$13,000	\$6,500 \$13,000	0% AD	0% AD	0%	0% AD	0% AD	0% AD	0% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD (\$350 max)	
OUT	\$13,000 \$26,000	\$13,100 \$26,200	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	40% AD/AC	0% AD	40% AD/AC	40% AD/AC			

AD = After Deductible \*Ded p/p = Deductible per person \*\*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).

