

## 2019 Optima POS Plans

Small Groups with 1-50 employees

Plan Names for All Service Areas including Charlottesville (CH) and Rockingham (HK)

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

Plan Name	DED: (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	PCP tier 1 / tier 2 physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST tier 1 / tier 2 physicians	OUTPATIENT tier 1 / tier 2 facilities	INPATIENT tier 1 / tier 2 facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima POS Platinum 10/20 Direct	None	\$2,000 \$4,000	\$4,500 \$9,000	\$9,000 \$18,000	30% AD/AC	\$10 / \$20	\$10	\$20 / \$40	\$200 / \$300	\$250 copay/day (\$1,000 max) \$500 copay/day (\$2,000 max)	\$250	\$20	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima POS Platinum 15/35 Direct	None	\$2,000 \$4,000	\$3,000 \$6,000	\$6,000 \$12,000	40% AD/AC	\$15 / \$30	\$15	\$35 / \$70	\$150 / \$250	\$300 copay/day (\$1,200 max) \$600 copay/day (\$2,400 max)	\$250	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima POS Gold 500/25/20% Rx Ded Direct	\$500 \$1,000	\$1,000 \$2,000	\$6,000 \$12,000	\$12,000 \$24,000	40% AD/AC	\$25 / \$50	\$25	\$50 / \$100	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima POS Gold 1000/25/30% Direct	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$8,000 \$16,000	50% AD/AC	\$25 / \$50	\$25	\$50 AD / \$100 AD	30% AD / 50% AD	30% AD / 50% AD	40% AD	\$50 AD	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)
Optima POS Gold 1500/30/0% Rx Ded Direct	\$1,500 \$3,000	\$5,000 \$10,000	\$7,150 \$14,300	\$10,000 \$20,000	30% AD/AC	\$30 / \$60	\$30	\$60 / \$120	0% AD / 20% AD	0% AD / 20% AD	20% AD	\$60	\$200 Ded p/p* Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Gold 2000/25/30% Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$4,000 \$8,000	\$8,000 \$16,000	50% AD/AC	\$25 / \$50	\$25	\$50 / \$100	30% AD / 50% AD	30% AD / 50% AD	40% AD	\$50	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)
Optima POS Gold 2500/35/0% Rx Ded Direct	\$2,500 \$5,000	\$5,000 \$10,000	\$7,150 \$14,300	\$14,300 \$28,600	30% AD/AC	\$35 / \$70	\$35	\$65 / \$130	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	\$200 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Silver 3000/35/25% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$7,350 \$14,700	\$14,700 \$29,400	45% AD/AC	\$35 / \$70	\$35	\$70 / \$140	25% AD / 45% AD	25% AD / 45% AD	35% AD	\$70	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Silver 3500/20% Direct	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$12,000 \$24,000	40% AD/AC	\$35 / \$70	\$35	\$70 / \$140	20% AD / 40% AD	20% AD / 40% AD	30% AD	\$70	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
<b>Optima POS Equity Plan Names</b>	<b>DED: (In Net) Individual Family</b>	<b>DED (OON) Individual Family</b>	<b>MOOP (In Net) Individual Family</b>	<b>MOOP (OON) Individual Family</b>	<b>OON COINSURANCE</b>	<b>PCP tier 1 / tier 2 physicians</b>	<b>VIRTUAL CONSULT No OON Coverage</b>	<b>SPECIALIST tier 1 / tier 2 physicians</b>	<b>OUTPATIENT tier 1 / tier 2 facilities</b>	<b>INPATIENT tier 1 / tier 2 facilities</b>	<b>ED (In or OON)</b>	<b>UCC</b>	<b>PRESCRIPTION DRUG COVERAGE Deductible, if applicable</b>
Optima POS Equity Silver 3000/20% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$12,000 \$24,000	40% AD/AC	20% AD / 40% AD	20% AD	20% AD / 40% AD	20% AD / 40% AD	20% AD / 40% AD	30% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima POS Equity Silver 4000/0% Direct	\$4,000 \$8,000	\$8,000 \$16,000	\$6,650 \$13,300	\$13,300 \$26,600	30% AD/AC	0% AD / 20% AD	0% AD	0% AD / 20% AD	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD
Optima POS Equity Bronze 5500/40/30% Direct	\$5,500 \$11,000	\$11,000 \$22,000	\$6,650 \$13,300	\$13,300 \$26,600	50% AD/AC	\$40 AD / \$80 AD	\$40 AD	\$80 AD / \$160 AD	30% AD / 50% AD	30% AD / 50% AD	40% AD	30% AD	MDA** Tier 1: 30% AD Tier 2: 30% AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima POS Equity Bronze 6500/0% Direct	\$6,500 \$13,000	\$13,000 \$26,000	\$6,650 \$13,300	\$15,000 \$30,000	30% AD/AC	0% AD / 20% AD	0% AD	0% AD / 20% AD	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD

A/D = After Deductible \* Ded p/p = Deductible per person \*\*MDA = Medical Deductible Applies A/C = Allowable Charges

Optima POS Design Plan Names	DED: (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	PCP tier 1 / tier 2 physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST tier 1 / tier 2 physicians	OUTPATIENT tier 1 / tier 2 facilities	INPATIENT tier 1 / tier 2 facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima POS Design Silver 2000/30% Rx Ded Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$7,150 \$14,300	\$14,300 \$28,600	50% AD/AC	30% AD / 50% AD	30% AD	30% AD / 50% AD	30% AD / 50% AD	30% AD / 50% AD	40% AD	30% AD	\$150 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima POS Design Silver 3000/20% Rx Ded Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$5,700 \$11,400	\$11,400 \$22,800	40% AD/AC	20% AD / 40% AD	20% AD	20% AD / 40% AD	20% AD / 40% AD	20% AD / 40% AD	30% AD	20% AD	\$150 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima POS Design Silver 4000/0% Rx Ded Direct	\$4,000 \$8,000	\$8,000 \$16,000	\$7,500 \$15,000	\$15,000 \$30,000	30% AD/AC	0% AD / 20% AD	0% AD	0% AD / 20% AD	0% AD / 20% AD	0% AD / 20% AD	20% AD	0% AD	\$250 Ded p/p* Tier 1: \$25 AD Tier 2: \$75 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

A/D = After Deductible \* Ded p/p = Deductible per person \*\*MDA = Medical Deductible Applies A/C = Allowable Charges

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