

Plan Marketing Name 2015	OptimaFit Gold 500	N/A	OptimaFit Gold 1000	OptimaFit Gold 1000 25	OptimaFit Gold 1750 HSA		OptimaFit Silver 3000 25
Plan Marketing Name 2016	OptimaFit Gold 600	OptimaFit Gold 1400	OptimaFit Gold 1000	OptimaFit Gold 1000 25	OptimaFit Gold 1950 HSA	OptimaFit Silver 2600 25 20%	OptimaFit Silver 3000 25
Medical Services	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Non-Embedded Medical Deductible & Non - Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Non-Embedded Medical Deductible & Non - Embedded MOOP	OptimaFit Non-Embedded Medical Deductible & Non - Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP
Cost Share	600/80%	1400/80%	1000/90%	1000/80%	1950/100%	2600/80%	3000/70%
Group Size	Individual	Individual	Individual	Individual	Individual	Individual	Individual
Core benefits with limits or accumulators administered on a Calendar year basis	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
Lifetime Maximum	None	None	None	None	None	None	None
In Network General Deductible (no 4th qtr deductible carry-over)	\$600 Single / \$1,200 Family	\$1400 Single / \$2,800 Family	\$1,000 Single / \$2,000 Family	\$1,000 Single / \$2,000 Family	\$1,950 Single / \$3,900 Family	\$2,600 Single / \$5,200 Family	\$3,000 Single / \$6,000 Family
OON Deductible (no 4th qtr deductible carry-over)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
In Network Out of Pocket Max	\$6,850 Single / \$13,700 Family	\$3425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family	\$3,000 Single / \$6,000 Family	\$1,950 Single / \$3,900 Family	\$6,850 Single / \$13,700 Family	\$6,850 Single / \$13,700 Family
OON Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .Specialty drugs are available only through Optima Health Specialty Mail Order partner<BRIOVA>.	\$150 per covered person annual deductible, Tier 1; \$15: Tier 2; 50% coinsurance or \$35 copay whichever is greater (\$250 max per script); Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script); Tier 4; 50% coins (\$250 max per script).	15, \$40 copay or 50% coinsurance which ever is greater (\$250 max per script), \$60 copay or 50% coinsurance, whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	\$150 per covered person annual deductible, Tier 1; \$15: Tier 2;50% coinsurance or \$35 copay whichever is greater (\$250 max per script); Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script); Tier 4; 50% coins (\$250 max per script).	\$250 per covered person annual deductible, Tier 1; \$15: Tier 2; 50% coinsurance or \$40 copay whichever is greater (\$250 max per script); Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script); Tier 4; 50% coins (\$250 max per script).	After deductible-In-network covered at 100%/Out of Network 100% coverage (In-network Deductible applies to the out of network RX benefit) No mail order option for benefits	15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	\$250 per covered person annual deductible, Tier 1; \$15: Tier 2; 50% coinsurance or \$40 copay whichever is greater (\$250 max per script); Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script); Tier 4; 50% coins (\$250 max per script).
Creditable Y/N	Yes	Yes	Yes	Yes	Yes (if Medicare Secondary)	Yes	Yes
Intergrated Y/N	No	No	No	No	Yes	No	No

OptimaFit Silver 3500 20%	OptimaFit Silver 2000 HSA	OptimaFit Bronze 6000 25	OptimaFit Bronze 3500 HSA	OptimaFit Bronze 4000 HSA	OptimaFit Bronze 4500 HSA	
OptimaFit Silver 4000 20%	OptimaFit Silver 2000 HSA	OptimaFit Bronze 6500 25	OptimaFit Bronze 4500 HSA	OptimaFit Bronze 5000 HSA	OptimaFit Bronze 5500 HSA	OptimaFit Bronze 6850
OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Non-Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP
4000/80%	2000/70%	6500/70%	4500/70%	5000/80%	5500/90%	6850/100%
Individual	Individual	Individual	Individual	Individual	Individual	Individual
Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits	Calendar year benefits
None	None	None	None	None	None	None
\$4,000 Single / \$8,000 Family	\$2,000 Single / \$4,000 Family	\$6,500 Single / \$13,000 Family	\$4,500 Single / \$9,000 Family	\$5,000 Single / \$10,000 Family	\$5,500 Single / \$11,000 Family	\$6,850 Single / \$13,700 Family
N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$6,850 Single / \$13,700 Family	\$5,250 Single / \$10,500 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,550 Single / \$13,100 Family	\$6,850 Single / \$13,700 Family
N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$250 per covered person annual deductible, Tier 1; \$15: Tier 2; 50% coinsurance or \$40 copay whichever is greater (\$250 max per script): Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4; 50% coins (\$250 max per script).	100% AD
Yes	Yes (if Medicare Secondary)	No	No	No	No	No
No	Yes	Yes	Yes	Yes	Yes	Yes

Plan Marketing Name 2015	N/A		OptimaFit Bronze 3500 HSA
Plan Marketing Name 2016	OptimaFit Gold 1200 Direct	OptimaFit Silver 2600 25 20%Direct	OptimaFit Bronze 4500 HSA Direct
Medical Services	OptimaFit Non-Embedded Medical Deductible & Non -Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP
Cost Share	1200/80%	2600/80%	4500/70%
Group Size	Individual	Individual	Individual
Core benefits with limits or accumulators administered on a Calendar year basis	Calendar year benefits	Calendar year benefits	Calendar year benefits
Lifetime Maximum	None	None	None
In Network General Deductible (no 4th qtr deductible carry-over)	\$1200 Single / \$2,400 Family	\$2,600 Single / \$5,200 Family	\$4,500 Single / \$9,000 Family
OON Deductible (no 4th qtr deductible carry-over)	N/A	N/A	N/A
In Network Out of Pocket Max	\$3425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family
OON Out of Pocket Max	N/A	N/A	N/A
<p>PRESCRIPTION DRUG COVERAGE Selected Generic(Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications .Specialty drugs are available only through Optima Health Specialty Mail Order partner<BRIOVA>.</p>	<p>15, \$40 copay or 50% coinsurance - which ever is greater (\$250 max per script), \$60 copay or 50% coinsurance, whichever is greater (\$250 max per script), 50% coinsurance. (\$250 max per script)</p>	<p>15, 50% coinsurance or \$40 copay whichever is greater (\$250 max per script), 50% coinsurance or \$60 copay whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)</p>	<p>After deductible in network coverage :Tier1; 50% coins (\$250 max per script); Tier 2; 50% coins (\$250 max per script); Tier 3; 50% coins (\$250 max per script); Tier 4: 50% coins (\$250 max per script).</p>
Creditable Y/N	Yes	Yes	No
Intergrated Y/N	No	No	Yes

Plan Marketing Name 2015	N/A		
Plan Marketing Name 2016	OptimaFit Gold 1400 Select	OptimaFit Silver 4000 20% Select	OptimaFit Bronze 5500 HSA Select
Medical Services	OptimaFit Non-Embedded Medical Deductible & Non -Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP	OptimaFit Embedded Medical Deductible & Embedded MOOP
Cost Share	1400/80%	4000/80%	5500/90%
Group Size	Individual	Individual	Individual
Core benefits with limits or accumulators administered on a Calendar year basis	Calendar year benefits	Calendar year benefits	Calendar year benefits
Lifetime Maximum	None	None	None
In Network General Deductible (no 4th qtr deductible carry-over)	\$1400 Single / \$2,800 Family	\$4,000 Single / \$8,000 Family	\$5,500 Single / \$11,000 Family
OON Deductible (no 4th qtr deductible carry-over)	N/A	N/A	N/A
In Network Out of Pocket Max	\$3425 Single / \$6,850 Family	\$6,850 Single / \$13,700 Family	\$6,550 Single / \$13,100 Family
OON Out of Pocket Max	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE Selected Generic (Tier 1): commonly prescribed generic drugs. Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs. Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2. Specialty Drugs (Tier 4): includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner<BRIOVA>.	15, \$40 copay or 50% coinsurance - which ever is greater (\$250 max per script), \$60 copay or 50% coinsurance, whichever is greater (\$250 max per script), 50% coinsurance (\$250 max per script)	\$150 per covered person annual deductible, Tier 1; \$15: Tier 2; 50% coinsurance or \$40 copay whichever is greater (\$250 max per script): Tier 3; 50% coinsurance or \$50 copay whichever is greater (\$250 max per script): Tier 4; 50% coins (\$250 max per script)	After deductible in network coverage :Tier1; 50% coins (\$250 max per script): Tier 2; 50% coins (\$250 max per script): Tier 3; 50% coins (\$250 max per script): Tier 4: 50% coins (\$250 max per script).
Creditable Y/N	Yes	Yes	No
Intergrated Y/N	No	No	Yes