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| Plan Marketing Name 2015 | OptimaFit Bronze 30% 3500 HSA Plus |
| Plan Marketing Name 2016 | OptimaFit Bronze 30% 4000 HSA Plus |
| Medical Services | Embedded Medical Deductible & Embedded MOOP |
| Cost Share | 4000/70% |
| Group Size | Individual |
| Core benefits with limits or accumulators administered on a calendar year basis | Calendar year benefits |
| Lifetime Maximum | None |
| In Network General Deductible | \$4000 Single / \$8000 Family |
| OON Deductible | \$8000 Single / \$16,000 Family |
| In Network Out of Pocket Max | \$6550 Single /\$13100 Family |
| OON Out of Pocket Max | \$9825 Single / \$19,650 Family |
| <p>Selected Generic(Tier 1): commonly prescribed generic drugs.</p> <p>Selected Brand & Other Generics (Tier 2): includes brand and some generic drugs.</p> <p>Non-Selected Brand (Tier 3): includes brand drugs not included on tier 1 or 2.</p> <p>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>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 | No |
| Intergrated Y/N | Yes |