

2016 LG TIERED PLANS VANTAGE POS

Medical Services	Optima Vantage 20/40 Direct	Optima Vantage 1500/20/80% Direct	Optima POS 500/15/80% Direct	Optima POS 1500/20/80% Direct
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
Lifetime Maximum	None	None	No lifetime limits in out of network	No lifetime limits in out of network
In-network General Deductible	None	\$1,500/\$3,500	\$500/\$1000	\$1500/\$3500
OON Deductible	N/A	N/A	\$1000/\$2000	\$3000/\$7000
In-network Out of Pocket max	\$2,500 ind/\$5,000 fam	\$3500 ind/\$7000 fam	\$3,000 ind/\$6,000 fam	\$3500 ind/\$7000 fam
OON OOP Max	N/A	N/A	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) Mail order: Tiers 1 & 2 covered at 2.5 X's copay; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply. Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$150 per person deductible . Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$75 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$150 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No

2016 TIERED PLANS VANTAGE POS DESIGN

Medical Services	Optima Design Vantage 2500/80% Direct	Optima Design Vantage 4000/80% Direct	Optima Design POS 2500/70% Direct	Optima Design POS 3000/90% Direct
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year
Lifetime Maximum	None	None	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$2,500 ind/\$5,000 fam	\$4,000 ind/\$8,000 fam	\$2,500 ind/\$5,000 fam	\$ 3,000 Ind/\$6,000 Fam
OON Deductible	NA	NA	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$ 6,000 Ind/\$12,000 Fam	\$4,500 ind/\$9,000 fam	\$ 4,500 ind/\$9,000 Fam
OON OOP Max	NA	NA	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) Mail order: Tiers 1 & 2 covered at 2.5 X's copay; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply. Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes
Integrated Y/N	No	No	No	No

2016 LG TIERED PLANS VANTAG POS EQUITY

Medical Services	Optima Equity Vantage 2700/80% Direct	Optima Equity Vantage 3000/90% Direct	Optima Equity POS 3000/80% Direct	Optima Equity POS 4000/90% Direct
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
Lifetime Maximum	None	None	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network
In-network General Deductible	\$2,700 ind/\$5,400 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$4,000 ind/\$8,000 fam
OON Deductible	N/A	N/A	\$ 4,500 ind/\$ 9,000 fam	\$5,500 ind/\$10,500 fam
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$ 4,500 Ind/\$9,000 Fam	\$ 5,000 Ind/\$10,000 Fam	\$6,550 Ind/\$13,100 Fam
OON OOP Max	N/A	N/A	\$9,000 ind/\$18,000 fam	\$10,100 ind/\$20,200 fam
PRESCRIPTION DRUG COVERAGE				
<p><u>"PRESCRIPTION DRUG COVERAGE:</u></p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BrivoRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes

2016 DESIGN PLANS

Medical Services	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	1500/100%	1500/90%	1500/80%	1500/70%	2500/100%	2500/90%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
OOO Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam
OOO Deductible	\$2,500 ind/\$ 5,000 fam	\$2,500 ind/\$ 5,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,500 ind/\$7,000 fam	\$3,500 ind/\$7,000 fam
In-network Out of Pocket max	\$1,500 Ind/\$3,000 Fam	\$3,000 Ind/\$6,000 Fam	\$ 4,000/\$8,000 fam	\$ 4,000/\$8,000 fam	\$ 2,500/\$5,000 fam	\$ 4,000/\$8,000 fam
OOO OOP Maximum	\$5,000 ind/\$10,000 fam	\$5,000 ind/\$10,000 fam	\$ 7,000 ind/\$14,000 fam	\$ 7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Integrated Y/N	No	No	No	No	No	No

2016 DESIGN PLANS

Medical Services	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2500/80%	2500/70%	3000/100%	3000/90%	3000/80%	3000/70%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
OOO Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OOO Deductible	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$ 4,500 ind/\$ 9,000 fam	\$ 4,500 ind/\$ 9,000 fam
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$ 3,000 ind/\$6,000 Fam	\$ 4,500 ind/\$9,000 Fam	\$5,000 ind/\$10,000 Fam	\$5,000 ind/\$10,000 Fam
OOO OOP Maximum	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$9,000 ind/\$18,000 fam	\$9,000 ind/\$18,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 DESIGN PLANS

Medical Services	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)	Optima Design Plus (& OOA Design Plus)
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis				
OOO Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OOO Deductible	\$5,000 ind/\$10,000 fam	\$5,500 ind/\$10,500 fam	\$5,500 ind/\$10,500 fam	\$6,000 ind/\$12,000 fam
In-network Out of Pocket max	\$4,000 ind/\$8,000 fam	\$6,000 Ind/\$12,000 Fam	\$6,000 Ind/\$12,000 Fam	\$ 5,000 ind/\$10,000 fam
OOO OOP Maximum	\$9,000 ind/\$18,000	\$10,000 ind/\$20,000 fam	\$10,000 ind/\$20,000 fam	\$10,000 ind/\$20,000
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: \$60 / Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No

2016 LG DESIGN POS

Medical Services	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	1500/100%	1500/90%	1500/80%	1500/70%	2500/100%	2500/90%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
OON Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam
OON Deductible	\$2,500 ind/\$ 5,000 fam	\$2,500 ind/\$ 5,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,500 ind/\$7,000 fam	\$3,500 ind/\$7,000 fam
In-network Out of Pocket max	\$1,500 Ind/\$3,000 Fam	\$3,000 Ind/\$6,000 Fam	\$ 4,000/\$8,000 fam	\$ 4,000/\$8,000 fam	\$ 2,500/\$5,000 fam	\$ 4,000/\$8,000 fam
OON OOP Maximum	\$5,000 ind/\$10,000 fam	\$5,000 ind/\$10,000 fam	\$ 7,000 ind/\$14,000 fam	\$ 7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam
PRESCRIPTION DRUG COVERAGE						
<p><u>"PRESCRIPTION DRUG COVERAGE:</u></p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BrivoRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016LG DESIGN POS

Medical Services	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2500/80%	2500/70%	3000/100%	3000/90%	3000/80%	3000/70%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
OOO Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OOO Deductible	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$4,000 ind/\$ 8,000 fam	\$ 4,500 ind/\$ 9,000 fam	\$ 4,500 ind/\$ 9,000 fam
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$ 3,000 ind/\$6,000 Fam	\$ 4,500 ind/\$9,000 Fam	\$5,000 ind/\$10,000 Fam	\$5,000 ind/\$10,000 Fam
OOO OOP Maximum	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$9,000 ind/\$18,000 fam	\$9,000 ind/\$18,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG DESIGN POS

Medical Services	Optima Design POS	Optima Design POS	Optima Design POS	Optima Design POS
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis				
OON Lifetime Maximum	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network	No Lifetime Limits in or out of network
In-network General Deductible	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OON Deductible	\$5,000 ind/\$10,000 fam	\$5,500 ind/\$10,500 fam	\$5,500 ind/\$10,500 fam	\$6,000 ind/\$12,000 fam
In-network Out of Pocket max	\$4,000 ind/\$8,000 fam	\$6,000 Ind/\$12,000 Fam	\$6,000 Ind/\$12,000 Fam	\$ 5,000 ind/\$10,000 fam
OON OOP Maximum	\$9,000 ind/\$18,000	\$10,000 ind/\$20,000 fam	\$10,000 ind/\$20,000 fam	\$10,000 ind/\$20,000
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No

2016 LG DESIGN VANTAGE

Medical Services	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	1500/100%	1500/90%	1500/80%	1500/70%	2500/100%	2500/90%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year
Lifetime Maximum	None	None	None	None	None	None
In-network General Deductible	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$1,500 Ind/\$3,000 Fam	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam
OON Deductible	NA	NA	NA	NA	NA	NA
In-network Out of Pocket max	\$1,500 Ind/\$3,000 Fam	\$3,000 Ind/\$6,000 Fam	\$4,000/\$8,000 fam	\$4,000/\$8,000 fam	\$2,500 ind/\$5,000 fam	\$4,000 ind/\$8,000 fam
OON OOP Max	NA	NA	NA	NA	NA	N/A
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BrivoRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG DESIGN VANTAGE

Medical Services	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2500/80%	2500/70%	3000/100%	3000/90%	3000/80%	3000/70%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year
Lifetime Maximum	None	None	None	None	None	None
In-network General Deductible	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OON Deductible	NA	NA	NA	N/A	NA	NA
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 4,500 ind/\$ 9,000 fam	\$5,000 ind/\$10,000	\$5,000 ind/\$10,000
OON OOP Max	NA	NA	NA	NA	NA	NA
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network	Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG DESIGN VANTAGE

Medical Services	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage	Optima Design Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year	Calendar year or contract year
Lifetime Maximum	None	None	None	None
In-network General Deductible	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OON Deductible	NA	NA	NA	NA
In-network Out of Pocket max	\$ 4,000 ind/\$ 8,000 fam	\$ 6,000 Ind/\$12,000 Fam	\$ 6,000 Ind/\$12,000 Fam	\$5,000 ind/\$10,000 fam
OON OOP Max	NA	NA	NA	NA
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>	<p>Tier 1: \$10 /Tier 2:\$40/ Tier 3: \$60 copay, Tier 4: 20% coinsurance (\$250 Out of pocket max per script) in and out of network</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No

2016 LG EQUITY PLUS

Medical Services	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2700/90%	2700/80%	2700/70%	3000/90%	3000/80%	3000/70%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
OOO Lifetime Maximum	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network
In-network General Deductible	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OOO Deductible	\$3,000 ind/\$6,000 fam	\$3,500 ind/\$7,000 fam	\$3,500 ind/\$7,000 fam	\$4,000 ind/\$ 8,000 fam	\$ 4,500 ind/\$ 9,000 fam	\$ 4,500 ind/\$ 9,000 fam
In-network Out of Pocket max	\$4,000 ind/\$8,000 fam	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$4,500 Ind/\$9,000 Fam	\$ 5,000 Ind/\$10,000 Fam	\$ 5,000 Ind/\$10,000 Fam
OOO OOP Maximum	\$6,000 ind/\$12,000	\$7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam	\$8,000 ind/\$16,000 fam	\$9,000 ind/\$18,000 fam	\$9,000 ind/\$18,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes	Yes	Yes

2016 LG EQUITY PLUS

Medical Services	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus	Optima Equity Plus & OOA Equity Plus
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
OON Lifetime Maximum	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network
In-network General Deductible	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OON Deductible	\$5,000 ind/\$10,000 fam	\$5,500 ind/\$10,500 fam	\$5,500 ind/\$10,500 fam	\$6,000 ind/\$12,000 fam
In-network Out of Pocket max	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam
OON OOP Maximum	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes

2016 LG EQUITY POS

Medical Services	Optima Equity POS	Optima Equity POS	Optima Equity POS	Optima Equity POS	Optima Equity POS	Optima Equity POS
Deductibles - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2700/90%	2700/80%	2700/70%	3000/90%	3000/80%	3000/70%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
OON Lifetime Maximum	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network
In-network General Deductible (file for non-embedded and embedded deductibles)	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OON Deductible	\$3,500 ind/\$7,000 fam	\$3,500 ind/\$7,000 fam	\$3,500 ind/\$7,000 fam	\$ 4,500 ind/\$ 9,000 fam	\$ 4,500 ind/\$ 9,000 fam	\$ 4,500 ind/\$ 9,000 fam
In-network Out of Pocket max	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$ 5,000 Ind/\$10,000 Fam	\$ 5,000 Ind/\$10,000 Fam	\$ 5,000 Ind/\$10,000 Fam
OON OOP Maximum	\$7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam	\$7,000 ind/\$14,000 fam	\$9,000 ind/\$18,000 fam	\$9,000 ind/\$18,000 fam	\$9,000 ind/\$18,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Integrated Y/N	Yes	Yes	Yes	Yes	Yes	Yes

2016 LG EQUITY POS

Medical Services	Optima Equity POS	Optima Equity POS	Optima Equity POS	Optima Equity POS
Deductibles - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size:	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
OON Lifetime Maximum	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network	No Lifetime maximum in or out of network
In-network General Deductible (file for non-embedded and embedded deductibles)	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OON Deductible	\$5,500 ind/\$10,500 fam	\$5,500 ind/\$10,500 fam	\$5,500 ind/\$10,500 fam	\$6,000 ind/\$12,000 fam
In-network Out of Pocket max	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam
OON OOP Maximum	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam	\$10,100 ind/\$20,200 fam
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes

2016 LG EQUITY VANTAGE

Medical Services	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage
Deductibles - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	2700/90%	2700/80%	2700/70%	3000/90%	3000/80%	3000/70%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
Lifetime Maximum	None	None	None	None	None	None
In-network General Deductible (file for non-embedded and embedded deductibles)	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$2,700 ind/\$5,400 fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam	\$ 3,000 Ind/\$6,000 Fam
OOB Deductible	N/A	N/A	N/A	N/A	N/A	N/A
In-network Out of Pocket max	\$4,000 ind/\$8,000 fam	\$4,500 ind/\$9,000 fam	\$4,500 ind/\$9,000 fam	\$ 4,500 Ind/\$9,000 Fam	\$ 5,000 Ind/\$10,000 Fam	\$ 5,000 Ind/\$10,000 Fam
OOB OOP Max	N/A	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes	Yes	Yes

2016 LG EQUITY VANTAGE

Medical Services	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage	Optima Equity Vantage
Deductibles - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded
	4000/100%	4000/80%	4000/70%	5000/100%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Calendar year or contract year (group option)
Lifetime Maximum	None	None	None	None
In-network General Deductible (file for non-embedded and embedded deductibles)	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$4,000 ind/\$8,000 fam	\$5,000 ind/\$10,000 fam
OON Deductible	N/A	N/A	N/A	N/A
In-network Out of Pocket max	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam	\$6,550 Ind/\$13,100 Fam
OON OOP Max	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE				
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>After Deductible Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)
Intergrated Y/N	Yes	Yes	Yes	Yes

2016 LG OPTIMA VANTAGE

Medical Services	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	10/10	10/20	10/25	15/35	20/40	25/50
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
Lifetime Maximum	None	None	None	None	None	None
In-network General Deductible	None	None	None	None	None	None
OON Deductible	N/A	N/A	N/A	N/A	N/A	N/A
In-network Out of Pocket max	\$2,000 ind/\$4000 fam	\$2,000 ind/\$4000 fam	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam	\$2,500 ind/\$5,000 fam	\$3,000 ind/\$6,000 fam
OON OOP Max	N/A	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BrivoRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)	Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)	\$50 per person deductible, Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG OPTIMA VANTAGE

Medical Services	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage	Optima Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	15/80%	20/80%	25/70%	500/15/80%	500/20/80%	1000/20/80%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
Lifetime Maximum	None	None	None	None	None	None
In-network General Deductible	None	None	None	\$ 500/\$ 1,000	\$500/\$1,500	\$1,000/\$2,000
OON Deductible	N/A	N/A	N/A	N/A	N/A	N/A
In-network Out of Pocket max	\$2,500 ind/\$5,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3500 ind/\$7000 fam	\$3500 ind/\$7000 fam
OON OOP Max	N/A	N/A	N/A	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$50 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$75 per person deductible . Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$75 per person deductible . Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$75 per person deductible . Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG OPTIMA VANTAGE

Medical Services	Optima Vantage	Optima Vantage	Optima Vantage
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded
	1500/20/80%	1000/25/70%	2000/25/70%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
Lifetime Maximum	None	None	None
In-network General Deductible	\$1,500/\$3,500	\$1,000/\$2,000	\$2,000/\$4,500
OON Deductible	N/A	N/A	N/A
In-network Out of Pocket max	\$3500 ind/\$7000 fam	\$3500 ind/\$7000 fam	\$3500 ind/\$7000 fam
OON OOP Max	N/A	N/A	N/A
PRESCRIPTION DRUG COVERAGE			
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>\$150 per person deductible .</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$75 per person deductible .</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$150 per person deductible .</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes
Intergrated Y/N	No	No	No

2016 LG PLUS PPO

Medical Services	Optima Plus & OOA Plus	Optima Plus & OOA Plus	Optima Plus & OOA Plus	Optima Plus & OOA Plus	Optima Plus & OOA Plus	Optima Plus & OOA Plus
Deductible - Embedded or Non-Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
	10/90%	15/80%	20/80%	500/25/80%	750/25/80%	1000/25/80%
Group Size:	Large Group only (101+)	Large Group only (101+)	Large Group only (101+)	Large Group only (101+)	Large Group only (101+)	Large Group only (101+)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
OON Lifetime Maximum	No lifetime limits in or out of network	No lifetime limits in or out of network	No lifetime limits in or out of network	No lifetime limits in or out of network	No lifetime limits in or out of network	No lifetime limits in or out of network
In-network General Deductible	None	None	None	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
OON Deductible	\$200/\$400	\$400/\$800	\$500/\$1000	\$750/\$1500	\$1,000/\$2,000	\$1,250/\$2,500
In-network Out of Pocket max	\$1,500 ind/\$3,000 fam	\$2,500 ind/\$5,000 fam	\$3,500 ind/\$7,000 fam	\$3,000 ind/\$6,000 fam	\$3,750 ind/ \$ 7,000 fam	\$3,750 ind/ \$ 7,000 fam
OON OOP Maximum	\$4,500 ind/\$9,000 fam	\$5,500 ind/\$11,000 fam	\$6,500 ind/\$13,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam	\$8,000 ind/\$16,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <ul style="list-style-type: none"> Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy) <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copy (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>No Deductible Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>No Deductible Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>No Deductible Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$50 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$75 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p>\$100 per person deductible , Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG PLUS PPO

Medical Services	Optima Plus & OOA Plus	Optima Plus & OOA Plus
Deductible - Embedded or Non-Embedded	Embedded	Embedded
	1500/25/80%	1750/30/70%
Group Size:	Large Group only (101+)	Large Group only (101+)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
OON Lifetime Maximum	No lifetime limits in or out of network	No lifetime limits in or out of network
In-network General Deductible	\$1,500/\$3,000	\$1,750/ \$3,500
OON Deductible	\$1,750/\$3,500	\$2,000/ \$4,000
In-network Out of Pocket max	\$4,500 in/\$ 9,000 fam	\$5,500 ind/\$10,000 fam
OON OOP Maximum	\$9500 ind/\$19,000 fam	\$10,500 ind/\$21,000 fam
PRESCRIPTION DRUG COVERAGE		
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>\$150 per person deductible ,</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$150 per person deductible ,</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes
Intergrated Y/N	No	No

2016 LG POS REGULER

Medical Services	Optima POS	Optima POS	Optima POS	Optima POS	Optima POS	Optima POS
Deductible - Embedded or Non-Embedded	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
	10/10	10/20	10/25	15/35	20/40	25/50
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
Lifetime Maximum	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network
In-network General Deductible	None	None	None	None	None	None
OON Deductible	\$400/\$1200	\$400/\$1200	\$300/\$900	\$400/\$1200	\$500/\$1500	\$500/\$1500
In-network Out of Pocket max	\$2,000 ind/\$4000 fam	\$2,000 ind/\$4,000 fam	\$2500 ind/\$5,000 fam	\$2500 ind/\$5,000 fam	\$2500 ind/\$5,000 fam	\$3,000 ind/\$6,000 fam
OON OOP Max	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>No Deductible</i> Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No Deductible</i> Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No Deductible</i> Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No Deductible</i> Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$50 per person deductible</i>, Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

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Medical Services	Optima POS	Optima POS	Optima POS	Optima POS	Optima POS	Optima POS
Deductible - Embedded or Non-Embedded	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
	15/80%	20/80%	25/70%	500/15/80%	500/20/80%	1000/25/70%
Group Size	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis						
Lifetime Maximum	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network	No lifetime limits in out of network
In-network General Deductible	None	None	None	\$500/\$1000	\$500/\$1000	\$1000/\$2000
OON Deductible	\$400/\$1200	\$400/\$1200	\$400/\$1200	\$1000/\$2000	\$1000/\$2000	\$2000/\$4000
In-network Out of Pocket max	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam	\$3,000 ind/\$6,000 fam
OON OOP Max	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam
PRESCRIPTION DRUG COVERAGE						
<p>"PRESCRIPTION DRUG COVERAGE:</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds;</p> <p>• Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$75 per person deductible</i>, Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>\$150 per person deductible</i>, Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2: \$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4: 20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes	Yes
Intergrated Y/N	No	No	No	No	No	No

2016 LG POS REGULER

Medical Services	Optima POS	Optima POS
Deductible - Embedded or Non-Embedded	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
	1500/20/80%	2000/25/70%
Group Size	Large Group (101 +)	Large Group (101 +)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis		
Lifetime Maximum	No lifetime limits in out of network	No lifetime limits in out of network
In-network General Deductible	\$1500/\$3500	\$2000/\$4000
OON Deductible	\$3000/\$7000	\$4000/\$8000
In-network Out of Pocket max	\$3500 ind/\$7000 fam	\$4,000 ind/\$8,000 fam
OON OOP Max	\$8000 ind/ \$16,000 fam	\$8000 ind/ \$16,000 fam
PRESCRIPTION DRUG COVERAGE		
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>\$150 per person deductible ,</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>	<p><i>No deductible</i> Tier 1: \$10/Tier 2:\$40/Tier 3: 20% coinsurance or \$60 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%	10/30/50/20%
Creditable Y/N	Yes	Yes
Intergrated Y/N	No	No

MM OPTIMA VANTAGE

Medical Services	Optima Vantage
Deductible - Embedded or Non-Embedded	
	10/20
Group Size	Mid Market (51-99)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
Lifetime Maximum	None
In-network General Deductible	None
OON Deductible	N/A
In-network Out of Pocket max	\$2,000 ind/\$4000 fam
OON OOP Max	N/A
PRESCRIPTION DRUG COVERAGE	
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p>Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%
Creditable Y/N	Yes
Intergrated Y/N	No

MM Plus PPO

Medical Services	Optima Plus & OOA Plus
Deductible - Embedded or Non-Embedded	Embedded
	15/90%
Group Size:	Mid Market Only (51-99)
Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis	Core benefits with limits or accumulators administered on a Calendar year or Contract (benefit) year basis
OON Lifetime Maximum	No lifetime limits in or out of network
In-network General Deductible	None
OON Deductible	\$200/\$400
In-network Out of Pocket max	\$1,500 ind/\$3,000 fam
OON OOP Maximum	\$4,500 ind/\$9,000 fam
PRESCRIPTION DRUG COVERAGE	
<p>"PRESCRIPTION DRUG COVERAGE-</p> <p>Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs – includes compounds; • Flat coinsurance up to a maximum amount of \$250 per prescription per 31 day supply; • Tier 4 drugs available through the Optima Health specialty mail order pharmacy (BriovaRx Specialty Pharmacy)</p> <p>Mail order: Tiers 1, 2 & 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$750 per prescription per 90 day supply.</p> <p>Tier 4 - No mail order on tier 4</p>	<p><i>No Deductible</i> Tier 1: \$10/Tier 2:\$30/Tier 3: 20% coinsurance or \$50 copay, whichever is greater (\$250 Out of pocket max per script), Tier 4:20% coinsurance (\$250 Out of pocket max per script)</p>
RX Summary	10/30/50/20%
Creditable Y/N	Yes
Intergrated Y/N	No