

<b>Plan Marketing Name 2015</b>	Optima Vantage 15/35 Rx High	Optima Vantage 25/50 Rx High	Optima Vantage 25/50 Rx Low	Optima Vantage 20/80% Rx High
<b>Plan Marketing Name 2016</b>	Optima Vantage 15/35	Optima Vantage 25/50	Optima Vantage 25/50 Rx Ded	Optima Vantage 20/80%
<b>Medical Services</b>	Embedded	Embedded	Embedded	Embedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	None	None	None	None
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$1,850 / \$3,700	\$1,600 / \$3,200	\$1,650 / \$3,300	\$2,500 \$5,000
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible)</b> <b>Tier 1 - Selected Generic</b> <b>Tier 2 - Selected Brand &amp; Other Generic</b> <b>Tier 3 - Non-Selected Brand</b> <b>Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;.</b> <b>Mail order:</b> <b>Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply;</b> <b>Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply.</b> Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	RX Deductible: \$0, Tier 1: \$10, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$10, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$10, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).
<b>RX Summary</b>	10/30/50/20%	10/30/50/20%	10/40/60/20%	10/30/50/20%
<b>Creditable Y/N</b>	Yes	Yes	Yes	Yes

<b>Plan Marketing Name 2015</b>	Optima Vantage 20/80% Rx Low	Optima Vantage 500/20/80% Rx High	Optima Vantage 500/20/80% Rx Low	Optima Vantage 1000/20/80% Rx High
<b>Plan Marketing Name 2016</b>	Optima Vantage 20/80% Rx Ded	Optima Vantage 500/25/80%	Optima Vantage 500/25/80% Rx Ded	Optima Vantage 1000/20/80%
<b>Medical Services</b>	Embedded	Embedded	Embedded	Embedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	None	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$2,500 \$5,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,500 / \$7,000
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible)</b> <b>Tier 1 - Selected Generic</b> <b>Tier 2 - Selected Brand &amp; Other Generic</b> <b>Tier 3 - Non-Selected Brand</b> <b>Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;.</b> <b>Mail order:</b> <b>Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply;</b> <b>Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply.</b> <b>Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.</b>	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).
<b>RX Summary</b>	10/40/60/20%	15/30/50/20%	10/40/60/20%	15/30/50/20%
<b>Creditable Y/N</b>	Yes	Yes	Yes	Yes

<b>Plan Marketing Name 2015</b>	Optima Vantage 1250/20/80% Rx High	Optima Vantage 1250/20/80% Rx Low	Optima Vantage 25/70% Rx High	Optima Vantage 25/70% Rx Low
<b>Plan Marketing Name 2016</b>	Optima Vantage Equity 1400/20/80%	Optima Vantage 1250/20/80% Rx Ded	Optima Vantage 35/70%	Optima Vantage 35/70% Rx Ded
<b>Medical Services</b>	Unembedded	Embedded	Embedded	Embedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	\$1,400/\$2,800	\$1,250/\$2,500	None	None
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$2,950 / \$5,900	\$3,250 / \$6,500	\$6,850 / \$13,700	\$6,850 / \$13,700
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible)</b> <b>Tier 1 - Selected Generic</b> <b>Tier 2 - Selected Brand &amp; Other Generic</b> <b>Tier 3 - Non-Selected Brand</b> <b>Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;.</b> <b>Mail order:</b> <b>Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply;</b> <b>Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply.</b> Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20% AD, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).
<b>RX Summary</b>	15/30/50/20%	10/40/60/20%	15/30/50/20%	10/40/60/20%
<b>Creditable Y/N</b>	Yes (if Medicare Secondary)	Yes	Yes	Yes

<b>Plan Marketing Name 2015</b>	Optima Vantage 1000/25/70% Rx Low	Optima Vantage 2000/25/70% Rx High	Optima Vantage 2000/25/70% Rx Low	Optima Vantage Design 1500/90% Rx Low
<b>Plan Marketing Name 2016</b>	Optima Vantage 1000/25/70% Rx Ded	Optima Vantage 2000/25/70%	Optima Vantage 2000/25/70% Rx Ded	Optima Vantage Equity 1500/90%
<b>Medical Services</b>	Embedded	Embedded	Embedded	Unembedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	\$1,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	\$1,500/\$3,000
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$3,000 / \$6,000	\$3,500 / \$7,000	\$2,750 \$5,500	\$3,250 / \$6,500
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand &amp; Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;. Mail order: Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.</b>	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).
<b>RX Summary</b>	10/40/60/20%	15/30/50/20%	10/40/60/20%	10/40/60/20%
<b>Creditable Y/N</b>	Yes	Yes	Yes	Yes (if Medicare Secondary)

<b>Plan Marketing Name 2015</b>	Optima Vantage 2000/70% Rx Low	Optima Vantage 2000/25/60% Rx Low	Optima Vantage Equity 1500/80% Rx Low	Optima Vantage Equity 2600/100% Rx Low
<b>Plan Marketing Name 2016</b>	Optima Vantage 2000/70% Rx Ded	Optima Vantage 2000/25/60% Rx Ded	Optima Vantage Equity 1800/80%	Optima Vantage Equity 2700/100%
<b>Medical Services</b>	Embedded	Embedded	Unembedded	Embedded
<b>Group Size</b>	Small (2-50)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	\$2,000/\$4,000	\$2,000/\$4,000	\$1,800/\$3,600	\$2,700 / \$5,400
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$6,850 / \$13,700	\$6,850 / \$13,700	\$4,700 / \$6,550	\$4,000 / \$8,000
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand &amp; Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;. Mail order: Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.</b>	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$100 per person, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).
<b>RX Summary</b>	10/40/60/20%	10/40/60/20%	40% AD	40% AD
<b>Creditable Y/N</b>	Yes	Yes	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)

<b>Plan Marketing Name 2015</b>	Optima Vantage Equity 2600/90% Rx Low	Optima Vantage Equity 3000/80% Rx Low	n/a	Optima Vantage 4000/70% Rx Low
<b>Plan Marketing Name 2016</b>	Optima Vantage Equity 2700/90%	Optima Vantage Equity 3000/80%	Optima Vantage 3500/80%	Optima Vantage 5000/70%
<b>Medical Services</b>	Embedded	Unembedded	Embedded	Embedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	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)
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	\$2,700 / \$5,400	\$3,000/\$6,000	\$3,500 Single / \$7,000 Family	\$5,000/\$10,000
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$4,200 / \$8,400	\$3,800 / \$6,550	\$6,850 / \$13,700	\$6,850 / \$13,700
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<b>Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand &amp; Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;. Mail order: Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.</b>	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	RX Deductible: \$0, Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).
<b>RX Summary</b>	10/40/60/20%	15/30/50/20%	15/30/50/20%	40% AD
<b>Creditable Y/N</b>	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes	No

<b>Plan Marketing Name 2015</b>	Optima Vantage Equity 5000/100% Rx Low	Optima Vantage Equity 4000/80% Rx Low	Optima Vantage 6000/70%	n/a
<b>Plan Marketing Name 2016</b>	Optima Vantage Equity 6000/100%	Optima Vantage Equity 4000/60%	Optima Vantage 6000/70%	Optima Vantage 6600/60%
<b>Medical Services</b>	Embedded	Embedded	Embedded	Embedded
<b>Group Size</b>	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
<b>Core benefits with limits or accumulators administered on a Calendar year basis</b>	Calendar year or contract year (group option)	Calendar year or contract year (group option)	Contract year benefits	Contract year benefits
<b>Lifetime Maximum</b>	None	None	None	None
<b>In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	\$6,000/\$12,000	\$4,000 / \$8,000	\$6,000 Single / \$12,000 Family	\$6,600 Single / \$13,200 Family
<b>OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)</b>	n/a	n/a	n/a	n/a
<b>In Network Out of Pocket Max</b>	\$6,000 / \$12,000	\$6,550 / \$13,100	\$6,850 / \$13,700	\$6,850 / \$13,700
<b>OON Out of Pocket Max</b>	n/a	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
<p>Rx Deductible (applies only if Rx deductible is separate from the medical deductible)</p> <p>Tier 1 - Selected Generic</p> <p>Tier 2 - Selected Brand &amp; Other Generic</p> <p>Tier 3 - Non-Selected Brand</p> <p>Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Specialty Mail Order partner &lt;Briova&gt;.</p> <p>Mail order:</p> <p>Tiers 1 &amp; 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply;</p> <p>Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.</p>	Medical Deductible Applies, 100% AD	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 50% AD (\$350 Max out of pocket per script), Tier 2: 50% AD (\$350 Max out of pocket per script), Tier 3: 50% AD (\$350 Max out of pocket per script), Tier 4: 50% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 50% AD (\$350 Max out of pocket per script), Tier 2: 50% AD (\$350 Max out of pocket per script), Tier 3: 50% AD (\$350 Max out of pocket per script), Tier 4: 50% AD (\$350 Max out of pocket per script).
<b>RX Summary</b>	100% AD	10/40/60/20%	50% AD	50% AD
<b>Creditable Y/N</b>	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	No	No

Plan Marketing Name 2015	Optima Vantage 15/35 Rx High			
Plan Marketing Name 2016	Optima Vantage 15/35	Optima POS 500/25/80%	Optima POS 1000/25/70%	Optima POS 1400/20/80%
Medical Services	Embedded	Embedded	Embedded	Unembedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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 (No 4th Quarter Deductible Carryover on Equity or Design Plans)	None	\$500 / \$1,000	\$1,000 / \$2,000	\$1,400 / \$2,800
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	n/a	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,800 / \$5,600
In Network Out of Pocket Max	\$1,850 / \$3,700	\$5,500 / \$11,000	\$3,000 / \$6,000	\$2,950 / 5,900
OON Out of Pocket Max	n/a	\$10,800 / \$21,600	\$6,000 / \$12,000	\$6,500 / \$13,000
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	RX Deductible: \$0, Tier 1: \$10, Tier 2: \$30, Tier 3: \$50 or 20%, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	Medical Deductible Applies, Teir 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20% AD, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).
RX Summery	10/30/50/20%	15/30/50/20%	15/30/50/20%	15/30/50/20%
Creditable Y/N		Yes	Yes	Yes (if Medicare Secondary)



Plan Marketing Name 2015				
Plan Marketing Name 2016	Optima POS 2000/25/70%	Optima Design POS 2000/70% Rx	Optima POS Equity 1800/80%	Optima POS 2000/25/60% Rx D
Medical Services	Embedded	Embedded	Unembedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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 (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$2,000 / \$4,000	\$2,000/\$4,000	\$1,800/\$3,600	\$2,000/\$4,000
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3,600 / \$7,200	\$4,000 / \$8,000
In Network Out of Pocket Max	\$3,500 / \$7,000	\$6,850 / \$13,700	\$4,700 / \$6,550	\$6,850 / \$13,700
OON Out of Pocket Max	\$7,000 / \$14,000	\$13,700 / \$27,400	\$13,100 / \$26,200	\$13,700 / \$27,400
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	RX Deductible: 150, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).	RX Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier3: \$60 AD or 20% AD, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).
RX Summery	15/30/50/20%	10/40/60/20%	40% AD	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes (if Medicare Secondary)	Yes

Plan Marketing Name 2015	N/A	N/A	N/A	N/A
Plan Marketing Name 2016	Optima Design POS 3000/80%	Optima Equity POS 3000/80%	Optima Equity POS 3000/80%	Optima POS 3500/80%
Medical Services	Embedded	Embedded	Unembedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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 (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 Single / \$7,000 Family
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,000 / \$14,000
In Network Out of Pocket Max	\$3,800 / \$7,600	\$3,800 / \$7,600	\$3,800 / \$6,550	\$6,000 / \$12,000
OON Out of Pocket Max	\$7,600 / \$15,200	\$7,600 / \$15,200	\$7,600 / \$15,200	\$12,000 / \$24,000
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>				
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).
RX Summery	15/30/50/20%	15/30/50/20%	15/30/50/20%	15/30/50/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)

Plan Marketing Name 2015	n/a	n/a	n/a	n/a	n/a
Plan Marketing Name 2016	Optima Equity POS 4000/70%	Optima Equity POS 5000/70%	Optima Design POS 5000/70%	Optima Equity POS 6000/100%	Optima POS 6600/60%
Medical Services	Embedded	Embedded	Embedded	Embedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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)
Lifetime Maximum	None	None	None	None	None
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$4,000 / \$8,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$6,600 / \$13,200
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$8,000 / \$16,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$12,000 / \$24,000	\$13,100 / \$26,200
In Network Out of Pocket Max	\$6,550 / \$13,100	\$6,550 / \$13,100	\$6,850 / \$13,700	\$6,000 / \$12,000	\$6,850 / \$13,700
OON Out of Pocket Max	\$13,100 / \$26,200	\$13,100 / \$26,200	\$13,700 / \$27,400	\$15,000 / \$30,000	\$17,125 / \$34,250
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>					
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Medical Deductible applies, Tier 1: 50% AD; \$350 max per script, Tier 2: 50% AD; \$350 max per script, Tier 3: 50% AD; \$350 max per script, Tier 4: 50% AD; \$350 max per script.	Medical Deductible Applies, Tier 1: 40% AD; \$350 max per script, Tier 2: 40% AD; \$350 max per script, Tier 3: 40% AD; \$350 max per script, Tier 4: 40% AD; \$350 max per script.	Medical Deductible Applies, Tier 1: 40% AD; \$350 max per script, Tier 2: 40% AD; \$350 max per script, Tier 3: 40% AD; \$350 max per script, Tier 4: 40% AD; \$350 max per script.	Medical Deductible Applies, 100% AD	Medical Deductible Applies, Tier 1: 40% AD; \$350 max per script, Tier 2: 40% AD; \$350 max per script, Tier 3: 40% AD; \$350 max per script, Tier 4: 40% AD; \$350 max per script.
RX Summery	50% AD	40% AD	40%AD	100% AD	40% AD
Creditable Y/N	No	No	No	Yes (if Medicare Secondary)	No

Plan Marketing Name 2015	Optima Plus 500/20/80% Rx High	Optima Plus 500/20/80% Rx Low	Optima Plus 1000/20/80% Rx High	Optima Plus 1000/20/80% Rx Low	Optima Plus 1250/20/80% Rx High
Plan Marketing Name 2016	Optima Plus 500/25/80%	Optima Plus 500/25/80% Rx Ded	Optima Plus 1000/20/80%	Optima Plus 1000/20/80% Rx Ded	Optima Plus Equity 1400/20/80%
Medical Services	Embedded	Embedded	Embedded	Embedded	Unembedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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)
Lifetime Maximum	None	None	None	None	None
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$500 / \$1,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,400 / \$2,800
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,800 / \$5,600
In Network Out of Pocket Max	\$5,500 / \$11,000	\$5,500 / \$11,000	\$3,500 / \$7000	\$3,500 / \$7000	\$2,950 / \$5,900
OON Out of Pocket Max	\$10,800 / \$21,600	\$10,800 / \$21,600	\$7,000 / \$14,000	\$7,000 / \$14,000	\$6,500 / \$13,000
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>					
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater (Max \$350 out of pocket per script), Tier 4: 20%; (Max \$350 out of pocket per script).	RX Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater, (Max \$350 out of pocket per script), Tier 4: 20%; (Max \$350 out of pocket per script).	RX Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).
RX Summary	15/30/50/20%	10/40/60/20%	15/30/50/20%	10/40/60/20%	15/30/50/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes (if Medicare Secondary)

Plan Marketing Name 2015	Optima Plus 1250/20/80% Rx Low	Optima Plus 1000/25/70% Rx High	Optima Plus 1000/25/70% Rx Low	Optima Plus 2000/25/70% Rx High	Optima Plus 2000/25/70% Rx Low
Plan Marketing Name 2016	Optima Plus 1250/20/80% Rx Ded	Optima Plus 1000/25/70%	Optima Plus 1000/25/70% Rx Ded	Optima Plus 2000/25/70%	Optima Plus 2000/25/70% Rx Ded
Medical Services	Embedded	Embedded	Embedded	Embedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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)
Lifetime Maximum	None	None	None	None	None
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$1,250 / \$2,500	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$2,500 / \$5,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$4,000 / \$8,000
In Network Out of Pocket Max	\$3,250 / \$6,500	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,500 / \$7,000	\$2,750 / \$5,500
OON Out of Pocket Max	\$6,500 / \$13,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$7,000 / \$14,000	\$7,000 / \$14,000
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>					
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Rx Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20%; (Max \$350 out of pocket per script).	Rx Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Tier 1: \$15, Tier 2: \$30, Tier 3: \$50 or 20%, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20%; (Max \$350 out of pocket per script).	Rx Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).
RX Summary	10/40/60/20%	15/30/50/20%	10/40/60/20%	15/30/50/20%	10/40/60/20%
Creditable Y/N	Yes	Yes	Yes	Yes	Yes

Plan Marketing Name 2015	Optima Plus Design 1500/90% Rx Low	Optima Plus 2000/70% Rx Low	Optima Plus 2000/25/60% Rx Low	Optima Plus Equity 1500/80% Rx Low	Optima Plus Equity 2600/100% Rx Low
Plan Marketing Name 2016	Optima Plus Equity 1500/90%	Optima Plus 2000/70% Rx Ded	Optima Plus 2000/25/60% Rx Ded	Optima Plus Equity 1800/80%	Optima Plus Equity 2700/100% Rx Ded
Medical Services	Unembedded	Embedded	Embedded	Unembedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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)
Lifetime Maximum	None	None	None	None	None
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$1,500 / \$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$1,800/\$3,600	\$2,700 / \$5,400
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$3,000 / \$6,000	\$4,000 / \$8,000	\$4,000 / \$8,000	\$3,600 / \$7,200	\$5,400 / \$10,800
In Network Out of Pocket Max	\$3,250 / \$6,500	\$6,850 / \$13,700	\$6,850 / \$13,700	\$4,700 / \$6,550	\$4,000 / \$8,000
OON Out of Pocket Max	\$6,500 / \$13,000	\$13,700 / \$27,400	\$13,700 / \$27,400	\$13,100 / \$26,200	\$9675 / \$19,350
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>					
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	RX Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	RX Deductible: \$100, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).
RX Summary	10/40/60/20%	10/40/60/20%	10/40/60/20%	40% AD	40% AD
Creditable Y/N	Yes (if Medicare Secondary)	Yes	Yes	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)

Plan Marketing Name 2015	Optima Plus Equity 2600/90% Rx Low	Optima Plus Equity 3000/80% Rx Low	n/a	n/a	n/a
Plan Marketing Name 2016	Optima Plus Equity 2700/90% Rx Ded	Optima Plus Equity 3000/80% Rx Ded	Optima Plus 5000/70% Rx Ded	Optima Plus Equity 6000/100%	Optima Plus Equity 4000/60%
Medical Services	Embedded	Unembedded	Embedded	Embedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar 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)
Lifetime Maximum	None	None	None	None	None
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$2,700 / \$5,400	\$3,000 / \$6,000	\$5,000 / \$10,000	\$6,000 / \$12,000	\$4,000 / \$8,000
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$5,400 / \$10,800	\$6,000 / \$12,000	\$10,000 / \$20,000	\$12,000 / \$24,000	\$8,000 / \$16,000
In Network Out of Pocket Max	\$4,200 / \$8,400	\$3,800 / \$6,550	\$6,850 / \$13,700	\$6,000 / \$12,000	\$6,550 / \$13,100
OON Out of Pocket Max	\$8,400 / \$16,800	\$7,600 / \$15,200	\$13,700 / \$27,400	\$13,100 / \$26,200	\$13,100 / \$26,200
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>					
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Medical Deductible Applies, Tier 1: \$15 AD, Tier 2: \$30 AD, Tier 3: \$50 AD or 20% AD, which ever is greater. (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).	Medical Deductible Applies, Tier 1: 40% AD (\$350 Max out of pocket per script), Tier 2: 40% AD (\$350 Max out of pocket per script), Tier 3: 40% AD (\$350 Max out of pocket per script), Tier 4: 40% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, 100% AD	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, which ever is greater (Max \$350 out of pocket per script), Tier 4: 20% AD (Max \$350 out of pocket per script).
RX Summary	10/40/60/20%	15/30/50/20%	40% AD	100% AD	10/40/60/20%
Creditable Y/N	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)	No	Yes (if Medicare Secondary)	Yes (if Medicare Secondary)

Plan Marketing Name 2015	n/a	n/a	n/a
Plan Marketing Name 2016	Optima Vantage 1800/25/70% Direct	Optima Vantage Equity 3000/80% Direct	Optima Vantage Equity 6000/90% Direct
Medical Services	Embedded	Unembedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar year basis	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
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$1,800/\$4,000	\$3,000/\$6,000	\$6,000/\$12,000
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	n/a	n/a	n/a
In Network Out of Pocket Max	\$2,700 \$5,400	\$3,800 / \$6,550	\$6,550 / \$13,100
OON Out of Pocket Max	n/a	n/a	n/a
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>			
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20% AD, whichever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, which ever is greater (\$350 Max out of pocket per script)2, Tier 4: 0% AD (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: 90% AD (\$350 Max out of pocket per script), Tier 2: 90% AD (\$350 Max out of pocket per script), Tier 3: 90% AD (\$350 Max out of pocket per script), Tier 4: 90% AD (\$350 Max out of pocket per script).
RX Summery	10/40/60/20%	10/40/60/20%	90% AD
Creditable Y/N	Yes	Yes (if Medicare Secondary)	No



Plan Marketing Name 2015	n/a	n/a	n/a
Plan Marketing Name 2016	Optima POS 1800/25/70% Direct	Optima Equity POS 3000/80% Direct	Optima Equity POS 4000/70% Direct
Medical Services	Embedded	Unembedded	Embedded
Group Size	Small (2-100)	Small (2-100)	Small (2-100)
Core benefits with limits or accumulators administered on a Calendar year basis	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
In Network General Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$1,800 / \$4,000	\$3,000 / \$6,000	\$4,000 / \$8,000
OON Deductible (No 4th Quarter Deductible Carryover on Equity or Design Plans)	\$4,000 / \$8,000	\$6,000 / \$12,000	\$8,000 / \$16,000
In Network Out of Pocket Max	\$3,500 / \$7,000	\$3,800 / \$6,550	\$6,550 / \$13,100
OON Out of Pocket Max	\$7,000 / \$14,000	\$7,600 / \$15,200	\$13,100 / 26,200
<b>PHARMACY/PRESCRIPTION DRUG COVERAGE</b>			
Rx Deductible (applies only if Rx deductible is separate from the medical deductible) Tier 1 - Selected Generic Tier 2 - Selected Brand & Other Generic Tier 3 - Non-Selected Brand Tier 4 - Specialty Drugs: includes specialty drugs and compound prescription medications. Specialty drugs are available only through Optima Health Mail order: Tiers 1 & 2 covered at 2.5 X's copay up to a maximum of \$875 per prescription per 90 day supply; Tier 3 covered at 3 X's copay (if applicable) or 20% coinsurance up to maximum amount of \$1050 per prescription per 90 day supply. Tier 4 - No 90-day supply mail order benefits are available for Tier 4 drugs.	Tier 1 \$15, Tier 2: \$30, Tier 3: \$50 or 20% , which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% (\$350 Max out of pocket per script).	Medical Deductible Applies, Tier 1: \$10 AD, Tier 2: \$40 AD, Tier 3: \$60 AD or 20%, which ever is greater (\$350 Max out of pocket per script), Tier 4: 20% AD (\$350 Max out of pocket per script).	Medical Deductible applies, Tier 1: 50% AD (\$350 max out of pocket per script), Tier 2: 50% AD (\$350 max out of pocket per script), Tier 3: 50% AD (\$350 max out of pocket per script), Tier 4: 50% AD (\$350 max out of pocket per script).
*Pediatric Ortho is 10 percentage points lower OON than IN, per conversation with Marie during week of Jan. 7			
RX Summery	15/30/50/20%	10/40/60/20%	50% AD
Creditable Y/N	Yes	Yes (if Medicare Secondary)	No