

Mid-Market and Large Group Plans

Optima Health

Benefit Changes

The following changes will be effective January 1, 2018

All Plans

In compliance with a new Virginia state law, prescriptions for up to a 12-month supply of hormonal contraceptives are covered when dispensed or furnished at one time by an in-network provider or pharmacy. Members are responsible for the applicable Copayment or Coinsurance.

Mail Order Tier 3 Maximum Copayment per prescription per 90 day supply decreased from \$750 to \$300.

Discontinued plans

- Vantage 10/20
- Vantage 15/35
- Vantage POSA 10/20
- Vantage POSA 15/35
- Design Vantage 1500/30%
- Design Vantage POSA 1500/30%
- Design Vantage Rx After Ded 3000/10%
- Design Vantage Rx After Ded 3000/30%
- Design Vantage Rx After Ded 4000/0%
- Design Vantage POSA Rx After Ded 3000/10%
- Design Vantage POSA Rx After Ded 3000/30%
- Design Vantage POSA Rx After Ded 4000/0%
- POS 10/20
- POS 15/35
- POS 500/15/20%
- POS 1500/20/20%
- Design POS 1500/30%
- Design POS Rx After Ded 3000/10%
- Design POS Rx After Ded 3000/30%
- Design POS Rx After Ded 4000/0%
- Plus 10/10%
- Plus 15/20%
- Design Plus 1500/30%
- Design Plus Rx After Ded 3000/10%
- Design Plus Rx After Ded 3000/30%
- Design Plus Rx After Ded 4000/0%

New plans

- Vantage 2000/50%: in-network Deductible \$2,000/\$4,000; in-network maximum out-of-pocket \$6,600/\$13,200; 50%^{AD} primary in-network Coinsurance; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- Vantage POSA 2000/50%: in-network Deductible \$2,000/\$4,000; in-network maximum out-of-pocket \$6,600/\$13,200; 50%^{AD} primary in-network Coinsurance; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%; out-of-network Deductible \$5,000/\$10,000; out-of-network maximum out-of-pocket \$8,000/\$16,000; 30%^{AD} primary out-of-network Coinsurance.
- Equity Vantage 4000/40%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$6,550/\$13,100; 40%^{AD} primary in-network Coinsurance; PCP \$25^{AD}, Specialist \$50^{AD}, Behavioral Health Outpatient \$25^{AD}; 50%^{AD} primary out-of-network Coinsurance.
- Equity Vantage POSA 4000/40%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$6,550/\$13,100; 40%^{AD} primary in-network Coinsurance; PCP \$25^{AD}, Specialist \$50^{AD}, Behavioral Health Outpatient \$25^{AD}; out-of-network Deductible \$6,000/\$12,000, out-of-network maximum out-of-pocket \$10,000/\$20,000; 50%^{AD} primary out-of-network Coinsurance.
- POS 2000/50%: in-network Deductible \$2,000/\$4,000; in-network maximum out-of-pocket \$6,600/\$13,200; 50%^{AD} primary in-network Coinsurance; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%; out-of-network Deductible \$4,000/\$8,000, out-of-network maximum out-of-pocket \$13,200/\$26,400, 50%^{AD} primary out-of-network Coinsurance.
- Equity POS 4000/40%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$6,550/\$13,100; 40%^{AD} primary in-network Coinsurance, preventive care; PCP \$25^{AD}, Specialist \$50^{AD}, Behavioral Health Outpatient \$25^{AD}; urgent care center \$50^{AD}; out-of-network Deductible \$5,500/\$10,500, out-of-network maximum out-of-pocket \$13,100/\$26,200, 50%^{AD} primary out-of-network Coinsurance.
- Plus 2000/50%: in-network Deductible \$2,000/\$4,000; in-network maximum out-of-pocket \$6,600/\$13,200; 50%^{AD} primary in-network Coinsurance; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%; chiropractic care 20%^{AD}/30%^{AD} out-of-network; 50%^{AD} primary out-of-network Coinsurance; out-of-network Deductible \$4,000/\$8,000, out-of-network maximum out-of-pocket \$13,200/\$26,400.
- Equity Plus 4000/40%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$6,550/\$13,100; 40%^{AD} primary in-network Coinsurance; PCP \$25^{AD}, Specialist \$50^{AD}, Behavioral Health Outpatient \$25^{AD}; urgent care center \$50^{AD}; 50%^{AD} primary out-of-network Coinsurance.

Out-of-Network Deductible Changes

Plan	2017 Out-of-Network Deductible	2018 Out-of-Network Deductible
POS 10/25	\$300/\$900	\$400/\$1200
POS 4000/30/20%	\$6,600/\$13,200	\$8,000/\$16,000
POS 4000/30/30%	\$6,600/\$13,200	\$8,000/\$16,000
POS 5000/30/20%	\$7,500/\$15,000	\$10,000/\$20,000
POS 5000/30/30%	\$7,500/\$15,000	\$10,000/\$20,000
Design POS 3000/10%	\$4,000/\$8,000	\$5,000/\$10,000
Design POS 3000/20%	\$4,000/\$8,000	\$5,000/\$10,000
Design POS 3000/30%	\$4,000/\$8,000	\$5,000/\$10,000
Design POS Rx After Ded 4000/20%	\$5,500/\$10,500	\$5,500/\$11,000
Design POS Rx After Ded 4000/30%	\$5,500/\$10,500	\$5,500/\$11,000
Design Plus 3000/10%	\$4,000/\$8,000	\$5,000/\$10,000
Design Plus 3000/20%	\$4,500/\$9,000	\$5,000/\$10,000
Design Plus 3000/30%	\$4,500/\$9,000	\$5,000/\$10,000
Design Plus Rx After Ded 4000/20%	\$5,500/\$10,500	\$5,500/\$11,000
Design Plus Rx After Ded 4000/30%	\$5,500/\$10,500	\$5,500/\$11,000
Equity Plus 2700/10%	\$3,000/\$6,000	\$3,500/\$7,000

Vantage and Vantage POSA In-Network Maximum Out-of-Pocket (MOOP) Changes

Plan	2017 In-Network MOOP	2018 In-Network MOOP
Vantage 20/20%	\$3,000/\$6,000	\$4,000/\$8,000
Vantage 25/30%	\$3,000/\$6,000	\$4,500/\$9,000
Vantage 30/30%	\$4,000/\$8,000	\$4,500/\$9,000
Vantage 500/20/20%	\$3,500/\$7,000	\$4,500/\$9,000
Vantage 1000/20/20%	\$3,500/\$7,000	\$5,500/\$11,000
Vantage 1000/30/30%	\$5,000/\$10,000	\$4,500/\$9,000
Vantage 1500/25/30%	\$6,850/\$13,700	\$5,000/\$10,000
Vantage 5000/30/20%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage 5000/30/30%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage 5000/30/75	\$6,850/\$13,700	\$7,350/\$14,700
Vantage 5000/20%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage 6000/20%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage POSA 20/20%	\$3,000/6,000	\$4,000/\$8,000
Vantage POSA 25/30%	\$3,000/\$6,000	\$4,500/\$9,000
Vantage POSA 30/30%	\$4,000/\$8,000	\$4,500/\$9,000
Vantage POSA 500/20/20%	\$3,500/\$7,000	\$4,500/\$9,000
Vantage POSA 1000/20/20%	\$3,500/\$7,000	\$5,500/\$11,000
Vantage POSA 1000/30/30%	\$5,000/\$10,000	\$4,500/\$9,000
Vantage POSA 1500/25/30%	\$6,850/\$13,700	\$5,000/\$10,000
Vantage POSA 5000/30/20%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage POSA 5000/30/30%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage POSA 5000/30/75	\$6,850/\$13,700	\$7,350/\$14,700
Vantage POSA 5000/20%	\$6,850/\$13,700	\$7,350/\$14,700
Vantage POSA 6000/20%	\$6,850/\$13,700	\$7,350/\$14,700
Design Vantage 1500/30%	\$6,850/\$13,700	\$7,350/\$14,700
Design Vantage POSA 1500/30%	\$6,850/\$13,700	\$7,350/\$14,700
Design Vantage Rx After Ded 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700
Design Vantage POSA Rx After Ded 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700

POS Maximum Out-of-Pocket (MOOP) Changes

Plan	2017 In-Network MOOP	2018 In-Network MOOP	2017 Out-of-Network MOOP	2018 Out-of-Network MOOP
POS 1000/25/30%	\$3,000/\$6,000	\$4,500/\$9,000	\$4,000/\$8,000	\$9,000/\$18,000
POS 2000/25/30%	\$4,000/\$8,000	\$5,500/\$11,000	\$8,000/\$16,000	\$11,000/\$22,000
POS 4000/30/20%	\$6,500/\$13,000	\$6,600/\$13,200	\$9,500/\$19,000	\$13,200/\$26,400
POS 4000/30/30%	\$6,500/\$13,000	\$6,600/\$13,200	\$9,500/\$19,000	\$13,200/\$26,400
POS 5000/30/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$11,000/\$22,000	\$14,700/\$29,400
POS 5000/30/30%	\$6,850/\$13,700	\$7,350/\$14,700	\$11,000/\$22,000	\$14,700/\$29,400
POS 5000/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
POS 6000/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Design POS 3000/0%	\$3,000/\$6,000	\$5,000/\$10,000	\$8,000/\$16,000	\$10,000/\$20,000
Design POS 4000/0%	\$4,000/\$8,000	\$6,000/\$12,000	\$9,000/\$18,000	\$10,000/\$20,000
Design POS 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Design POS Rx After Ded 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Equity POS 4000/0%	\$6,550/\$13,100	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity POS 4000/20%	\$6,550/\$13,100	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity POS 4000/30%	\$6,550/\$13,100	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity POS 5000/0%	\$6,550/\$13,100	No change	\$10,100/\$20,200	\$13,100/\$26,200
Design Plus Rx After Ded 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400

Plus Maximum Out-of-Pocket (MOOP) Changes

Plan	2017 In-Network MOOP	2018 In-Network MOOP	2017 Out-of-Network MOOP	2018 Out-of-Network MOOP
Plus 1000/30/30%	\$4,500/\$9,000	No change	\$8,500/\$17,000	\$9,000/\$18,000
Plus 4000/30/20%	\$6,500/\$13,000	\$6,600/\$13,200	\$13,000/\$26,000	\$13,200/\$26,400
Plus 4000/30/30%	\$6,500/\$13,000	\$6,600/\$13,200	\$13,000/\$26,000	\$13,200/\$26,400
Plus 5000/30/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Plus 5000/30/30%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Plus 5000/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Plus 6000/20%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Design Plus 3000/0%	\$3,000/\$6,000	\$5,000/\$10,000	\$8,000/\$16,000	\$10,000/\$20,000
Design Plus 4000/0%	\$4,000/\$8,000	\$6,000/\$12,000	\$9,000/\$18,000	\$10,000/\$20,000
Design Plus 5000/0%	\$6,850/\$13,700	\$7,350/\$14,700	\$13,700/\$26,400	\$14,700/\$29,400
Equity Plus 4000/0%	\$4,000/\$8,000	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity Plus 4000/20%	\$4,000/\$8,000	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity Plus 4000/30%	\$4,000/\$8,000	No change	\$10,100/\$20,200	\$13,100/\$26,200
Equity Plus 5000/0%	\$5,000/\$10,000	No change	\$10,100/\$20,200	\$13,100/\$26,200

Other Plan Changes

- Vantage 5000/20%: Outpatient Behavioral Health—\$0 Copayment for first 4 visits (previously \$30 Copayment).
- Vantage POSA 5000/20%: Outpatient Behavioral Health—\$0 Copayment for first 4 visits (previously \$30 Copayment).
- Equity Vantage 3000/0%: Emergency Department benefit covered at 100%^{AD} (previously 10%^{AD}); Pre-Authorized Injectables and Infused Medications covered at 100%^{AD} (previously 20%^{AD}).
- Equity Vantage POSA 3000/0%: Emergency Department benefit covered at 100%^{AD} (previously 10%^{AD}); Pre-Authorized Injectables and Infused Medications covered at 100%^{AD} (previously 20%^{AD}).
- POS 10/25: Out-of-Network Coinsurance 40%^{AD} (previously 25%^{AD})
- POS 20/20%: Out-of-Network Coinsurance 40%^{AD} (previously 30%^{AD})
- POS 500/20/20%: Out-of-Network Coinsurance 40%^{AD} (previously 30%^{AD})
- POS 5000/20%: Outpatient Behavioral Health—\$0 Copayment for first 4 visits (previously \$30 Copayment)
- Plus 1000/20/30%: Diabetic Treatment—pump infusion sets and supplies 30%^{AD} (previously 20%^{AD})
- Plus 1000/30/30%: Diabetic Treatment—pump infusion sets and supplies 30%^{AD} (previously 20%^{AD})
- Plus 2000/20/30%: Diabetic Treatment—pump infusion sets and supplies 30%^{AD} (previously 20%^{AD})
- Plus 2500/30/30%: Diabetic Treatment—pump infusion sets and supplies 30%^{AD} (previously 20%^{AD})
- Plus 5000/20%: Outpatient Behavioral Health—\$0 Copayment for first 4 visits (previously \$30 Copayment)
- Equity Plus 4000/40%: Outpatient Behavioral Health \$25^{AD} (previously 40%^{AD})