

Small 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.

Effective 11/1/17: Select Statin generic medications (used primarily to control cholesterol levels) for most adults ages 40–75 with no history of cardiovascular disease are covered at 100% under the preventive services.

Discontinued plans

- Vantage Platinum 20/20%
- Vantage Gold 35/30%
- Vantage Gold 500/25/20%
- Vantage Gold 1000/20/20%
- Vantage Gold 1000/25/30%
- Vantage Silver 2000/30% Rx Ded
- Vantage Bronze 5000/30%
- Vantage Bronze 6600/40%
- Vantage Equity Gold 1400/20/20%
- Vantage Equity Gold 1500/10%
- Vantage Equity Silver 2300/20%
- POS Bronze 6600/40%
- POS Equity Silver 2300/20%
- POS Design Bronze 5000/30%
- Plus Gold 1000/25/30%
- Plus Gold 2000/25/30%
- Plus Silver 2000/30% Rx Ded
- Plus Equity Gold 1400/20/20%
- Plus Equity Gold 1500/10%
- Plus Equity Silver 2300/20%
- Plus Equity Bronze 5300/40%

New plans

- Vantage Platinum 10/20: in-network Deductible none; in-network maximum out-of-pocket \$4,500/\$9,000; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- Vantage Gold 1500/30/0% Rx Ded: in-network Deductible \$1,500/\$3,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- Vantage Gold 2500/35/0% Rx Ded: in-network Deductible \$2,500/\$5,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- Vantage Silver 3000/35/25%: in-network Deductible \$3,000/\$6,000; in-network maximum out-of-pocket \$7,350/\$14,700; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- POS Platinum 10/20: in-network Deductible none; in-network maximum out-of-pocket \$4,500/\$9,000; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- POS Gold 1500/30/0% Rx Ded: in-network Deductible \$1,500/\$3,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- POS Gold 2500/35/0% Rx Ded: in-network Deductible \$2,500/\$5,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- POS Silver 3000/35/25%: in-network Deductible \$3,000/\$6,000; in-network maximum out-of-pocket \$7,350/\$14,700; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- POS Equity Silver 4000/0%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$4,000/\$8,000; preventive care, insulin pumps and education, and preventive vision covered at 100%.
- POS Design Silver 4000/0%: in-network Deductible \$4,000/\$8,000; in-network maximum out-of-pocket \$7,350/\$14,700; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- Plus Platinum 10/20: in-network Deductible none; in-network maximum out-of-pocket \$4,500/\$9,000; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.
- Plus Gold 1500/30/0% Rx Ded: in-network Deductible \$1,500/\$3,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- Plus Gold 2500/35/0% Rx Ded: in-network Deductible \$2,500/\$5,000; in-network maximum out-of-pocket \$7,150/\$14,300; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%
- Plus Silver 3000/35/25%: in-network Deductible \$3,000/\$6,000; in-network maximum out-of-pocket \$7,350/\$14,700; preventive care, insulin pumps, diabetes testing supplies and education, and preventive vision covered at 100%.

These benefits are In-network only.

Please see the plan's Summary of Benefits for all changes specific to each plan.

In-Network Deductible Changes

Vantage	Plan	2017 In-Network Deductible	2018 In-Network Deductible
	Vantage Silver 3700/20%	\$3,500/\$7,000	\$3,700/\$7,400
	Vantage Equity Silver 4000/0%	\$3,600/\$7,200	\$4,000/\$8,000
	Vantage Gold 2000/25/30% Direct	\$1,800/\$3,600	\$2,000/\$4,000
POS	Plan	2017 In-Network Deductible	2018 In-Network Deductible
	POS Gold 2000/25/30% Direct	\$1,800/\$3,600	\$2,000/\$4,000
Plus	Plan	2017 In-Network Deductible	2018 In-Network Deductible
	Plus Equity Silver 4000/0%	\$3,600/\$7,200	\$4,000/\$8,000

In-Network Maximum Out-of-Pocket Changes

Vantage	Plan	2017 In-Network MOOP	2018 In-Network MOOP
	Vantage Platinum 15/35	\$1,850/\$3,700	\$3,000/\$6,000
	Vantage Platinum 20/20% Rx Ded	\$2,500/\$5,000	\$3,500/\$7,000
	Vantage Platinum 25/50	\$2,000/\$4,000	\$2,500/\$5,000
	Vantage Platinum 25/50 Rx Ded	\$2,000/\$4,000	\$2,500/\$5,000
	Vantage Gold 1000/25/30% Rx Ded	\$3,000/\$6,000	\$4,000/\$8,000
	Vantage Gold 1500/25/20% Rx Ded	\$3,250/\$6,500	\$4,000/\$8,000
	Vantage Gold 2000/25/30%	\$3,500/\$7,000	\$4,000/\$8,000
	Vantage Gold 2000/25/30% Rx Ded	\$2,750/\$5,500	\$3,500/\$7,000
	Vantage Silver 2500/25/40% Rx Ded	\$6,850/\$13,700	\$7,350/\$14,700
	Vantage Silver 3700/20%	\$6,850/\$13,700	\$7,350/\$14,700
	Vantage Silver 5000/40/20%	\$7,150/\$14,300	\$7,350/\$14,700
	Vantage Bronze 6600/30%	\$7,150/\$14,300	\$7,350/\$14,700
	Vantage Equity Silver 3000/20%	\$3,800/\$6,550	\$4,800/\$9,600
	Vantage Equity Silver 4000/0%	\$4,500/\$9,000	\$4,000/\$8,000
	Vantage Gold 2000/25/30% Direct	\$3,500/\$7,000	\$4,000/\$8,000
	Vantage Equity Silver 3000/20% Direct	\$3,800/\$6,550	\$4,800/\$9,600
POS	Plan	2017 In-Network MOOP	2018 In-Network MOOP
	POS Platinum 15/35	\$1,850/\$3,700	\$3,000/\$6,000
	POS Gold 1000/25/30%	\$3,000/\$6,000	\$4,000/\$8,000
	POS Gold 2000/25/30%	\$3,500/\$7,000	\$4,000/\$8,000
	POS Silver 2500/25/40% Rx Ded	\$6,850/\$13,700	\$7,350/\$14,700
	POS Equity Silver 3000/20%	\$4,200/\$8,400	\$4,800/\$9,600
	POS Design Silver 2000/30% Rx Ded	\$6,850/\$13,700	\$7,150/\$14,300
	POS Design Silver 3000/20% Rx Ded	\$4,200/\$8,400	\$4,700/\$9,400
	POS Gold 2000/25/30% Direct	\$3,500/\$7,000	\$4,000/\$8,000
	POS Equity Silver 3000/20% Direct	\$3,800/\$6,550	\$4,800/\$9,600
Plus	Plan	2017 In-Network MOOP	2018 In-Network MOOP
	Plus Platinum 15/35	\$1,850/\$3,700	\$3,000/\$6,000
	Plus Gold 1500/25/20% Rx Ded	\$3,250/\$6,500	\$4,000/\$8,000
	Plus Gold 2000/25/30% Rx Ded	\$2,750/\$5,500	\$3,500/\$7,000
	Plus Silver 2500/25/40% Rx Ded	\$6,850/\$13,700	\$7,350/\$14,700
	Plus Equity Silver 3000/20%	\$3,800/\$6,550	\$4,800/\$9,600
	Plus Equity Silver 4000/0%	\$4,500/\$9,000	\$4,000/\$8,000
	Plus Silver 5000/40/20%	\$7,150/\$14,300	\$7,350/\$14,700

These benefits are In-network only.

Please see the plan's Summary of Benefits for all changes specific to each plan.