

Optima BusinessEDGE® 2016 Plans

HMO Plans For Groups with 15-100 Employees

| Plan Name | Optima Vantage 20/40 | Optima Vantage 25/50 New! | Optima Vantage 25/70% New! |
|-------------------------------------|---|---|---|
| Deductible Individual/Family | N/A | None | None |
| Max Out-of-Pocket Individual/Family | \$2,500/\$5,000 | \$3,000/\$6,000 | \$3,000/\$6,000 |
| PCP/Specialist Visit | \$20/\$40 | \$25/\$50 | \$25/\$50 |
| Preventative Care | 100% | 100% | 100% |
| Outpatient Surgery | \$200 | \$300 | 70% |
| Outpatient Diagnostic | \$40 | \$50 | 70% |
| Maternity Care | \$450 | \$500 | \$500 |
| Inpatient Care | \$200 day/\$1,000 max | \$250 day/\$1,250 max | 70% |
| Emergency Care | \$200 | \$200 | 70% |
| Urgent Care | \$40 | \$50 | \$50 |
| Prescription Drug Coverage | Tier 1: \$10 Tier 2: \$30 Tier 3: \$50/20% (\$250 max) Tier 4: 20% (\$250 max) | Rx p/p Deductible \$50 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Rx p/p Deductible \$50 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) |

AD = After Deductible. P/P = Per Person ** This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represent the percentage the health plan pays. Optima BusinessEDGE self-funded small group plans are administered but not underwritten by Sentara Health Plan, Inc. Stop Loss insurance product is offered by Optima Health Insurance Company.

Additional benefits may be available. Please see specific plan summary for more information.

| Optima Vantage 500/20/80% | Optima Vantage 1000/25/70% | Optima Vantage 2000/25/70% New! | Optima Design Vantage 2500/90% |
|---|---|--|---|
| \$500/\$1,500 | \$1,000/\$2,000 | \$2,000/\$4,500 | \$2,500/\$5,000 |
| \$3,500/\$7,000 | \$3,500/\$7,000 | \$3,500/\$7,000 | \$4,000/\$8,000 |
| \$20/\$40 | \$25/\$50 | \$25/\$50 | 90% AD/90% AD |
| 100% | 100% | 100% | 100% |
| 80% AD | 70% AD | 70% AD | 90% AD |
| 80% AD | 70% AD | 70% AD | 90% AD |
| \$450 | \$500 | \$500 | 90% AD |
| 80% AD | 70% AD | 70% AD | 90% AD |
| 80% AD | 70% AD | 70% AD | 90% AD |
| \$40 | \$50 | \$50 | 90% AD |
| Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: \$75 AD/20% AD (\$250 max) | Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max) |

Optima BusinessEDGE® 2016 Plans

HMO and PPO Plans For Groups with 15-100 Employees

| Plan Name | Optima Design Vantage 3000/80% New! | Optima Equity Vantage 2600/70% New! | Optima Equity Vantage 3000/100% |
|-------------------------------------|---|---|---|
| Deductible Individual/Family | \$3,000/\$6,000 | \$2,600/\$5,200 | \$3,000/\$6,000 |
| Max Out-of-Pocket Individual/Family | \$5,000/\$10,000 | \$4,000/\$8,000 | \$4,000/\$8,000 |
| PCP/Specialist Visit | 80% AD/80% AD | 70% AD/70% AD | 100% AD/100% AD |
| Preventative Care | 100% | 100% | 100% |
| Outpatient Surgery | 80% AD | 70% AD | 100% AD |
| Outpatient Diagnostic | 80% AD | 70% AD | 100% AD |
| Maternity Care | 80% AD | 70% AD | 100% AD |
| Inpatient Care | 80% AD | 70% AD | 100% AD |
| Emergency Care | 80% AD | 70% AD | 90% AD |
| Urgent Care | 80% AD | 70% AD | 100% AD |
| Prescription Drug Coverage | Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max) | After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) |

All values indicated reflect in-network coverage. Please see summary of benefits document for out-of-network plan details.

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| Optima Equity Vantage 3000/90% | Optima Equity Vantage 4000/80% | Optima Plus 15/80% | Optima Plus 500/25/80% | Optima Plus 1500/25/80% New! |
|---|---|---|---|--|
| \$3,000/\$6,000 | \$4,000/\$8,000 | N/A | \$500/\$1,000 | \$1,500/\$3,000 |
| \$4,500/\$9,000 | \$5,950/\$11,900 | \$2,500/\$5,000 | \$3,000/\$6,000 | \$4,500/\$9,000 |
| 90% AD/90% AD | 80% AD/80% AD | \$15/\$30 | \$25/\$40 | \$25/\$40 |
| 100% | 100% | 100% | 100% | 100% |
| 90% AD | 80% AD | \$100 & 80% | 80% AD | 80% AD |
| 90% AD | 80% AD | 80% | 80% AD | 80% AD |
| 90% AD | 80% AD | 80% | 80% AD | 80% AD |
| 90% AD | 80% AD | \$300 & 80% | 80% AD | 80% AD |
| 90% AD | 80% AD | \$200 & 80% | 80% AD | 80% AD |
| 90% AD | 80% AD | \$30 | \$40 | \$40 |
| After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Tier 1: \$10 Tier 2: \$30 Tier 3: \$50/20% (\$250 max) Tier 4: 20% (\$250 max) | Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Rx p/p Deductible \$150 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) |

Optima BusinessEDGE® 2016 Plans

PPO and POS Plans For Groups with 15-100 Employees

| Plan Name | Optima Plus 1750/30/70% | Optima Design Plus 2500/90% | Optima Design Plus 3000/80% New! |
|-------------------------------------|---|---|---|
| Deductible Individual/Family | \$1,750/\$3,500 | \$2,500/\$5,000 | \$3,000/\$6,000 |
| Max Out-of-Pocket Individual/Family | \$5,500/\$10,000 | \$4,000/\$8,000 | \$5,000/\$10,000 |
| PCP/Specialist Visit | \$30/\$30 | 90% AD/90% AD | 80% AD/80% AD |
| Preventative Care | 100% | 100% | 100% |
| Outpatient Surgery | 70% AD | 90% AD | 80% AD |
| Outpatient Diagnostic | 70% AD | 90% AD | 80% AD |
| Maternity Care | 70% AD | 90% AD | 80% AD |
| Inpatient Care | 70% AD | 90% AD | 80% AD |
| Emergency Care | 70% AD | 90% AD | 80% AD |
| Urgent Care | \$30 | 90% AD | 80% AD |
| Prescription Drug Coverage | Rx p/p Deductible \$75 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max) | Tier 1: \$10 Tier 2: \$40 Tier 3: \$60/20% (\$250 max) Tier 4: 20% (\$250 max) |

AD = After Deductible. P/P = Per Person ** This chart only summarizes standard covered expenses. Exclusions and Limitations apply. Additional benefits may be available. Please see plan specific summary for more information. All values indicated reflect in-network coverage. Coinsurance amounts represent the percentage the health plan pays. Optima BusinessEDGE self-funded small group plans are administered but not underwritten by Sentara Health Plan, Inc. Stop Loss insurance product is offered by Optima Health Insurance Company.

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| Optima Equity Plus 3000/100% | Optima Equity Plus 3000/90% | Optima Equity Plus 4000/80% | Optima POS 1000/25/80% New! | Optima Equity POS 2600/90% New! |
|---|---|---|--|--|
| \$3,000/\$6,000 | \$3,000/\$6,000 | \$4,000/\$8,000 | \$1,000/\$2,000 | \$2,600/\$5,200 |
| \$4,000/\$8,000 | \$4,500/\$9,000 | \$5,950/\$11,900 | \$3,750/\$7,000 | \$4,000/\$8,000 |
| 100% AD/100% AD | 90% AD/90% AD | 80% AD/80% AD | \$25/\$40 | 90% AD/90% AD |
| 100% | 100% | 100% | 100% | 100% |
| 100% AD | 90% AD | 80% AD | 80% AD | 90% AD |
| 100% AD | 90% AD | 80% AD | 80% AD | 90% AD |
| 100% AD | 90% AD | 80% AD | 80% AD | 90% AD |
| 100% AD | 90% AD | 80% AD | 80% AD | 90% AD |
| 90% AD | 90% AD | 80% AD | 80% AD | 90% AD |
| 100% AD | 90% AD | 80% AD | \$40 | 90% AD |
| After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | After Medical Deductible Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | Rx p/p Deductible \$100 Tier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) | After Medical Deductible TTier 1: \$10 AD Tier 2: \$40 AD Tier 3: \$60 AD/20% AD (\$250 max) Tier 4: 20% AD (\$250 max) |