

## OptimaFit Select OFF Exchange 2017 Plans **Select** Network

| <b>Metallic Tier</b> →<br><b>Plan Name</b> →   | <b>Gold</b><br>OptimaFit Gold 1400 Select  | <b>Silver</b><br>OptimaFit Silver 4000 20% Select  | <b>Bronze</b><br>OptimaFit Bronze 6000 HSA Select  |
|--|--|--|--|
| In-Network Deductible: Single / Family   | \$1,400 Single / \$2,800 Family  | \$4,000 Single / \$8,000 Family  | \$6,000 Single / \$12,000 Family   |
| Type of Deductible   | Embedded   | Embedded   | Embedded   |
| In-Network Out-of-Pocket Max: Single / Family  | \$4,000 Single / \$8,000 Family  | \$7,150 Single / \$14,300 Family   | \$6,650 Single / \$13,300 Family   |
| Coinsurance  | 20%  | 20%  | 0%   |
| Office Visit: Primary Care Physician (PCP)<br><i>NOTE: Other office services subject to deductible and coinsurance</i> | \$30   | \$25   | 10% AD   |
| Virtual Visit: Primary Care Physician (PCP)<br><i>Note: Consultations provided by MDLIVE® physicians</i>               | \$30   | \$25   | 10% AD   |
| Office Visit: Specialist   | 20% AD   | \$50   | 10% AD   |
| Preventive Care  | 0  | 0  | 0  |
| Urgent Care  | 20% AD   | 20% AD   | 10% AD   |
| Emergency Room Care  | 40% AD   | 40% AD   | 30% AD   |
| Inpatient Care   | 20% AD   | 20% AD   | 10% AD   |
| Outpatient Diagnostic Tests (X-ray, EKG, etc.)   | 20% AD   | 20% AD   | 10% AD   |
| Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)  | 20% AD   | 20% AD   | 10% AD   |
| Outpatient Surgery   | 20% AD   | 20% AD   | 10% AD   |
| Pediatric Dental   | 20% AD   | 20% AD   | 10% AD   |
| Adult Vision   | 100% coverage 1 visit every 12 months.<br>(OON claims reimbursed up to \$30 for eye exam only) | 100% coverage 1 visit every 12 months.<br>(OON claims reimbursed up to \$30 for eye exam only) | 100% coverage 1 visit every 12 months.<br>(OON claims reimbursed up to \$30 for eye exam only) |
| Mental Health and Substance Abuse: Outpatient Facility & Services  | 0  | \$25   | 10% AD   |
| Mental Health and Substance Abuse: Inpatient Hospital  | 20% AD   | 20% AD   | 10% AD   |
| Spinal Manipulation/Chiropractic Care  | 20% AD   | 20% AD   | 10% AD   |
| Physical and Occupational Therapy  | 20% AD   | 20% AD   | 10% AD   |
| Retail Pharmacy Deductible   | None   | None   | None   |
| Retail Pharmacy Tier 1   | \$15   | \$15   | 10% AD   |
| Retail Pharmacy Tier 2   | \$50 AD  | \$50   | 10% AD   |
| Retail Pharmacy Tier 3   | 20% AD   | 35%  | 10% AD   |
| Retail Pharmacy Tier 4   | 20% AD   | 35%  | 10% AD   |

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## OptimaFit Select ON Exchange 2017 Plans **Select** Network

| <b>Gold</b><br>OptimaFit Gold 1000 M Select  | <b>Bronze</b><br>OptimaFit Bronze 6850 30 M Select   |
|--|--|
| \$1,000 Single / \$2,000 Family  | \$6,850 Single / \$13,700 Family   |
| Embedded   | Embedded   |
| \$7,150 Single / \$14,300 Family   | \$7,150 Single / \$14,300 Family   |
| 10%  | 20%  |
| \$25   | \$30 AD  |
| \$25   | \$30 AD  |
| \$50   | \$60 AD  |
| 0  | 0  |
| 10% AD   | 20% AD   |
| 30% AD   | 40% AD   |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| 100% coverage 1 visit every 12 months.<br>(OON claims reimbursed up to \$30 for eye exam only) | 100% coverage 1 visit every 12 months.<br>(OON claims reimbursed up to \$30 for eye exam only) |
| \$25   | \$30 AD  |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| 10% AD   | 20% AD   |
| None   | None   |
| \$15   | \$15   |
| \$45   | \$45   |
| 35%  | 35%  |
| 35%  | 35%  |

*This summary is for comparison purposes only. For complete details, please view the product Summary of Benefits and Coverage (SBC) at [www.optimahealth.com](http://www.optimahealth.com).*

AD = After Deductible  
OON = Out Of Network

OptimaFit Select plans are only available for individuals residing in zip codes within the cities of Virginia Beach, Chesapeake, Norfolk, and Portsmouth.

OptimaFit Select 2017 Plans – Both OFF and ON Exchange