	OptimaFit Bronze 7200 20% Select
In-Network Deductible: Single / Family	\$7,200 Single / \$14,400 Family
Type of Deductible	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$7,350 Single / \$14,700 Family
Coinsurance	20%
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and coinsurance	\$40 AD
Virtual Visit: Primary Care Physician (PCP) Note: Consultations provided by MDLIVE® physicians	\$40 AD
Office Visit: Specialist	\$60 AD
Preventive Care	0%
Urgent Care	20% AD
Emergency Room Care	40% AD
Inpatient Care	20% AD
Outpatient Diagnostic Tests (X-ray, EKG, etc.)	20% AD
Outpatient Advanced Diagnostic Tests (MRI, CT Scan, etc.)	20% AD
Outpatient Surgery	20% AD
Pediatric Dental	20% AD
Adult Vision	100% coverage 1 visit every 12 months. (00N claims reimbursed up to \$30 for eye exam only)
Mental Health and Substance Abuse: Outpatient Facility & Services	\$40 AD
Mental Health and Substance Abuse: Inpatient Hospital	20% AD
Spinal Manipulation/Chiropractic Care	20% AD
Physical and Occupational Therapy	20% AD
Retail Pharmacy Deductible*	None
Retail Pharmacy Tier 1	\$25
Retail Pharmacy Tier 2	\$45 AD
Retail Pharmacy Tier 3	35% AD
Retail Pharmacy Tier 4	35% AD

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

 $AD = After \ Deductible \quad OON = Out \ Of \ Network$ 

\*Applies only if Rx deductible is separate from the medical deductible.

Optima Health is the trade name of Optima Health Plan. Optima Health Insurance Company, Optima Health Group, Inc. and Sentara Health Plans, Inc. Optima Vantage HMO plans are underwritten by Optima Health Plan. Optima Preferred Provider Organization (PPO) products are underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued.

	OptimaFit Bronze 7200 20% M Select
In-Network Deductible: Single / Family	\$7,200 Single / \$14,400 Family
Type of Deductible	Embedded
In-Network Out-of-Pocket Max: Single / Family	\$7,350 Single / \$14,700 Family
Coinsurance	20%
Office Visit: Primary Care Physician (PCP)  NOTE: Other office services subject to deductible and coinsurance	\$40 AD
Virtual Visit: Primary Care Physician (PCP) Note: Consultations provided by MDLIVE® physicians	\$40 AD
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Retail Pharmacy Tier 4	35% AD

