

# 2021 OptimaFit Direct Cost-Share Reduction (CSR) Plans

All regions

	Core Plan	CSR 73%	CSR 87%	CSR 94%	Core Plan	CSR 73%	CSR 87%	CSR 94%
Plan Name	OptimaFit Silver 3000 25% Direct M	OptimaFit Silver 2800 (04) Direct M	OptimaFit Silver 400 (05) Direct M	OptimaFit Silver 100 (06) Direct M	OptimaFit Silver 4600 30% Direct M	OptimaFit Silver 2900 (04) Direct M	OptimaFit Silver 450 (05) Direct M	OptimaFit Silver 150 (06) Direct M
<b>In-Network Deductible:</b> Individual   Family	\$3,000   \$6,000	\$2,800   \$5,600	\$400   \$800	\$100   \$200	\$4,600   \$9,200	\$2,900   \$5,800	\$450   \$900	\$150   \$300
<b>Type of Deductible</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>In-Network Out-of-Pocket Max:</b> Individual Family	\$8,550   \$17,100	\$6,500   \$13,000	\$2,800   \$5,600	\$800   \$1,600	\$8,550   \$17,100	\$6,500   \$13,000	\$2,850   \$5,700	\$900   \$1,800
<b>Coinsurance</b>	25%	25%	15%	10%	30%	30%	30%	20%
<b>Office Visit: Primary Care Physician (PCP)</b> (Tier 1   Tier 2 physician)	\$40   \$80	\$30   \$60	\$20   \$40	\$15   \$30	\$25   \$50	\$25   \$50	\$20   \$40	\$15   \$30
<b>Virtual Consult</b> Provided by an approved provider	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
<b>Office Visit: Specialist</b> (Tier 1   Tier 2 physician)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Maternity Care</b> (Tier 1   Tier 2 physician)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
<b>Urgent Care</b>	25% AD	25% AD	15% AD	10% AD	30% AD	30% AD	30% AD	20% AD
<b>Emergency Room Care</b> (In and Out-of-Network)	45% AD	45% AD	35% AD	30% AD	50% AD	50% AD	50% AD	40% AD
<b>Inpatient Hospital Services</b> (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Outpatient Diagnostic Tests:</b> X-ray, Ultrasound, EKG, etc. (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Outpatient Advanced Diagnostic Tests:</b> MRI, CT Scan, etc. (Tier 1/Tier 2 physician & facilities)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Outpatient Surgery</b> (Tier 1   Tier 2 facilities)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Adult Preventive Vision Exams</b>	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months
<b>Mental/Behavioral Health and Substance Use:</b> Outpatient Office Visits	10%	10%	5%	5%	10%	10%	10%	10%
<b>Mental/Behavioral Health and Substance Use:</b> Inpatient Services	25% AD	25% AD	15% AD	10% AD	30% AD	30% AD	30% AD	20% AD
<b>Chiropractic Care</b> (Spinal Manipulation)	25% AD	25% AD	15% AD	10% AD	30% AD	30% AD	30% AD	20% AD
<b>Physical and Occupational Therapy</b> (Tier 1   Tier 2 physician & facilities)	25% AD   50% AD	25% AD   50% AD	15% AD   50% AD	10% AD   50% AD	30% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD
<b>Retail Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$5   \$20   35% AD   35% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$15   \$45   30% AD   30% AD	Medical deductible applies \$5   \$20   25% AD   25% AD
<b>Mail-Order Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$15   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$45   \$135   30% AD   30% AD	Medical deductible applies \$15   \$60   25% AD   25% AD

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company and Sentara Health Plans, Inc. Optima Vantage HMO, Direct, and Select plans are underwritten by Optima Health Plan. Optima Plus (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. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan.

AD = After Deductible OON = Out Of Network

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

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All regions

Plan Name	Core Plan	CSR 73%	CSR 87%	CSR 94%
	OptimaFit Silver 6600 30% Direct M	OptimaFit Silver 3000 (04) Direct M	OptimaFit Silver 600 (05) Direct M	OptimaFit Silver 200 (06) Direct M
<b>In-Network Deductible:</b> Individual   Family	\$6,600   \$13,200	\$3,000   \$6,000	\$600   \$1,200	\$200   \$400
<b>Type of Deductible</b>	Embedded	Embedded	Embedded	Embedded
<b>In-Network Out-of-Pocket Max:</b> Individual   Family	\$8,550   \$17,100	\$6,500   \$13,000	\$2,800   \$5,600	\$900   \$1,800
<b>Coinsurance</b>	30%	30%	25%	20%
<b>Office Visit: Primary Care Physician (PCP)</b> (Tier 1   Tier 2 physician)	\$25   \$50	\$25   \$50	\$20   \$40	\$15   \$30
<b>Virtual Consult</b> Provided by an approved provider	\$10	\$10	\$10	\$10
<b>Office Visit: Specialist</b> (Tier 1   Tier 2 physician)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Maternity Care</b> (Tier 1   Tier 2 physician)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Urgent Care</b>	30% AD	30% AD	25% AD	20% AD
<b>Emergency Room Care</b> (In and Out-of-Network)	50% AD	50% AD	45% AD	40% AD
<b>Inpatient Hospital Services</b> (Tier 1   Tier 2 facilities)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Outpatient Diagnostic Tests:</b> X-ray, Ultrasound, EKG, etc. (Tier 1   Tier 2 facilities)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Outpatient Advanced Diagnostic Tests:</b> MRI, CT Scan, etc. (Tier 1   Tier 2 physician & facilities)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Outpatient Surgery</b> (Tier 1   Tier 2 facilities)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Adult Preventive Vision Exams</b>	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months	No charge for 1 visit every 12 months
<b>Mental/Behavioral Health and Substance Use:</b> Outpatient Office Visits	10%	10%	10%	10%
<b>Mental/Behavioral Health and Substance Use:</b> Inpatient Services	30% AD	30% AD	25% AD	20% AD
<b>Chiropractic Care</b> (Spinal Manipulation)	30% AD	30% AD	25% AD	20% AD
<b>Physical and Occupational Therapy</b> (Tier 1   Tier 2 physician & facilities)	30% AD   50% AD	30% AD   50% AD	25% AD   50% AD	20% AD   50% AD
<b>Retail Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$20   \$50   40% AD   40% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$15   \$45   30% AD   30% AD	Medical deductible applies \$5   \$20   30% AD   30% AD
<b>Mail-Order Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$60   \$150   40% AD   40% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$45   \$135   30% AD   30% AD	Medical deductible applies \$15   \$60   30% AD   30% AD

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