

Plan Name	OptimaFit Gold 1300 20% Direct M	OptimaFit Silver 3000 25% Direct M	OptimaFit Silver 4600 30% Direct M	OptimaFit Silver 6600 30% Direct M	OptimaFit Bronze 6250 20% HSA Direct M	OptimaFit Bronze 7200 40% Direct M
<b>In-Network Deductible:</b> Individual   Family	\$1,300   \$2,600	\$3,000   \$6,000	\$4,600   \$9,200	\$6,600   \$13,200	\$6,250   \$12,500	\$7,200   \$14,400
<b>Type of Deductible</b>	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
<b>In-Network Out-of-Pocket Max:</b> Individual   Family	\$8,550   \$17,100	\$8,550   \$17,100	\$8,550   \$17,100	\$8,550   \$17,100	\$6,900   \$13,800	\$8,550   \$17,100
<b>Coinsurance</b>	20%	25%	30%	30%	20%	40%
<b>Office Visit: Primary Care Physician (PCP)</b> (Tier 1   Tier 2 physician)	\$35   \$70	\$40   \$80	\$25   \$50	\$25   \$50	20% AD   50% AD	\$45 per visit for first 3 visits, then 40% AD \$90 per visit for first 3 visits, then 50% AD
<b>Virtual Consult</b> Provided by an approved provider	\$10	\$10	\$10	\$10	20% AD	\$10
<b>Office Visit: Specialist</b> (Tier 1   Tier 2 physician)	\$65   \$130	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Maternity Care</b> (Tier 1   Tier 2 physician)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge	No charge
<b>Urgent Care</b>	20% AD	25% AD	30% AD	30% AD	20% AD	40% AD
<b>Emergency Room Care</b> (In and Out-of-Network)	40% AD	45% AD	50% AD	50% AD	40% AD	50% AD
<b>Inpatient Hospital Services</b> (Tier 1   Tier 2 facilities)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Outpatient Diagnostic Tests:</b> X-ray, Ultrasound, EKG, etc. (Tier 1   Tier 2 facilities)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Outpatient Advanced Diagnostic Tests:</b> MRI, CT Scan, etc. (Tier 1   Tier 2 physician & facilities)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Outpatient Surgery</b> (Tier 1   Tier 2 facilities)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% 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
<b>Mental/Behavioral Health and Substance Use:</b> Outpatient Office Visits	\$35	10%	10%	10%	20% AD	20%
<b>Mental/Behavioral Health and Substance Use:</b> Inpatient Services	20% AD	25% AD	30% AD	30% AD	20% AD	40% AD
<b>Chiropractic Care</b> (Spinal Manipulation)	20% AD	25% AD	30% AD	30% AD	20% AD	40% AD
<b>Physical and Occupational Therapy</b> (Tier 1   Tier 2 physician & facilities)	20% AD   50% AD	25% AD   50% AD	30% AD   50% AD	30% AD   50% AD	20% AD   50% AD	40% AD   50% AD
<b>Retail Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$15   \$40   35% AD   35% AD	Medical deductible applies \$15   \$50   35% AD   35% AD	Medical deductible applies \$15   \$50   40% AD   40% AD	Medical deductible applies \$20   \$50   40% AD   40% AD	Medical deductible applies 20% AD   20% AD   35% AD   35% AD	Medical deductible applies \$20   40% AD   45% AD   45% AD
<b>Mail-Order Prescription Drug Coverage</b> Tier 1   Tier 2   Tier 3   Tier 4	Medical deductible applies \$45   \$120   35% AD   35% AD	Medical deductible applies \$45   \$150   35% AD   35% AD	Medical deductible applies \$45   \$150   40% AD   40% AD	Medical deductible applies \$60   \$150   40% AD   40% AD	Medical deductible applies 20% AD   20% AD   35% AD   35% AD	Medical deductible applies \$60   40% AD   45% AD   45% 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).