

Plan Name Charlottesville	OptimaFit Gold 1600 15% Select CH M	OptimaFit Silver 2700 40% Select CH M	OptimaFit Silver 6600 30% Select CH M	OptimaFit Bronze 7500 40% Select CH M
Plan Name Rockingham	OptimaFit Gold 1600 15% Select RK M	OptimaFit Silver 2700 40% Select RK M	OptimaFit Silver 6600 30% Select RK M	OptimaFit Bronze 7500 40% Select RK M
In-Network Deductible: Individual Family	\$1,600 \$3,200	\$2,700 \$5,400	\$6,600 \$13,200	\$7,500 \$15,000
Type of Deductible	Embedded	Embedded	Embedded	Embedded
In-Network Out-of-Pocket Max: Individual Family	\$8,550 \$17,100	\$8,550 \$17,100	\$8,550 \$17,100	\$8,550 \$17,100
Coinsurance	15%	40%	30%	40%
Office Visit: Primary Care Physician (PCP)	\$30	\$25	\$25	40% AD
Virtual Consult Provided by an approved provider	\$10	\$10	\$10	40% AD
Office Visit: Specialist	\$60	40% AD	30% AD	40% AD
Maternity Care	15% AD	40% AD	30% AD	40% AD
Preventive Care	No charge	No charge	No charge	No charge
Urgent Care	15% AD	40% AD	30% AD	40% AD
Emergency Room Care (In and Out-of-Network)	35% AD	50% AD	50% AD	50% AD
Inpatient Hospital Services	15% AD	40% AD	30% AD	40% AD
Outpatient Diagnostic Tests: X-ray, Ultrasound, EKG, etc.	15% AD	40% AD	30% AD	40% AD
Outpatient Advanced Diagnostic Tests: MRI, CT Scan, etc.	15% AD	40% AD	30% AD	40% AD
Outpatient Surgery	15% AD	40% AD	30% AD	40% AD
Adult Preventive Vision Exams	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
Mental/Behavioral Health and Substance Use: Outpatient Office Visits	\$30	20%	10%	40% AD
Mental/Behavioral Health and Substance Use: Inpatient Services	15% AD	40% AD	30% AD	40% AD
Chiropractic Care (Spinal Manipulation)	15% AD	40% AD	30% AD	40% AD
Physical and Occupational Therapy	15% AD	40% AD	30% AD	40% AD
Retail Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$15 \$40 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 \$25 35% AD 40% AD 40% AD
Mail-Order Prescription Drug Coverage Tier 1 Tier 2 Tier 3 Tier 4	Medical deductible applies \$45 \$120 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 \$75 35% AD 40% AD 40% 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.