

New Optima Health Individual & Family Plans

HMO Plans OFF Health Insurance Marketplace

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available. Please see plan specific summary for more information.

	Plan Name	Deductible Ind/Family	Max Out-of-Pocket	PCP/Spec Visit	Preventive Care	Pediatric Dental	Out patient Surgery	Emergency/Urgent Care	Maternity Care	Inpatient Care	Prescription Drug Coverage
Gold Tier	Vantage 500	\$500/ \$1,000	\$6,250/ \$12,500	\$25/\$50	100%	80% AD	80% AD	80% AD	80% AD	80% AD	\$150 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage 1000	\$1,000/ \$2,000	\$6,250/ \$12,500	\$25/\$50	100%	90% AD	90% AD	90% AD	90% AD	90% AD	\$150 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage FourSight 500	\$500/ \$1,000	\$6,250/ \$12,500	4 visit \$25 copay; 80% AD	100%	80% AD	80% AD	80% AD	80% AD	80% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage FourSight 1000	\$1,000/ \$2,000	\$3,000/ \$6,000	4 visit \$25 copay; 80% AD	100%	80% AD	80% AD	80% AD	80% AD	80% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage Equity 1750	\$1,750/ \$3,500	\$1,750/ \$3,500	100% AD	100%	100% AD	100% AD	100% AD	100% AD	100% AD	100% coverage after deductible
Silver Tier	Vantage FourSight 2000	\$2,000/ \$4,000	\$6,250/ \$12,500	4 visit \$25 copay; 70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage FourSight 3000	\$3,000/ \$6,000	\$6,250/ \$12,500	4 visit \$25 copay; 70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage FourSight 3500	\$3,500/ \$7,000	\$6,250/ \$12,500	4 visit \$25 copay; 90% AD	100%	90% AD	90% AD	90% AD	90% AD	90% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage 3500 70%	\$3,500/ \$7,000	\$6,250/ \$12,500	\$25/\$50	100%	70% AD	70% AD	70% AD	70% AD	70% AD	\$150 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage 3500 80%	\$3,500/ \$7,000	\$6,250/ \$12,500	\$25/\$50	100%	80% AD	80% AD	80% AD	80% AD	80% AD	\$250 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage 4000	\$4,000/ \$8,000	\$6,250/ \$12,500	\$25/\$50	100%	90% AD	90% AD	90% AD	90% AD	90% AD	\$150 Rx deductible Tier 1: \$15 Tier 2: \$30/40% Tier 3: \$50/50%
	Vantage Equity 1500	\$1,500/ \$3,000	\$4,500/ \$6,000	70% AD/70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	50% AD
	Vantage Equity 2000	\$2,000/ \$4,000	\$4,000/ \$8,000	70% AD/70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	50% AD
Bronze Tier	Vantage FourSight 4000	\$4,000/ \$8,000	\$6,250/ \$12,500	4 visit \$25 copay; 70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	50% AD
	Vantage Equity 3500	\$3,500/ \$7,000	\$6,250/ \$12,500	70% AD/70% AD	100%	70% AD	70% AD	70% AD	70% AD	70% AD	50% AD
	Vantage Equity 4000	\$4,000/ \$8,000	\$6,250/ \$12,500	80% AD/80% AD	100%	80% AD	80% AD	80% AD	80% AD	80% AD	50% AD
	Vantage Equity 4500	\$4,500/ \$9,000	\$6,250/ \$12,500	90% AD/90% AD	100%	90% AD	90% AD	90% AD	90% AD	90% AD	50% AD



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 products are underwritten by Optima Health Plan. Optima Preferred Provider Organization products are underwritten by Optima Health Insurance Company. Self-funded employer benefit plans are administered by Sentara Health Plans, Inc. This brochure is intended to be an overview of Optima Health's individual and family plans. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage please call your broker or Optima Health at 1-800-741-4825 or visit www.optimahealth.com