

Optima Medical Benefit Options

Health Plans Effective: October 1, 2011

PLAN DESIGN/NAME	HMO Vantage Open Access 20/40M	Value HMO Vantage Open Access 500/25/70% M	PPO Plus Open Access 500/25/80% M	Equity (HSA) Vantage Open Access 3000/100% M
Description of Coverage				
Contract Year Deductible (Individual/Family)	n/a	\$500/\$1,000	\$500/\$1,000	\$3,000/\$6,000
Out of Pocket Maximum (Individual/Family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	n/a	30%	20%	0%
Pre-Authorized Injectable and Infused Medications¹	Covered at 20%	Covered at 20%	Covered at 20%	Covered at 20%
Office Visits				
Primary Care Physician ²	\$20 copay	\$25 copay	\$25 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Specialist	\$40 copay	\$50 copay	\$40 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Preventive Care				
Annual Physical	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Annual OBGYN visit	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Well Child	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Urgent Care	\$40 copay	\$50 copay	\$40 copay	<i>After Deductible then you pay 0% Coinsurance</i>
Surgery (Outpatient)	\$200 Copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Hospitalization (Inpatient)	\$200 Copay per Day up to \$1,000 Max.	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Emergency Room	\$200 Copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 10% Coinsurance</i>
Diagnostic Lab & X-ray	\$40 copay	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Advance Imaging (MRI, PET, CT, etc)	\$150 Copayment	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Outpatient Therapy and Rehabilitation (30 visits per contract year)	\$25 Copayment	After Deductible then you pay 30% Coinsurance	After Deductible then you pay 20% Coinsurance	<i>After Deductible then you pay 0% Coinsurance</i>
Vision Exam	Covered at 100% once every 24 months	Covered at 100% once every 24 months	Covered at 100% once every 24 months	Covered at 100% once every 24 months
Pharmacy Prescription Drug	Separate \$100 Rx Deductible \$10/\$30/\$50/\$50	Separate \$100 Rx Deductible \$10/\$30/\$50/\$50	Separate \$100 Rx Deductible \$10/\$30/\$50/\$50	After Deductible \$10/\$30/\$50/\$100
Mail Order Prescription Drug	After \$100 Deductible \$20/\$60/\$100/\$100	After \$100 Deductible \$20/\$60/\$100/\$100	After \$100 Deductible \$20/\$60/\$100/\$100	After Deductible \$30/\$90/\$150/\$300
OUT-OF-NETWORK BENEFITS				
Contract Year Deductible (Individual/Family)	n/a	n/a	\$750/\$1,500	n/a
Out-of-Pocket Maximum (Individual/Family)	n/a	n/a	\$7,500/\$15,000	n/a
Coinsurance	n/a	n/a	After Deductible then you pay 40% Coinsurance	n/a

Note: This is a brief description of the plan benefits. Please see the Summary of Benefits and the plan Evidence of Coverage for specific coverage and exclusions.

1. Please see the Benefit Information Guide for a list of Medications and the Summary of Benefits for more specific information.
2. Please select a Primary Care Physician for the Vantage and Equity Vantage plans.
3. Copayments for prescription drug benefits do apply toward your maximum out-of-pocket under the Equity Vantage plan.
4. Copayments for prescription drug benefits do not count toward your maximum out-of-pocket under the Vantage 20/40; Vantage 500/25/70%; or Plus 500/25/80% plan.

Employee pays this amount per pay period				
Single Coverage	\$46.00	\$25.00	\$106.00	\$15.00
EE & Spouse	\$281.00	\$84.00	\$406.00	\$64.00
EE & Child	\$192.00	\$50.00	\$283.00	\$30.00
Employee & Children	\$408.00	\$128.00	\$547.00	\$108.00
Family Coverage	\$408.00	\$128.00	\$547.00	\$108.00