

Optima Equity 100

Choose Your Deductible²

In Network		Out of Network	
Deductible	Out-of-Pocket Maximum	Deductible	Out-Of-Pocket Maximum
\$2,500 Individual / \$5,000 Family	\$2,500 Individual / \$5,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family
\$3,500 Individual / \$7,000 Family	\$3,500 Individual / \$7,000 Family	\$7,000 Individual / \$14,000 Family	\$14,000 Individual / \$28,000 Family

Managing your healthcare expenses wisely has never been more important than in today's challenging economic times. As you shop health plan options, deductibles and out-of-pocket maximum amounts are key variables to understand when managing your expenses. Remember, not all health plans offered in the marketplace are the same.

- Deductible – With Optima, once two or more covered persons meet two times the individual medical deductible, the family deductible is met. At that point, no other medical deductible has to be met for the rest of the plan year.
- Out-of-pocket maximum – With Optima, your out-of-pocket maximum includes your deductible. Once the out-of-pocket maximum is reached, Optima pays 100% of most in-network charges for the remainder of the year.

Member Benefits

Physician and Preventive Benefits ²	In Network	Out of Network AD*
Preventive Care Services	100%	60% up to a maximum benefit
Preventive Screenings	100%	60% up to a maximum benefit
Preventive Vision (1 eye exam every 2 years)	100%	\$30 maximum benefit
Well Child Immunizations (birth to age 36 months)	100%	60% allowable charge

Benefits listed below are covered at the following coinsurance levels which Optima pays after deductible. Once maximum out-of-pocket (which includes your deductible) is reached, Optima pays 100% for covered services for the remaining year (subject to specific limitations and exclusions).²

Additional Member Benefits	In Network AD*	Out of Network AD*
Physician Visit	100%	60%
Specialist Visit	100%	60%
Outpatient Mental Health Care (20 visit limit)	100%	60%
Hospitalization	100%	60%
Surgery - Inpatient/outpatient	100%	60%
Lab & Xray	100%	60%
Urgent Care Center	100%	60%
Ambulance	100%	60%
Dialysis	100%	60%
Outpatient Chemotherapy	100%	60%
MRI, MRA, CT and PET Scans	100%	60%
Emergency Room	100%	100%
Therapy	100%	60%
Rehabilitation	100%	60%
Durable Medical Equipment	100%	60%
Prescription Drug	100%	60%

Optional benefits that can be added to your plan to expand your coverage with purchased riders include child health supervision, prosthetics and obesity treatment services.

*After deductible