

Optima FourSight

Choose Your Deductible²

In Network		Out of Network	
Deductible	Out-of-Pocket Maximum	Deductible	Out-of-Pocket Maximum
\$500 Individual / \$1,000 Family	\$1,500 Individual / \$3,000 Family	\$1,000 Individual / \$2,000 Family	\$2,500 Individual / \$5,000 Family
\$750 Individual / \$1,500 Family	\$2,250 Individual / \$4,500 Family	\$1,500 Individual / \$3,000 Family	\$4,500 Individual / \$8,000 Family
\$1,000 Individual / \$2,000 Family	\$3,000 Individual / \$6,000 Family	\$2,000 Individual / \$4,000 Family	\$6,500 Individual / \$11,000 Family
\$2,500 Individual / \$5,000 Family	\$6,000 Individual / \$10,000 Family	\$5,000 Individual / \$8,000 Family	\$11,000 Individual / \$16,000 Family
\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$15,000 Family	\$9,000 Individual / \$14,000 Family	\$16,000 Individual / \$22,000 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*
Physician Visits - 4 per year (not subject to deductible)	\$30 copay	\$30 copay, then 50%
Physician Visits - All visits after 4th visit	\$30 copay, AD* then paid at 80%	\$30 copay, then 50%
Preventive Care Services	100%	50% 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%	50%
Outpatient Mental Health Care (20 visit limit)	\$30 copay, 1st 5 visits, 50% AD* thereafter	\$30 copay, then 50% 1st 5 visits, 50% AD* remaining

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*
Hospitalization	80%	50%
Surgery - Inpatient/outpatient	80%	50%
Urgent Care Center	80%	50%
Ambulance	80%	50%
Dialysis	80%	50%
Outpatient Chemotherapy	80%	50%
Diagnostic Lab & X-ray, MRI, MRA, CT and PET Scans (<i>\$500 per person per year, combined in and out of network</i>)	100% up to a maximum benefit, then 80%	100% up to a maximum benefit, then 50%
Emergency Room	80%	80%
Therapy	80%	50%
Rehabilitation	80%	50%
Durable Medical Equipment	80%	50%

All Plans include the following Prescription Drug Coverage²

Prescription Drugs	No annual dollar limit per individual
Deductibles	\$250 Annual deductible per person
Tier 1	\$15 copay (select generic)
Tier 2	\$30 copay or 40%, whichever is greater (standard generic)
Tier 3	\$50 copay or 50%, whichever is greater (select brands)

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