

Samples

Commercial Group *(does not include custom cards for self-funded employer groups)*

HMO, POS, and PPO Product Lines

FRONT OF CARD

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX
RxBIN# 610011
RxPCN# OHPCOMM

Individual / Family
Ded: \$9,999/\$9,999
MOOP: \$99,999/\$99,999

Coins: 99/99%
OV: \$99
SOV: \$99
UCC: \$99
ED: \$999
DX1: \$999
DX2: \$999
OP: \$999
IP: \$999

RxDed: \$999 RX: 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Traditional Plan

- Company/Group Name
- Plan name
- Benefit copay/coinsurance
- Plan deductible
- Rx benefit

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: John X Doe
Member Number: 999999*99
Group Number: 999999
Effective Date: 99-99-99

RxBIN# 610011
RxPCN# OHPCOMM
Network: DIRECT

Individual / Family
Ded: \$9,999/\$99,999
MOOP: \$9,999/\$99,999
Coins: tier1 99% | tier2 99%

OV: tier1 \$99 | tier2 \$99
SOV: tier1 \$99 | tier2 \$99
UCC: tier1 \$99 | tier2 \$99
ED: tier1 \$99 | tier2 \$99

RxDed: \$999 RX: 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Direct Network Plan

- Network name is on right on card
- Individual/family deductible and maximum out-of-pocket/coinsurance
- Tier 1/Tier 2 copay/coinsurance

OptimaHealth

ABC COMPANY
VANTAGE

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX

Individual / Family
Ded: \$9,999/\$9,999
MOOP: \$99,999/\$99,999

Network: SELECT

RxBIN# 610011
RxPCN# OHPCOMM

RxDed: \$999 RX: 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Select Network Plan

- Network name is on left of card

OptimaHealth

ABC COMPANY
EQUITY POSA

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
Member Number: XXXXXXXX10
Group Number: XXXXX6
Effective Date: XX-XX-XX
RxBIN# 610011
RxPCN# OHPCOMM

Individual / Family
*Ded: \$9,999/\$9,999
OON Ded: \$9,999/\$9,999
MOOP: \$99,999/\$99,999
OON MOOP: \$99,999/\$99,999
Coins: 99%
RxDed: \$9,999

Rx^{AD}: 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Equity and Design Plans

- Plan name has Equity or Design
- Benefit deductible and coinsurance
- Notice of preventive care services (Equity plans only)

Samples

Commercial Group

(does not include custom cards for self-funded employer groups)

HMO, POS, and PPO Product Lines (cont.)

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <small>(Hearing Impaired / Virginia Relay: 711)</small>	X-XXX-XXX-XXXX
Provider Services: <small>(Including Pre-Authorization)</small>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Employee Assistance Program (EAP):	1-800-899-8174
Behavioral Health Crisis:	1-833-717-2310

Submit paper claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
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An HMO HRA plan Underwritten by Optima Health Plan

Emergency Services Only

- PHCS and MultiPlan logos
- Emergency Services notice for HMO plans only
- "Underwritten by..." for fully insured groups and
- "Administered by..." for self-funded groups

OOA PPO Product Line

ABC COMPANY
EQUITY PLUS
OUT OF AREA PLAN

Member Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX26	Individual / Family
Member Number: XXXXXXXX10	*Ded: \$9,999/\$9,999
Group Number: XXXXX6	OON Ded: \$9,999/\$9,999
Effective Date: XX-XX-XX	MOOP: \$99,999/\$99,999
RxBIN# 610011	OON MOOP: \$99,999/\$99,999
RxPCN# OHPCOMM	Coins: 99%
<small>*This plan includes preventive care benefits not subject to the deductible. Please refer to your plan documents for details</small>	RxDed: \$9,999
	RX ^{AD}
	99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

- **Out-of-Area PPO – All Network Plans**
- Shows "Out of Area" on card
- PHCS logo and MultiPlan logo on front

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <small>(Hearing Impaired / Virginia Relay: 711)</small>	X-XXX-XXX-XXXX
Provider Services: <small>(Including Pre-Authorization)</small>	1-800-229-5522
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Employee Assistance Program (EAP):	1-800-899-8174
Out of Area Provider Network:	1-888-817-7427
Behavioral Health Crisis:	1-833-717-2310

Submit paper claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
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A PPO HSA plan Underwritten by Optima Health Insurance Company

Samples

Individual & Family Plans

FRONT OF CARD

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: XXXXX6
 Effective Date: XX-XX-XX
 RxBIN# 610011
 RxPCN# OHPCOMM

Individual/Family
 *Ded: \$9,999/\$99,999
 MOOP: \$9,999/\$99,999

Coins: 99/99%
 OV: \$99
 SOV: \$99
 UCC: \$99
 ED: \$999
 DX1: \$999
 DX2: \$999
 OP: \$999
 IP: \$999

RxDed \$999 RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Traditional Plan

- Individual Product
- Plan name, includes "OptimaFit"
- Benefit copay/coinsurance
- Plan deductible
- Rx benefit
- "FFM" for On-Exchange plans only

OptimaHealth

INDIVIDUAL PRODUCT
 OPTIMAFITXXXXXXXXXXXXXXXXXXXX35XXXXXXXXXX47
 PLANXNAMEXXXXXXXXXXXXXXXXXXXX35XXXXXXXXXX47

Member Name: John X Doe
 Member Number: 999999*99
 Group Number: 999999
 Effective Date: 99-99-99

RxBIN# 610011
 RxPCN# OHPCOMM
 Network: DIRECT

Individual / Family
 Ded: \$9,999/\$99,999
 MOOP: \$9,999/\$99,999
 Coins: tier1 99% | tier2 99%

OV: tier1 \$99 | tier2 \$99
 SOV: tier1 \$99 | tier2 \$99
 UCC: tier1 \$99 | tier2 \$99
 ED: tier1 \$99 | tier2 \$99

RxDed \$999 RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Direct Network Plan

- Network name is on right on card
- Tier 1 benefit copay/coinsurance
- Tier 2 copay/coinsurance

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX

Member Name: XXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: XXXXX6
 Effective Date: XX-XX-XX

Individual/Family
 *Ded: \$9,999/\$99,999
 MOOP: \$9,999/\$99,999

Coins: 99/99%
 OV: \$99
 SOV: \$99
 UCC: \$99
 ED: \$999
 DX1: \$999
 DX2: \$999
 OP: \$999
 IP: \$999

Network: SELECT

RxBIN# 610011 RxPCN# OHPCOMM

RxDed \$999 RX 99/99/99/99

FFM

Detailed benefit information at optimahealth.com and our mobile app

Select Network Plan

- Network name is on left of card

Individual & Family Plans

OptimaHealth

INDIVIDUAL PRODUCT
OPTIMAFIT XXXXX XXXX HSA

Member Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX26
 Member Number: XXXXXXXX10
 Group Number: XXXXXX6
 Effective Date: XX-XX-XX
 RxBIN# 610011
 RxPCN# OHPCOMM

Individual/Family
*Ded: \$9,999/\$99,999
MOOP: \$9,999/\$99,999
Coins: 99%
Rx Ded: \$9,999

*This plan includes preventive care benefits not subject to the deductible.
 Please refer to your plan documents for details.

RX^{AD}
 99/99/99/99

Detailed benefit information at optimahealth.com and our mobile app

Equity HSA Plan

- Plan name includes "HSA"
- Benefit deductible and coinsurance
- Notice of preventive care services

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <small>(Hearing Impaired /Virginia Relay: 711)</small>	X-XXX-XXX-XXXX
Provider Services: <small>(Including Pre-Authorization)</small>	1-800-229-8822
24/7 Nurse Advice Line:	1-800-394-2237
OptumRx Pharmacist Help Desk:	1-866-244-9113
Behavioral Health Crisis:	1-833-717-2310

Submit paper claims to:

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
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An HMO HSA plan Underwritten by Optima Health Plan

Emergency Services Only

- PHCS and MultiPlan logos
- Emergency Services notice

Medicare Plans

FRONT OF CARD

OptimaHealth

Optima Medicare HMO
Optima Community Complete (HMO D-SNP)

Member Name: John Doe Sample
 Member Number: 9999999999*01
 Rx Group Number: MAPDCRX
 Effective Date: 01/01/20XX
 Issuer: 80840

OV: \$XX
 SOV: \$XX
 UCC: \$XX
 ED: \$XX

Part B and Part D Rx
 RxBin: 610011
 RxPcn: CTRXMEDD

MedicareRx
 Prescription Drug Coverage

H2563-004

Detailed benefit information at optimahealth.com and our mobile app

Optima Health Community Complete

- Product line
- Plan type
- Optima Health Issuer ID number
- Benefit copays/coinsurance
- Rx benefit
- Medicare Rx logo
- Medicare Federal plan ID

OptimaHealth

Optima Medicare Prime (HMO)

Member Name: John Doe Sample
 Member Number: 9999999999*01
 Rx Group Number: MAPDP13RX
 Effective Date: 01/01/20XX
 Issuer: 80840

OV: \$0
 SOV: \$25
 UCC: \$25
 ED: \$90

Part B and Part D Rx
 RxBin: 610011
 RxPcn: CTRXMEDD

MedicareRx
 Prescription Drug Coverage

H2563-013

Detailed benefit information at optimahealth.com and our mobile app

Optima Medicare Prime

- Plan type
- Optima Health Issuer ID number
- Benefit copays/coinsurance
- Rx benefit
- Medicare Rx logo
- Medicare Federal plan ID

BACK OF CARD

For emergency care, dial 911 or go to the nearest urgent/emergency facility.

Member Services: <i>(Hearing Impaired / Virginia Relay: 711)</i>	1-800-927-6048
Provider Services: <i>(Including Pre-Authorization)</i>	1-888-946-1167
24/7 Nurse Advice Line:	1-800-394-2237
Pharmacy Help Desk:	1-866-603-7514
DentaQuest:	1-888-696-9549

Submit claims to:	MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440
	PHARMACY PAPER CLAIMS P.O. Box 968021 Schaumburg, IL 60196-8021	DENTAQUEST CLAIMS Providers: 1-844-822-8109 Members: 1-888-696-9549

An HMO plan offered by Optima Health Plan

"Offered by..." for Medicare plans

Samples

Medicaid Plans

FRONT OF CARD

OptimaHealth

FAMILY CARE

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: ABC
 Member Effective Date: 99-99-99
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999


OV: \$0
 ER: \$0
 RX: \$0

DOB: 99/99/9999

Detailed benefit information at optimahealth.com and our mobile app

Optima Family Care

- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth

 **OptimaHealth**

OPTIMA HEALTH COMMUNITY CARE

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: ABC
 Member Effective Date: 99-99-99
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999
 DOB: 99/99/9999

Detailed benefit information at optimahealth.com and our mobile app

Optima Health Community Care

- CCC Plus logo
- Plan type
- Member Medicaid ID number
- Member date of birth
- PCP name and phone number


OptimaHealth

OPTIMA FAMILY CARE

MEDICAID XP

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: OFC
 Member Effective Date: 07-01-18
 PCP Name: JANE DOE
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999

OV: \$0
 ER: \$0
 RX: \$0
 DOB: 99/99/9999



Detailed benefit information at optimahealth.com and our mobile app

Medicaid Expansion/Family Care

- Product line
- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth
- Medallion 4.0 logo

Medicaid Plans

FRONT OF CARD

OptimaHealth

**OPTIMA HEALTH COMMUNITY CARE
MEDICAID XP**

Member Name: JOHN DOE
 Member Number: 9999999*99
 Group Number: OHCC
 Member Effective Date: 99-99-99
 PCP Name: 999999999999999999999999
 PCP Phone: 999-999-9999
 RxBIN #: 610011
 RxPCN #: OHPMCAID
 Medicaid #: 999999999999

OV: \$0
 ER: \$0
 RX: \$0
 DOB: 99-99-9999

Plus
 Commonwealth
 Coordinated Care Plus

Detailed benefit information at optimahealth.com and our mobile app

Medicaid Expansion/Community Care

- Product line
- Plan type
- Benefit copays/coinsurance
- Rx benefit
- PCP name and phone number
- Member Medicaid ID number
- Member date of birth
- Commonwealth Coordinated Care Plus logo

BACK OF CARD

Pre Authorization may be required for: hospitalization, outpatient surgery, therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF AN EMERGENCY: Call 911 or go to the nearest emergency room.
 Always call your Primary Care Physician for non-emergent care.

Member Services: <i>(Hearing Impaired /Virginia Relay: 711)</i>	9-999-999-9999
Behavioral Health/ARTS Crisis Line:	9-999-999-9999
Provider Services: <i>(Including Pre-Authorization)</i>	9-999-999-9999
Care Coordination:	9-999-999-9999
24/7 Nurse Advice Line:	9-999-999-9999
Pharmacist Help Desk: <i>(Including Pre-Authorization)</i>	9-999-999-9999
Dental:	9-999-999-9999
Transportation:	9-999-999-9999

MEDICAL CLAIMS P.O. Box 5028 Troy, MI 48007-5028	BEHAVIORAL HEALTH CLAIMS P.O. Box 1440 Troy, MI 48099-1440	OPTIMA HEALTH 4417 Corporation Lane Virginia Beach, VA 23462-3162
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Offered by Optima Health Plan