

2022 Optima POS Plans

Small Groups with 1-50 total employees

This chart only summarizes standard covered expenses. Exclusions and limitations apply. Additional benefits may be available.

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima POS Platinum 15/30 Direct	None	\$2,000 \$4,000	\$4,500 \$9,000	\$9,000 \$18,000	30% AD/AC	\$15/\$30	\$10	\$30/\$60	\$200/\$300	\$250 copay/day;\$1,000 max \$500 copay/day;\$2,000 max	\$350	\$30	Tier 1: \$5 Tier 2: \$35 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima POS Platinum 15/35 Direct	None	\$2,000 \$4,000	\$3,000 \$6,000	\$6,000 \$12,000	40% AD/AC	\$15/\$30	\$10	\$35/\$70	\$150/\$250	\$300 copay/day;\$1,200 max \$600 copay/day;\$2,400 max	\$350	\$35	Tier 1: \$10 Tier 2: \$40 Tier 3: 20% Tier 4: 20% (\$350 max)
Optima POS Gold 500/25/20% Rx Ded Direct	\$500 \$1,000	\$1,000 \$2,000	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	\$25/\$50	\$10	\$50/\$100	20% AD/40% AD	20% AD/40% AD	30% AD	\$50	\$100 Ded p/p* Tier 1: \$15 Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima POS Gold 1000/25/30% Direct	\$1,000 \$2,000	\$2,000 \$4,000	\$5,200 \$10,400	\$10,400 \$20,800	50% AD/AC	\$25/\$50	\$10	\$50/\$100	30% AD/50% AD	30% AD/50% AD	40% AD	\$50	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)
Optima POS Gold 2000/30/0% Rx Ded Direct	\$2,000 \$4,000	\$5,000 \$10,000	\$7,400 \$14,800	\$14,800 \$29,600	30% AD/AC	\$30/\$60	\$10	\$60/\$120	\$100/\$200	No charge AD/20% AD	20% AD	\$60	\$200 Ded p/p* Tier 1: \$25 Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Gold 2000/25/30% Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$4,500 \$9,000	\$9,000 \$18,000	50% AD/AC	\$25/\$50	\$10	\$50/\$100	30% AD/50% AD	30% AD/50% AD	40% AD	\$50	Tier 1: \$15 Tier 2: \$50 Tier 3: 30% Tier 4: 30% (\$350 max)
Optima POS Gold 2800/35/0% Rx Ded Direct	\$2,800 \$5,600	\$5,600 \$11,200	\$7,400 \$14,800	\$14,800 \$29,600	30% AD/AC	\$35/\$70	\$10	\$65/\$130	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	\$200 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Silver 3000/35/25% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$7,800 \$15,600	\$15,600 \$31,200	45% AD/AC	\$35/\$70	\$10	\$70/\$140	25% AD/45% AD	25% AD/45% AD	35% AD	\$70	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)
Optima POS Silver 3500/20% Direct	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$12,000 \$24,000	40% AD/AC	\$35/\$70	\$10	\$70/\$140	20% AD/40% AD	20% AD/40% AD	30% AD	\$70	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD: After Deductible | *Ded p/p: Deductible per person | **MDA: Medical Deductible Applies | AC: Allowable Charges

Optima Health is the trade name of Optima Health Plan, Optima Health Insurance Company, and Sentara Health Plans, Inc. Optima Vantage, POS, Direct, and Select plans are underwritten by Optima Health Plan. Optima Plus (PPO) products are underwritten by Optima Health Insurance Company. Self-funded and BusinessEDGE® level-funded plans are administered but not underwritten by Sentara Health Plans, Inc. Stop Loss products are issued and underwritten by Optima Health Insurance Company. All Optima Health plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued. Wellness and rewards programs are administered by Sentara Health Plans, Inc. and are not covered benefits under any Optima Health plan. Value added benefits are not covered benefits under any Optima Health plan. For costs and complete details of coverage, please call your broker or Optima Health at 1-800-745-1271 or visit optimahealth.com.

2022 Optima POS Equity Plans

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima POS Equity Silver 3000/20% Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	20% AD/40% AD	20% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD	20% AD	MDA** Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)
Optima POS Equity Silver 4000/0% Direct	\$4,000 \$8,000	\$8,000 \$16,000	\$6,750 \$13,500	\$13,500 \$27,000	30% AD/AC	No charge AD 20% AD	No charge AD	No charge AD 20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: 0% AD Tier 2: 0% AD Tier 3: 0% AD Tier 4: 0% AD
Optima POS Equity Bronze 6200/40/30% Direct	\$6,200 \$12,400	\$12,400 \$24,800	\$6,900 \$13,800	\$13,800 \$27,600	50% AD/AC	\$40 AD/\$80 AD	\$10 AD	\$80 AD/\$160 AD	30% AD/50% AD	30% AD/50% AD	40% AD	30% AD	MDA** Tier 1: 30% AD Tier 2: 30% AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima POS Equity Bronze 6500/0% Direct	\$6,500 \$13,000	\$13,000 \$26,000	\$6,900 \$13,800	\$15,000 \$30,000	30% AD/AC	No charge AD 20% AD	No charge AD	No charge AD 20% AD	No charge AD/20% AD	No charge AD/20% AD	20% AD	No charge AD	MDA** Tier 1: 25% AD Tier 2: 25% AD Tier 3: 25% AD Tier 4: 25% AD (\$350 max)

2022 Optima POS Design Plans

Plan Name	DED (In Net) Individual Family	DED (OON) Individual Family	MOOP (In Net) Individual Family	MOOP (OON) Individual Family	OON COINSURANCE	PCP Tier 1 / Tier 2 Physicians	VIRTUAL CONSULT No OON Coverage	SPECIALIST Tier 1 / Tier 2 Physicians	OUTPATIENT Tier 1 / Tier 2 Facilities	INPATIENT Tier 1 / Tier 2 Facilities	ED (In or OON)	UCC	PRESCRIPTION DRUG COVERAGE Deductible, if applicable
Optima POS Design Silver 2000/30% Rx Ded Direct	\$2,000 \$4,000	\$4,000 \$8,000	\$7,500 \$15,000	\$15,000 \$30,000	50% AD/AC	30% AD/50% AD	30% AD	30% AD/50% AD	30% AD/50% AD	30% AD/50% AD	40% AD	30% AD	\$150 Ded p/p* Tier 1: \$10 Tier 2: \$40 AD Tier 3: 30% AD Tier 4: 30% AD (\$350 max)
Optima POS Design Silver 3000/20% Rx Ded Direct	\$3,000 \$6,000	\$6,000 \$12,000	\$6,500 \$13,000	\$13,000 \$26,000	40% AD/AC	20% AD/40% AD	20% AD	20% AD/40% AD	20% AD/40% AD	20% AD/40% AD	30% AD	20% AD	\$150 Ded p/p* Tier 1: \$15 AD Tier 2: \$50 AD Tier 3: 20% AD Tier 4: 20% AD (\$350 max)

AD: After Deductible | *Ded p/p: Deductible per person | **MDA: Medical Deductible Applies | AC: Allowable Charges

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