



## Optima Medical Benefit Options Health Plans Effective: October 1, 2010

PLAN DESIGN/NAME	HMO Vantage Open Access 10/20M	Value HMO Vantage Open Access 25/70%M	PPO Plus Open Access 15/80%M
Description of Coverage			
<b>Calendar Year Deductible</b> (Individual/Family)	n/a	n/a	None
<b>Out of Pocket Maximum</b> (Individual/Family)	\$1,500/\$3,000	\$2,500/\$5,000	\$2,000/\$4,000
<b>Coinsurance</b>	n/a	30%	20%
<b>Pre-Authorized Injectable and Infused Medications<sup>1</sup></b>	Covered at 20%	Covered at 20%	Covered at 20%
<b>Office Visits</b>			
Primary Care Physician <sup>2</sup>	\$10 copay	\$25 copay	\$15 copay
Specialist	\$20 copay	\$50 copay	\$30 copay
<b>Preventive Care</b>			
Annual Physical	\$10 copay	\$25 copay	\$15 copay
Annual OBGYN visit	\$10 copay	\$25 copay	\$15 copay
Well Child	\$10 copay	\$25 copay	\$15 copay
<b>Urgent Care</b>	\$20 copay	\$50 copay	\$30 copay
<b>Surgery (Outpatient)</b>	\$100 Copay	30% Coinsurance	\$100 Copay, then 20% coinsurance
<b>Hospitalization (Inpatient)</b>	\$250 Copay per Admission	30% Coinsurance	\$300 Copay, then 20% coinsurance
<b>Emergency Room</b>	\$200 Copay	30% Coinsurance	\$200 Copay, then 20% coinsurance
<b>Diagnostic Lab &amp; X-ray</b>	\$20 copay	30% Coinsurance	20% coinsurance
<b>Advance Imaging (MRI, PET, CT, etc)</b>	\$150 Copayment	30% Coinsurance	20% coinsurance
<b>Vision Exam</b>	\$15 copay once every 24 months	\$15 copay once every 24 months	\$15 copay once every 24 months
<b>Pharmacy Prescription Drug</b>	\$10/\$20/\$40/\$40	\$50 Deductible \$10/\$30/\$50/\$50	\$10/\$20/\$40/\$40
<b>Mail Order Prescription Drug</b>	\$20/\$40/\$80/\$80	After Deductible \$20/\$60/\$100/\$100	\$20/\$40/\$80/\$80
<b>OUT-OF-NETWORK BENEFITS</b>			
<b>Calendar Year Deductible</b> (Individual/Family)	n/a	n/a	\$400/\$800
<b>Out-of-Pocket Maximum</b> (Individual/Family)	n/a	n/a	\$5,000/\$10,000
<b>Coinsurance</b>	n/a	n/a	30% after the deductible

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 plans.

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