



For full plan details, see Optima's Summary of Benefits and Coverage.

Employee Monthly Premium	Consumer Driven Health Plan with HSA	Traditional Plan
Employee Only	\$44	\$120
Employee + One	\$126	\$289
Employee + Family	\$165	\$463

	Consumer Driven Health Plan with HSA		Traditional Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$3,000	\$3,000	\$500	\$800
Family	\$6,000	\$6,000	\$1,000	\$1,600
Optima's Coinsurance	100%	70%	80%	70%
Maximum Out-of-Pocket				
Individual	\$4,000	\$6,000	\$3,750	\$4,750
Family	\$8,000	\$12,000	\$7,500	\$9,500
Physician Office Visit				
Primary Care	0% After Deductible	30% After Deductible	\$15 Copay	30% After Deductible
Specialty Care	0% After Deductible	30% After Deductible	\$35 Copay	30% After Deductible
Preventive Care				
Adult and Well-Child Periodic Exams	0% BEFORE Deductible	30% After Deductible	0% BEFORE Deductible	30% After Deductible
Diagnostic Services				
X-ray and Lab Tests	0% After Deductible	30% After Deductible	20% After Deductible	30% After Deductible
Complex Radiology	0% After Deductible	30% After Deductible	20% After Deductible	30% After Deductible
Urgent Care Facility	0% After Deductible	30% After Deductible	\$35 Copay	30% After Deductible
ER Facility Charges	0% After Deductible	0% After Deductible	20% After Deductible	20% After Deductible
Inpatient Facility Charges	0% After Deductible	30% After Deductible	20% After Deductible	30% After Deductible
Outpatient Facility and Surgical Charges	0% After Deductible	30% After Deductible	20% After Deductible	30% After Deductible
Retail Pharmacy (30 Day Supply)				
Deductible	Combined with Medical Deductible		None	None
Tier 1: Generic	\$15 After Deductible	\$15 After Deductible	\$15 Copay	\$15 After Deductible
Tier 2: Preferred	\$40 After Deductible	\$40 After Deductible	\$40 Copay	\$40 After Deductible
Tier 3: Non-Preferred	\$75 After Deductible	\$75 After Deductible	\$75 Copay	\$75 After Deductible
Tier 4: Preferred Specialty	20% to a \$200 Maximum, After Deductible	20% to a \$200 Maximum, After Deductible	20% to a \$200 Maximum	20% to a \$200 Maximum, After Deductible

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