

Optima Health: The chart below summarizes the member's responsibility. For full plan details, please see Optima's Summary of Benefits and Coverage.

Employee Monthly Cost	Consumer Driven Health Plan with HSA	Traditional Plan
Employee only	\$44	\$117
Employee + One	\$126	\$279
Employee + Family	\$165	\$446

	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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