Health and Dental Benefits Comparison
Plan Year October 1, 2021 through September 30, 2022

Health Plans	Coverage Type	Total Monthly Premium	PCPS Monthly Premium	Employee Monthly Premium
Optima POS	Employee Only	$631.64	$610.14	$21.50
	Employee Plus One Child	$972.73	$741.73	$231.00
	Employee Plus Children	$1,118.02	$882.02	$236.00
	Employee Plus Spouse*	$1,326.43	$1,043.93	$282.50
	Employee Plus Family*	$2,058.33	$1,589.33	$469.00
	Employee Plus Spouse with Surcharge*	$1,326.43	$943.93	$382.50
	Employee Plus Family with Surcharge*	$2,058.33	$1,489.33	$569.00
Optima Equity Plus PPO (HDHP)	Employee Only	$593.04	$593.04	$0.00
	Employee Plus One Child	$913.28	$749.28	$164.00
	Employee Plus Children	$1,049.68	$880.68	$169.00
	Employee Plus Spouse	$1,245.35	$1,051.35	$194.00
	Employee Plus Family	$1,932.52	$1,574.52	$358.00

*If spouse is covered in the Optima POS plan, a Spousal Affidavit form must be completed as to whether your spouse has eligible health coverage. This only applies to the Optima POS plan.

Health Savings Account (HSA)	Coverage Type	Initial/One-Time Contribution	Annual Contribution Starting in Year Two
This is only with enrollment in Optima Equity Plus PPO (HDHP)	Employee Only	$600.00	$200.00
	Employee Plus One Child	$900.00	$300.00
	Employee Plus Children	$1,200.00	$400.00
	Employee Plus Spouse	$1,200.00	$400.00
	Employee Plus Family	$1,200.00	$400.00

Dental Plan	Coverage Type	Monthly Premium
Anthem Dental	Employee Only	$40.37
	Dual (Employee Plus One Child or Employee Plus Spouse)	$67.79
	Employee Plus Family	$107.85

HEALTH PLANS

Plan Provisions	Optima POS Plan POS Open Access $500 / $25 / 80% (HMO Network)	
Note: AD refers to After Deductible	In Network	Out of Network
Dependent Age Limit (coverage ends at the end of the month age limit is reached)	Until Age 26	Until Age 26
Plan Year Deductible (Individual / Family)	$500 / $1,000	$1,000 / $2,000
Plan Year Out-of-Pocket Maximum	$4,000 / $8,000	$6,000 / $8,000
Coinsurance	20%	30%
Lifetime Maximum	Unlimited	Unlimited
Preventive Care Services		
Well Child Care / Immunizations	$0, covered at 100%	30% AD
Adult Periodic Wellness Exams	$0, covered at 100%	30% AD
Routine Annual Gynecological Exam	$0, covered at 100%	30% AD
Mammogram	$0, covered at 100%	30% AD
Vision Exam (Annual routine eye exam)	$15	up to $30 reimbursement
Office Visits		
Primary Care Physician (PCP)	$25	30% AD
Specialist	$50	30% AD
Prenatal and Post-natal Care	20% AD	30% AD
Referral Necessary	No	No
LiveHealth Online	$15	30% AD
Outpatient Surgery		
Facility Fee (Hospital or Surgical Center)	20% AD	30% AD
Doctor and Other Services	20% AD	30% AD
Hospital Stay		
Facility Fee	20% AD	30% AD
Doctor and Other Services	20% AD	30% AD
Other Services		
Emergency Room Doctor or Other Services	20% AD	Covered as In Network
Emergency Room Facility Fee	20% AD	Covered as In Network
Ambulance Transportation	20% AD	Covered as In Network
Urgent Care	$25 PCP / $50 Specialist	30% AD
Diagnostic Services: Labs (Office / Outpatient Hospital)	$0 / 20%	30% AD
Diagnostic Services: X-Ray	20% AD	30% AD
Advanced Diagnostic Imaging (MRI / PET / CAT scans)	20% AD	30% AD
Prescription Drugs		
Retail, Tier 1	$15	30%
Retail, Tier 2	$50	30%
Retail, Tier 3	$85	30%
Retail, Tier 4	20% up to $250	30%

This is a summary of coverage, please refer to your summary plan description for the full scope of coverage.

To find a provider participating in your health plan network, visit www.optimahealth.com.

Plan Provisions	**Optima Equity Plus PPO Plan HSA $2,800 / 0% (PPO Network)**	
Note: AD refers to After Deductible	In Network	Out of Network
Dependent Age Limit (coverage ends at the end of the month age limit is reached)	Until Age 26	Until Age 26
Plan Year Deductible (Individual / Family)	$2,800 / $5,600	$5,600 / $11,200
Plan Year Out-of-Pocket Maximum	$4,000 / $8,000	$8,000 / $16,000
Coinsurance	0%	30%
Lifetime Maximum	Unlimited	Unlimited
Preventive Care Services		
Well Child Care / Immunizations	$0, covered at 100%	30% AD
Adult Periodic Wellness Exams	$0, covered at 100%	30% AD
Routine Annual Gynecological Exam	$0, covered at 100%	30% AD
Mammogram	$0, covered at 100%	30% AD
Vision Exam (Annual routine eye exam)	$15	up to $30 reimbursement
Office Visits		
Primary Care Physician (PCP)	0% AD	30% AD
Specialist	0% AD	30% AD
Prenatal and Post-natal Care	0% AD	30% AD
Referral Necessary	No	No
LiveHealth Online	0% AD	30% AD
Outpatient Surgery		
Facility Fee (Hospital or Surgical Center)	0% AD	30% AD
Doctor and Other Services	0% AD	30% AD
Hospital Stay		
Facility Fee	0% AD	30% AD
Doctor and Other Services	0% AD	30% AD
Other Services		
Emergency Room Doctor or Other Services	0% AD	Covered as In Network
Emergency Room Facility Fee	0% AD	Covered as In Network
Ambulance Transportation	0% AD	Covered as In Network
Urgent Care	0% AD	30% AD
Diagnostic Services: Labs	0% AD	30% AD
Diagnostic Services: X-Rays	0% AD	30% AD
Advanced Diagnostic Imaging (MRI / PET / CAT scans)	0% AD	30% AD
Prescription Drugs		
Retail, Tier 1	$15 AD	30% AD
Retail, Tier 2	$50 AD	30% AD
Retail, Tier 3	$85 AD	30% AD
Retail, Tier 4	20% up to $250 AD	30% AD
PreventiveRx Plus Plan (Essential)	$0, covered at 100%	30% AD

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DENTAL PLAN

Plan Provisions	Anthem Dental Complete		
Note: AD refers to After Deductible	In Network	Out of Network	
Dependent Age Limit (coverage ends at the end of the month age limit is reached)	Until Age 26	Until Age 26	
Plan Year Deductible (Member / Family)	$50 / $150	$50 / $150	
Deductible waived for Preventive	Yes	Yes	
Out of Network Reimbursement	Based on Maximum Allowable Charges (MAC)		
Annual Maximum	$2,000		
Orthodontic Lifetime Maximum (Dependent children only until age 18)	$1,500		
Dental Services	In Network Employee Pays	Out of Network Employee Pays	Waiting Period
Diagnostic and Preventive Services	0%	0%	None
Basic Services	20% AD	20% AD	None
Endodontics	20% AD	20% AD	None
Periodontics	20% AD	20% AD	None
Oral Surgery	20% AD	20% AD	None
Major Services	50% AD	50% AD	None
Prosthodontics	50% AD	50% AD	None
Prosthetic Repairs / Adjustments	20% AD	20% AD	None
Orthodontic Services	50%	50%	None

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To find a provider participating in your dental plan network, visit www.anthem.com/mydentalvision.