

HMO	Coinsurance <i>(Plan pays after deductible)</i>	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single / Family Deductible
AdventHealth GYM ACCESS Gold HMO 100 1738	100%	\$2,500 / \$5,000	\$5,200 / \$10,400	Yes	Yes	\$0	\$20	\$40	\$40	\$40	0% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Gold HMO 80 1772	80%	\$1,400 / \$2,800	\$5,500 / \$11,000	No	Yes	\$0	\$20	\$50	\$20	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost
AdventHealth GYM ACCESS Gold HMO 80 1741	80%	\$2,900 / \$5,800	\$7,900 / \$15,800	Yes	Yes	\$0	\$15	\$30	\$30	\$30	<ul style="list-style-type: none"> \$0 for Diagnostic Labs 20% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Gold HMO 70 1743	70%	\$1,500 / \$3,000	\$4,100 / \$8,200	Yes	Yes	\$0	\$40	\$80	30% of cost after deductible	\$80	<ul style="list-style-type: none"> \$0 for Diagnostic Lab Services Radiology Service \$50 Advanced Imaging \$450 ER visits 1-2 \$250, visits 3+ \$600 after deductible Inpatient Service \$700 Outpatient Surgery 30% of cost after deductible 	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 100 1676	100%	\$4,650 / \$9,300	\$8,150 / \$16,300	Yes	Yes	\$0	Deductible, then \$25	Deductible, then \$50	\$50	Deductible, then \$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 100 1668	100%	\$5,750 / \$11,500	\$8,150 / \$16,300	Yes	Yes	\$0	\$50	\$100	\$100	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 80 1786	80%	\$2,900 / \$5,800	\$7,150 / \$14,300	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 80 1696	80%	\$4,950 / \$9,900	\$7,900 / \$15,800	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 80 1762	80%	\$4,650 / \$9,300	\$8,150 / \$16,300	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$500/\$1,000 Rx deductible for Tier 5 only
AdventHealth GYM ACCESS Silver HMO 70 1724	70%	\$2,000 / \$4,000	\$7,750 / \$15,500	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 70 1712	70%	\$3,850 / \$7,700	\$8,150 / \$16,300	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 65 1810	65%	\$2,900 / \$5,800	\$8,150 / \$16,300	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Bronze HMO 100 1776	100%	\$8,150 / \$16,300	\$8,150 / \$16,300	No	Yes	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated \$0 of cost after deductible
AdventHealth GYM ACCESS Bronze HMO 70 1657	70%	\$8,100 / \$16,200	\$8,150 / \$16,300	Yes	Yes	\$0	\$70	\$160	\$160	\$80	<ul style="list-style-type: none"> \$16 for Diagnostic Labs 30% of cost after deductible 	\$5-\$15-\$30-\$50-30% of cost \$800 / \$1,600 Rx deductible for Tiers 3-5
AdventHealth Bronze HMO 60 1752	60%	\$7,500 / \$15,000	\$7,900 / \$15,800	No	Yes	\$0	\$35	\$75	\$35	\$75	40% of cost after deductible	\$2-\$35-35%-40%-45% of cost Tiers 3-5 after MEDICAL deductible
AdventHealth GYM ACCESS Bronze HMO 50 1797	50%	\$6,900 / \$13,800	\$7,700 / \$15,400	Yes	Yes	\$0	Visits 1-3, \$45; Visits 4+, 50% of cost after deductible	Visits 1-3, \$60; Visits 4+, 50% of cost after deductible	\$45	50% of cost after deductible	50% of cost after deductible	\$2-\$35-35%-40%-45% of cost Tiers 3-5 after MEDICAL deductible
AdventHealth GYM ACCESS Catastrophic HMO 1748	100%	\$8,150 / \$16,300	\$8,150 / \$16,300	Yes	\$0 after deductible	\$0	Visits 1-3, \$35; Visits 4+, 0% of cost after deductible	0% cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible

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HSA Plans (HSA Qualified)												
AdventHealth GYM ACCESS Gold HMO 90 HSA 1745	90%	\$1,500* / \$3,000	\$3,000 / \$6,000	Yes	\$0 after deductible	\$0	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	Integrated 10% of cost after deductible
AdventHealth GYM ACCESS Silver HMO 80 HSA 1732	80%	\$2,500* / \$5,000	\$6,900 / \$13,800	Yes	\$0 after deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
AdventHealth GYM ACCESS Bronze HMO 100 HSA 1660	100%	\$6,900* / \$13,800	\$6,900 / \$13,800	Yes	\$0 after deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
AdventHealth Bronze HMO 100 HSA 1795	100%	\$6,900* / \$13,800	\$6,900 / \$13,800	No	\$0 after deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
AdventHealth GYM ACCESS Bronze HMO 70 HSA 1663	70%	\$5,500* / \$11,000	\$6,900 / \$13,800	Yes	\$0 after deductible	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	Integrated 30% of cost after deductible
Non QHP Silver Plans												
AdventHealth GYM ACCESS Silver HMO 100 3668	100%	\$5,750 / \$11,500	\$8,150 / \$16,300	Yes	Yes	\$0	\$50	\$100	\$100	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 80 3786	80%	\$2,900 / \$5,800	\$7,150 / \$14,300	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 80 3762	80%	\$4,650 / \$9,300	\$8,150 / \$16,300	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$500/\$1,000 Rx deductible for Tier 5 only
AdventHealth GYM ACCESS Silver HMO 70 3712	70%	\$3,850 / \$7,700	\$8,150 / \$16,300	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5

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■ **This Comparison of Benefits is for illustrative purposes only as exclusions and limitations may apply. Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. Please see the approved member documents for complete benefit details.**

HMO-CSR	Coinsurance (Plan pays after deductible)	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single/ Family Deductible
AdventHealth GYM ACCESS Silver HMO 100 1676												
AdventHealth GYM ACCESS Silver AV94 HMO 100 1679 (100-150% FPL)	100%	\$100 / \$200	\$600 / \$1,200	Yes	Yes	\$0	\$5	\$50	\$50	\$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV 87 HMO 100 1678 (151-200% FPL)	100%	\$900 / \$1,800	\$2,650 / \$5,300	Yes	Yes	\$0	\$5	\$50	\$50	\$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV73 HMO 100 1677 (201-250% FPL)	100%	\$3,875 / \$7,750	\$6,500 / \$13,000	Yes	Yes	\$0	Deductible, then \$25	Deductible, then \$50	Deductible, then \$50	Deductible, then \$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 100 1668												
AdventHealth GYM ACCESS Silver AV94 HMO 100 1671 (100-150% FPL)	100%	\$150 / \$300	\$600 / \$1,200	Yes	Yes	\$0	\$5	\$40	\$40	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 100 1670 (151-200% FPL)	100%	\$1,000 / \$2,000	\$2,700 / \$5,400	Yes	Yes	\$0	\$5	\$40	\$40	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV73 HMO 100 1669 (201-250% FPL)	100%	\$4,700 / \$9,400	\$6,500 / \$13,000	Yes	Yes	\$0	\$50	\$100	\$100	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 80 1786												
AdventHealth Silver AV94 HMO 80 1789 (100-150% FPL)	80%	\$200 / \$400	\$500 / \$1,000	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth Silver AV87 HMO 80 1788 (151-200% FPL)	80%	\$500 / \$1,000	\$1,600 / \$3,200	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth Silver AV73 HMO 80 1787 (201-250% FPL)	80%	\$2,500 / \$5,000	\$5,500 / \$11,000	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 80 1696												
AdventHealth GYM ACCESS Silver AV94 HMO 80 1699 (100-150% FPL)	80%	\$200 / \$400	\$500 / \$1,000	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 80 1698 (151-200% FPL)	80%	\$500 / \$1,000	\$1,600 / \$3,200	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 80 1697 (201-250% FPL)	80%	\$2,500 / \$5,000	\$5,500 / \$11,000	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5
AdventHealth Silver HMO 80 1762												
AdventHealth Silver AV94 HMO 95 1765 (100-150% FPL)	95%	\$250 / \$500	\$1,550 / \$3,100	No	Yes	\$0	\$5	\$10	\$5	\$25	5% of cost after deductible	\$2-\$3-\$5-\$10-25% of cost
AdventHealth Silver AV87 HMO 80 1764 (151-200% FPL)	80%	\$850 / \$1,700	\$2,700 / \$5,400	No	Yes	\$0	\$10	\$25	\$10	\$40	20% of cost after deductible	\$2-\$5-\$25-\$50-30% of cost
AdventHealth Silver AV73 HMO 80 1763 (201-250% FPL)	80%	\$4,225 / \$8,450	\$6,500 / \$13,000	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$200 / \$400 Rx deductible for Tier 5 only
AdventHealth GYM ACCESS Silver HMO 70 1724												
AdventHealth GYM ACCESS Silver AV94 HMO 70 1727 (100-150% FPL)	70%	\$0 / \$0	\$600 / \$1,200	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 70 1726 (151-200% FPL)	70%	\$25 / \$50	\$2,350 / \$4,700	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5
AdventHealth Silver GYM ACCESS Silver AV73 HMO 70 1725 (201-250% FPL)	70%	\$1,700 / \$3,400	\$6,400 / \$12,800	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5

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AdventHealth GYM ACCESS Silver HMO 70 1712												
AdventHealth GYM ACCESS Silver AV94 HMO 70 1715 (100-150% FPL)	70%	\$0 / \$0	\$600 / \$1,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 70 1714 (151-200% FPL)	70%	\$800 / \$1,600	\$1,600 / \$3,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV73 HMO 70 1713 (201-250% FPL)	70%	\$3,500 / \$7,000	\$6,500 / \$13,000	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5
AdventHealth Silver HMO 65 1810												
AdventHealth Silver AV94 HMO 65 1813	65%	\$0 / \$0	\$650 / \$1,300	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Silver AV87 HMO 65 1812	65%	\$500 / \$1000	\$1,450 / \$2,900	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Silver AV73 HMO 65 1811	65%	\$1,150 / \$2,300	\$6,500 / \$13,000	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth GYM ACCESS Silver HMO 80 HSA 1732												
AdventHealth GYM ACCESS Silver AV94 HMO 80 1735 (100-150% FPL)	80%	\$0 / \$0	\$900 / \$1,800	Yes	\$0 after deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
AdventHealth GYM ACCESS Silver AV87 HMO 80 1734 (151-200% FPL)	80%	\$350 / \$700	\$2,700 / \$5,400	Yes	\$0 after deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
AdventHealth GYM ACCESS Silver AV73 HMO 80 HSA 1733 (201-250% FPL)	80%	\$2,100* / \$4,200	\$6,400 / \$12,800	Yes	\$0 after deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible

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