

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
Florida Hospital GYM ACCESS Gold HMO 100 1738	100%	\$2,500 / \$5,000	\$2,800 / \$5,600	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
Florida Hospital Gold HMO 80 1772	80%	\$1,400 / \$2,800	\$5,000 / \$10,000	No	Yes	\$0	\$20	\$50	\$20	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost
Florida Hospital GYM ACCESS Gold HMO 80 1741	80%	\$2,000 / \$4,000	\$4,000 / \$8,000	Yes	Yes	\$0	\$15	\$30	\$30	\$30	• \$0 for Diagnostic Labs • 20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Florida Hospital GYM ACCESS Gold HMO 70 1743	70%	\$1,500 / \$3,000	\$3,500 / \$7,000	Yes	Yes	\$0	\$40	\$80	\$80	\$80	• \$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 \$500 • 30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Florida Hospital GYM ACCESS Silver HMO 100 1676	100%	\$4,000 / \$8,000	\$4,750 / \$9,500	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
Florida Hospital GYM ACCESS Silver HMO 100 1668	100%	\$5,000 / \$10,000	\$7,350 / \$14,700	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	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
Florida Hospital GYM ACCESS Silver HMO 90 1684	90%	\$4,250 / \$8,500	\$7,350 / \$14,700	Yes	Yes	\$0	\$60	\$78	\$78	\$78	• \$0 for Diagnostic Lab Services • Radiology Service \$50 • Advanced Imaging \$500 • ER visits 1-2 \$750, visits 3+ 10% of cost after deductible • Outpatient Surgery \$500 • 10% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$750/\$1,500 Rx Deductible for Tiers 3-5
Florida Hospital Silver HMO 90 1802	90%	\$5,250 / \$10,500	\$7,350 / \$14,700	No	Yes	\$0	\$50	\$60	\$60	\$60	• Advanced Imaging \$450 • ER visits 1-2 \$600, visits 3+ 10% of cost after deductible • Outpatient Surgery \$500 • 10% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$500/\$1000 Rx deductible for Tiers 3-5
Florida Hospital 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
Florida Hospital GYM ACCESS Silver HMO 80 1696	80%	\$3,100 / \$6,200	\$6,050 / \$12,100	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
Florida Hospital Silver HMO 80 1762	80%	\$3,500 / \$7,000	\$7,350 / \$14,700	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
Florida Hospital GYM ACCESS Silver HMO 70 1724	70%	\$2,000 / \$4,000	\$6,000 / \$12,000	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
Florida Hospital GYM ACCESS Silver HMO 70 1712	70%	\$3,500 / \$7,000	\$6,350 / \$12,700	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
Florida Hospital Silver HMO 65 1810	65%	\$1,550 / \$3,100	\$7,350 / \$14,700	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
Florida Hospital Bronze HMO 100 1776	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	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
Florida Hospital GYM ACCESS Bronze HMO 70 1657	70%	\$6,550 / \$13,100	\$7,350 / \$14,700	Yes	Yes	\$0	Visits 1-4, \$70; Visits 5+, 30% of cost after deductible	\$160	\$160	\$80	• \$0 for Diagnostic Labs • 30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Florida Hospital Bronze HMO 60 1752	60%	\$6,650 / \$13,300	\$7,350 / \$14,700	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
Florida Hospital GYM ACCESS Bronze HMO 50 1797	50%	\$6,900 / \$13,800	\$7,150 / \$14,300	Yes	Yes	\$0	Visits 1-3,\$45; Visits 4+, 50% of cost after deductible	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
Florida Hospital GYM ACCESS Catastrophic HMO 1748	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	Yes	\$0 after Deductible	\$0	Visits 1-3, \$35; Visits 4+, 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

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HSA Plans (HSA Qualified)												
Florida Hospital 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
Florida Hospital GYM ACCESS Silver HMO 80 HSA 1732	80%	\$2,500* / \$5,000	\$6,500 / \$13,000	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
Florida Hospital GYM ACCESS Bronze HMO 100 HSA 1660	100%	\$6,350* / \$12,700	\$6,350 / \$12,700	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
Florida Hospital Bronze HMO 100 HSA 1795	100%	\$6,000* / \$12,000	\$6,000 / \$12,000	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
Florida Hospital GYM ACCESS Bronze HMO 70 HSA 1663	70%	\$5,150* / \$10,300	\$6,500 / \$13,000	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												
Florida Hospital GYM ACCESS Silver HMO 100 3676	100%	\$4,000 / \$8,000	\$4,750 / \$9,500	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
Florida Hospital GYM ACCESS Silver HMO 100 3668	100%	\$5,000 / \$10,000	\$7,350 / \$14,700	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	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
Florida Hospital GYM ACCESS Silver HMO 90 3684	90%	\$4,250 / 8,500	\$7,350 / \$14,700	Yes	Yes	\$0	\$60	\$78	\$78	\$78	<ul style="list-style-type: none"> \$0 for Diagnostic Lab Services Radiology Service \$50 Advanced Imaging \$500 ER visits 1-2 \$750, visits 3+ 10% of cost after deductible Outpatient Surgery \$500 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$750/\$1,500 Rx Deductible for Tiers 3-5
Florida Hospital Silver HMO 90 3802	90%	\$5,250 / \$10,500	\$7,350 / \$14,700	No	Yes	\$0	\$50	\$60	\$60	\$60	<ul style="list-style-type: none"> Advanced Imaging \$450 ER visits 1-2 \$600, visits 3+ 10% of cost after deductible Outpatient Surgery \$500 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$500/\$1000 Rx deductible for Tiers 3-5
Florida Hospital 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
Florida Hospital GYM ACCESS Silver HMO 80 3696	80%	\$3,100 / \$6,200	\$6,050 / \$12,100	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
Florida Hospital Silver HMO 80 3762	80%	\$3,500 / \$7,000	\$7,350 / \$14,700	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
Florida Hospital GYM ACCESS Silver HMO 70 3724	70%	\$2,000 / \$4,000	\$6,000 / \$12,000	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
Florida Hospital GYM ACCESS Silver HMO 70 3712	70%	\$3,500 / \$7,000	\$6,350 / \$12,700	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
Florida Hospital Silver HMO 65 3810	65%	\$1,550 / \$3,100	\$7,350 / \$14,700	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
Non QHP HSA Plan (HSA Qualified)												
Florida Hospital GYM ACCESS Silver HMO 80 HSA 3732	80%	\$2,500* / \$5,000	\$6,500 / \$13,000	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

* Individual deductible amount does not apply if policy covers 2 or more people.

■ Catastrophic plans are available for people under age 30 or people over age 30 who qualify for a "hardship exemption" from the Marketplace (requires confirmation of eligibility from Marketplace if being quoted or purchased off-Marketplace).

■ 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 Florida Hospital Care Advantage. Florida Hospital Care Advantage 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.

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Florida Hospital GYM ACCESS Silver HMO 100 1676												
Florida Hospital GYM ACCESS Silver AV94 HMO 100 1679 (100-150% FPL)	100%	\$100 / \$200	\$475 / \$950	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
Florida Hospital GYM ACCESS Silver AV 87 HMO 100 1678 (151-200% FPL)	100%	\$900 / \$1,800	\$1,550 / \$3,100	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
Florida Hospital GYM ACCESS Silver AV73 HMO 100 1677 (201-250% FPL)	100%	\$3,150 / \$6,300	\$4,750 / \$9,500	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
Florida Hospital GYM ACCESS Silver HMO 100 1668												
Florida Hospital GYM ACCESS Silver AV94 HMO 100 1671 (100-150% FPL)	100%	\$150 / \$300	\$500 / \$1,000	Yes	Yes	\$0	\$5	0% of cost after deductible	0% of cost after deductible	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
Florida Hospital GYM ACCESS Silver AV87 HMO 100 1670 (151-200% FPL)	100%	\$900 / \$1,800	\$1,600 / \$3,200	Yes	Yes	\$0	\$5	0% of cost after deductible	0% of cost after deductible	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
Florida Hospital GYM ACCESS Silver AV73 HMO 100 1669 (201-250% FPL)	100%	\$4,100 / \$8,200	\$5,850 / \$11,700	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	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
Florida Hospital GYM ACCESS Silver HMO 90 1684												
Florida Hospital GYM ACCESS Silver AV94 HMO 90 1687 (100-150% FPL)	90%	\$0 / \$0	\$650 / \$1,300	Yes	Yes	\$0	\$20	\$60	\$60	\$75	<ul style="list-style-type: none"> • \$0 for Diagnostic labs • Radiology Service \$50 • Advanced Imaging \$450 • ER visits 1-2 \$600, visits 3+ 10% after deductible • Outpatient Surgery \$500 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Florida Hospital GYM ACCESS Silver AV87 HMO 90 1686 (151-200% FPL)	90%	\$350 / \$700	\$1,350 / \$2,700	Yes	Yes	\$0	\$50	\$75	\$75	\$75	<ul style="list-style-type: none"> • \$0 for Diagnostic labs • Radiology Service \$50 • Advanced Imaging \$450 • ER visits 1-2 \$600, visits 3+ 10% after deductible • Outpatient Surgery \$500 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Florida Hospital GYM ACCESS Silver AV73 HMO 90 1685 (201-250% FPL)	90%	\$4,250 / \$8,500	\$5,850 / \$11,700	Yes	Yes	\$0	\$60	\$78	\$78	\$78	<ul style="list-style-type: none"> • \$0 for Diagnostic labs • Radiology Service \$50 • Advanced Imaging \$500 • ER visits 1-2 \$750, visits 3+ 10% after deductible • Outpatient Surgery \$500 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$750 / \$1,500 Rx Deductible for Tiers 3-5
Florida Hospital Silver HMO 90 1802												
Florida Hospital Silver AV94 HMO 90 1805	90%	\$0 / \$0	\$600 / \$1,200	No	Yes	\$0	\$30	\$60	\$60	\$60	<ul style="list-style-type: none"> • Advanced Imaging \$400 • ER visits 1-2 \$300, visits 3+ 10% of cost after deductible • Outpatient Surgery \$400 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$250/\$500 Rx deductible for Tiers 3-5
Florida Hospital Silver AV87 HMO 90 1804	90%	\$500 / \$1,000	\$1,500 / \$3,000	No	Yes	\$0	\$30	\$60	\$60	\$60	<ul style="list-style-type: none"> • Advanced Imaging \$450 • ER visits 1-2 \$600, visits 3+ 10% of cost after deductible • Outpatient Surgery \$500 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$500/\$1000 Rx deductible for Tiers 3-5
Florida Hospital Silver AV73 HMO 90 1803	90%	\$4,250 / \$8,500	\$5,850 / \$11,700	No	Yes	\$0	\$30	\$60	\$60	\$60	<ul style="list-style-type: none"> • Advanced Imaging \$450 • ER visits 1-2 \$600, visits 3+ 10% of cost after deductible • Outpatient Surgery \$500 • 10% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$500/\$1000 Rx deductible for Tiers 3-5
Florida Hospital Silver HMO 80 1786												
Florida Hospital 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
Florida Hospital Silver AV87 HMO 80 1788 (151-200% FPL)	80%	\$500 / \$1,000	\$1,250 / \$2,500	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
Florida Hospital Silver AV73 HMO 80 1787 (201-250% FPL)	80%	\$2,500 / \$5,000	\$3,900 / \$7,800	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

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Florida Hospital GYM ACCESS Silver HMO 80 1696												
Florida Hospital 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
Florida Hospital GYM ACCESS Silver AV87 HMO 80 1698 (151-200% FPL)	80%	\$500 / \$1,000	\$1,250 / \$2,500	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
Florida Hospital GYM ACCESS Silver AV87 HMO 80 1697 (201-250% FPL)	80%	\$2,500 / \$5,000	\$3,900 / \$7,800	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 Tiers 3-5
Florida Hospital Silver HMO 80 1762												
Florida Hospital Silver AV94 HMO 95 1765 (100-150% FPL)	95%	\$250 / \$500	\$1,250 / \$2,500	No	Yes	\$0	\$5	\$10	\$5	\$25	5% of cost after deductible	\$2-\$3-\$5-\$10-25% of cost
Florida Hospital Silver AV87 HMO 80 1764 (151-200% FPL)	80%	\$700 / \$1,400	\$2,450 / \$4,900	No	Yes	\$0	\$10	\$25	\$10	\$40	20% of cost after deductible	\$2-\$5-\$25-\$50-30% of cost
Florida Hospital Silver AV73 HMO 80 1763 (201-250% FPL)	80%	\$3,000 / \$6,000	\$5,850 / \$11,700	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
Florida Hospital GYM ACCESS Silver HMO 70 1724												
Florida Hospital Silver 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
Florida Hospital Silver 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
Florida Hospital Silver GYM ACCESS Silver AV73 HMO 70 1725 (201-250% FPL)	70%	\$1,300 / \$2,600	\$5,700 / \$11,400	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
Florida Hospital GYM ACCESS Silver HMO 70 1712												
Florida Hospital Silver 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
Florida Hospital Silver 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
Florida Hospital Silver GYM ACCESS Silver AV73 HMO 70 1713 (201-250% FPL)	70%	\$2,500 / \$5,000	\$5,800 / \$11,600	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
Florida Hospital Silver HMO 65 1810												
Florida Hospital 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
Florida Hospital Silver AV87 HMO 65 1812	65%	\$500/\$1000	\$1,400/\$2,800	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
Florida Hospital Silver AV73 HMO 65 1811	65%	\$1,000/\$2,000	\$5,850/\$11,700	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
Florida Hospital GYM ACCESS Silver HMO 80 HSA 1732												
Florida Hospital 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
Florida Hospital GYM ACCESS Silver AV87 HMO 80 1734 (151-200% FPL)	80%	\$300* / \$600	\$2,400 / \$4,800	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
Florida Hospital GYM ACCESS Silver AV73 HMO 80 HSA 1733 (201-250% FPL)	80%	\$2,000* / \$4,000	\$4,700 / \$9,400	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

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POS	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 (Deductible waived for Tiers 1-2)	OON Coinsurance Plan pays	OON CY Deductible Single / Family	OON Maximum Out of Pocket (Separate from in-network OOP max.) Single / Family
Florida Hospital GYM ACCESS Gold POS 100 1739	100%	\$2,500 / \$5,000	\$2,800 / \$5,600	Yes	Yes	\$0	\$20	\$40	\$40	\$40	0% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx Deductible Tiers 3-5	50%	\$5,000 / \$10,000	\$5,600 / \$11,200
Florida Hospital Gold POS 80 1773	80%	\$1,400 / \$2,800	\$5,000 / \$10,000	No	Yes	\$0	\$20	\$50	\$20	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost	50%	\$2,800 / \$5,600	\$10,000 / \$20,000
Florida Hospital GYM ACCESS Silver POS 80 1790	80%	\$2,900 / \$5,800	\$7,150 / \$14,300	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	70%	\$5,800 / \$11,600	\$14,300 / \$28,600
Florida Hospital GYM ACCESS Silver POS 80 1700	80%	\$3,100 / \$6,200	\$6,050 / \$12,100	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	70%	\$6,200 / \$12,400	\$12,100 / \$24,200
Florida Hospital Silver POS 80 1766	80%	\$3,500 / \$7,000	\$7,350 / \$14,700	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$500 / \$1,000 Rx Deductible Tier 5 only	50%	\$7,000 / \$14,000	\$14,700 / \$29,400
Florida Hospital GYM ACCESS Silver POS 70 1716	70%	\$3,500 / \$7,000	\$6,350 / \$12,700	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	50%	\$7,000 / \$14,000	\$12,700 / \$25,400
Florida Hospital Bronze POS 100 1777	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	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	50%	\$14,700 / \$29,400	\$15,700 / \$31,400
Florida Hospital Bronze POS 60 1753	60%	\$6,650 / \$13,300	\$7,350 / \$14,700	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	50%	\$13,300 / \$26,600	\$14,700 / \$29,400
Florida Hospital GYM ACCESS Catastrophic POS 1749	100%	\$7,350 / \$14,700	\$7,350 / \$14,700	Yes	\$0 after Deductible	\$0	Visits 1-3, \$35; Visits 4+, 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	100%	\$14,700 / \$29,400	\$14,700 / \$29,400
HSA Plan (HSA Qualified)															
Florida Hospital GYM ACCESS Bronze POS 100 HSA 1661	100%	\$6,350* / \$12,700	\$6,350 / \$12,700	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	50%	\$12,700* / \$25,400	\$13,700 / \$27,400
Non QHP Silver Plans															
Florida Hospital Silver POS 80 3790	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 Tiers 3-5	70%	\$5,800 / \$11,600	\$14,300 / \$28,600
Florida Hospital GYM ACCESS Silver POS 80 3700	80%	\$3,100 / \$6,200	\$6,050 / \$12,100	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	70%	\$6,200 / \$12,400	\$12,100 / \$24,200
Florida Hospital Silver POS 80 3766	80%	\$3,500 / \$7,000	\$7,350 / \$14,700	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$500 / \$1,000 Rx Deductible Tier 5 only	50%	\$7,000 / \$14,000	\$14,700 / \$29,400
Florida Hospital GYM ACCESS Silver POS 70 3716	70%	\$3,500 / \$7,000	\$6,350 / \$12,700	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	50%	\$7,000 / \$14,000	\$12,700 / \$25,400

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POS-CSR	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 (Deductible waived for Tiers 1-2)	OOB Coinsurance Plan pays	OOB CY Deductible Single / Family	OOB Maximum Out of Pocket (Separate from in-network OOP max.) Single / Family
Florida Hospital Silver POS 80 1790															
Florida Hospital Silver AV94 POS 80 1793 (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	70%	\$5,800 / \$11,600	\$14,300 / \$28,600
Florida Hospital Silver AV87 POS 80 1792 (151-200% FPL)	80%	\$500 / \$1,000	\$1,250 / \$2,500	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	70%	\$5,800 / \$11,600	\$14,300 / \$28,600
Florida Hospital Silver AV73 POS 80 1791 (201-250% FPL)	80%	\$2,500 / \$5,000	\$3,900 / \$7,800	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	70%	\$5,800 / \$11,600	\$14,300 / \$28,600
Florida Hospital GYM ACCESS Silver POS 80 1700															
Florida Hospital GYM ACCESS Silver AV94 POS 80 1703 (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	70%	\$6,200 / \$12,400	\$12,100 / \$24,200
Florida Hospital GYM ACCESS Silver AV87 POS 80 1702 (151-200% FPL)	80%	\$500 / \$1,000	\$1,250 / \$2,500	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	70%	\$6,200 / \$12,400	\$12,100 / \$24,200
Florida Hospital GYM ACCESS Silver AV73 POS 80 1701 (201-250% FPL)	80%	\$2,500 / \$5,000	\$3,900 / \$7,800	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 Tiers 3-5	70%	\$6,200 / \$12,400	\$12,100 / \$24,200
Florida Hospital Silver POS 80 1766															
Florida Hospital Silver AV94 POS 95 1769 (100-150% FPL)	95%	\$250 / \$500	\$1,250 / \$2,500	No	Yes	\$0	\$5	\$10	\$5	\$25	5% of cost after deductible	\$2-\$3-\$5-\$10-25% of cost	50%	\$7,000 / \$14,000	\$14,700 / \$29,400
Florida Hospital Silver AV87 POS 80 1768 (151-200% FPL)	80%	\$700 / \$1,400	\$2,450 / \$4,900	No	Yes	\$0	\$10	\$25	\$10	\$40	20% of cost after deductible	\$2-\$5-\$25-\$50-30% of cost	50%	\$7,000 / \$14,000	\$14,700 / \$29,400
Florida Hospital Silver AV73 POS 80 1767 (201-250% FPL)	80%	\$3,000 / \$6,000	\$5,850 / \$11,700	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$200 / \$400 Rx Deductible Tier 5 only	50%	\$7,000 / \$14,000	\$14,700 / \$29,400
Florida Hospital GYM ACCESS Silver POS 70 1716															
Florida Hospital GYM ACCESS Silver AV94 POS 70 1719 (100-150% FPL)	70%	\$0 / \$0	\$600 / \$1,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx Deductible Tiers 3-5	50%	\$7,000 / \$14,000	\$12,700 / \$25,400
Florida Hospital GYM ACCESS Silver AV87 POS 70 1718 (151-200% FPL)	70%	\$800 / \$1,600	\$1,600 / \$3,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5	50%	\$7,000 / \$14,000	\$12,700 / \$25,400
Florida Hospital GYM ACCESS Silver AV73 POS 70 1717 (201-250% FPL)	70%	\$2,500 / \$5,000	\$5,800 / \$11,600	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5	50%	\$7,000 / \$14,000	\$12,700 / \$25,400

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