

2018

Comparison of Benefits

for Small Groups

HMO ■ POS ■ Access POS

Health
First

Health Plans

myHFHP.org



Health First Small Group HMO Plans

	In Network Coinsurance	In Network Calendar Year Deductible Single / Family	In Network Maximum Out of Pocket Single / Family	In Network PCP Office Visit	In Network Specialist Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room Services	In Network Urgent Care	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)	Rx Benefit
Health First Platinum HMO 100 5513	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$100	\$40	\$300/day; days 1-4 (per admission)	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Platinum HMO 80 5517	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$150	\$40	\$250/day; days 1-5 (per admission)	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5470	20%	\$500 / \$1,000	\$4,700 / \$9,400	\$40	\$60	Routine labs \$0 X-rays 20%	\$400	\$500	\$60	20%	\$500	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Gold HMO 50 5485	50%	\$500 / \$1,000	\$4,200 / \$8,400	\$25	\$50	50%	\$250	\$250	\$50	\$875	\$400	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5466	20%	\$750 / \$1,500	\$6,600 / \$13,200	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$350	\$45	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5472	20%	\$1,000 / \$2,000	\$4,250 / \$8,500	\$30	\$40	20%	20%	\$200	\$40	20%	\$250	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5476	20%	\$1,500 / \$3,000	\$4,150 / \$8,300	\$30	\$45	20%	20%	\$200	\$45	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5421	50%	\$2,000 / \$4,000	\$5,500 / \$11,000	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5430	50%	\$2,000 / \$4,000	\$6,950 / \$13,900	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5437	50%	\$2,650 / \$5,300	\$6,800 / \$13,600	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5531	50%	\$3,000 / \$6,000	\$7,200 / \$14,400	\$75	\$100	Routine labs \$0 X-rays 50%	\$400	\$500	\$75	\$1,500	\$500	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Health First Silver HMO 80 5433	20%	\$5,000 / \$10,000	\$7,100 / \$14,200	Visit 1-5, \$50, Visits 6+, 20%	Visit 1-5, \$75, Visits 6+, 20%	Routine labs \$0 X-rays 20%	20%	\$400	\$75	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 70 5521	30%	\$5,000 / \$10,000	\$7,200 / \$14,400	Visit 1-2, \$50, Visits 3+, 30%	Visit 1-2, \$75, Visits 3+, 30%	Routine labs \$0 X-rays \$20	30%	\$750	\$75	\$1,500	\$500	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Health First Bronze HMO 50 5537	50%	\$6,350 / \$12,700	\$7,200 / \$14,400	Visit 1, \$75, Visits 2+, 50%	Visit 1, \$125, Visits 2+, 50%	50%	\$500	Visit 1, \$500, Visits 2+, 50%	Visit 1-3, \$100, Visits 4+, 50%	\$2,500	\$1,250	2/15/30/50/30% (\$1,000 Rx deductible on Tiers 3-5)
Health First Bronze HMO 50 5523	50%	\$7,200 / \$14,400	\$7,350 / \$14,700	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)



Health First Small Group HMO Plans

HMO HSA Qualified	In Network Coinsurance	In Network Calendar Year Deductible Single / Family	In Network Maximum Out of Pocket Single / Family	In Network PCP Office Visit	In Network Specialist Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room Services	In Network Urgent Care	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
Health First Gold HMO 90 5497 (HSA qualified)	10%	\$1,750* / \$3,500	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 90 5443 (HSA qualified)	10%	\$2,600* / \$5,200	\$6,100 / \$12,200	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 90 5446 (HSA qualified)	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 80 5539 (HSA qualified)	20%	\$3,500* / \$7,000	\$5,150 / \$10,300	20%	20%	20%	20%	20%	20%	20%	20%	20% after deductible
Health First Silver HMO 100 5541 (HSA qualified)	0%	\$4,500* / \$9,000	\$4,500 / \$9,000	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible
Health First Bronze HMO 90 5413 (HSA qualified)	10%	\$5,800* / \$11,600	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Bronze HMO 100 5417 (HSA qualified)	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible

All plans include pediatric benefits for covered individuals under age 19. Pediatric Vision Eye Exam with standard glasses (1 per year) and pediatric dental, through Delta Dental's DHMO plan, are provided with \$0 cost-sharing for covered services.

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

This Benefit Grid is intended only to highlight the Benefits and should not be relied upon to fully determine coverage. If this Benefit Grid conflicts in any way with the Schedule of Benefits, the Schedule shall prevail.

(10/10/17) This is a summary of benefits only. Limitations and prior authorization requirements may apply to certain services. Consult your Certificate of Coverage for a complete listing of services and cost share amounts. Health First Commercial Plans, Inc. and Health First Insurance, Inc. are both doing business under the name of Health First Health Plans. Health First Health 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.

Health First Small Group POS Plans

In-Network												In- and Out-of-	Out-of-Network		
	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	PCP Office Visit	Specialist Visit	Diagnostic Testing (Routine Labs & X-rays)	Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Inpatient Admissions	Outpatient Surgery (Facility)	Rx Benefit	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
Health First Platinum POS 100 5514	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$40	\$300/day; days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$100	30%	\$500 / \$1,000	\$2,600 / \$5,200
Health First Platinum POS 80 5518	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$40	\$250/day; days 1-4 per admission	\$200	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$150	50%	\$500 / \$1,000	\$3,600 / \$7,200
Health First Gold POS 70 5463	30%	\$750 / \$1,500	\$5,200 / \$10,400	\$25	\$45	Routine labs \$0 X-rays 30%	\$250	\$45	30%	\$300	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$250	50%	\$1,500 / \$3,000	\$10,400 / \$20,800
Health First Gold POS 80 5467	20%	\$750 / \$1,500	\$6,600 / \$13,200	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$45	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$350	50%	\$1,500 / \$3,000	\$13,200 / \$26,400
Health First Gold POS 80 5477	20%	\$1,500 / \$3,000	\$4,150 / \$8,300	\$30	\$45	20%	20%	\$45	20%	\$250	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$200	50%	\$3,000 / \$6,000	\$8,300 / \$16,600
Health First Silver POS 50 5427	50%	\$2,200 / \$4,400	\$6,350 / \$12,700	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	50%	50%	\$4,400 / \$8,800	\$12,700 / \$25,400
Health First Silver POS Select 80 5434	20%	\$5,000 / \$10,000	\$7,100 / \$14,200	Visit 1-5, \$50, Visit 6+, 20%	Visit 1-5, \$75, Visit 6+, 20%	Routine labs \$0 X-rays 20%	20%	\$75	20%	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$400	50%	\$10,000 / \$20,000	\$14,200 / \$28,400
Health First Bronze POS 50 5410	50%	\$5,300 / \$10,600	\$7,250 / \$14,500	Visit 1-3, \$50, Visit 4+, 50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	50% after deductible	50%	50%	\$10,600 / \$21,200	\$14,500 / \$29,000

In-Network												In- and Out-of-	Out-of-Network		
POS HSA Qualified	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	PCP Office Visit	Specialist Visit	Diagnostic Testing (Routine Labs & X-rays)	Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Inpatient Admissions	Outpatient Surgery (Facility)	Rx Benefit	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
Health First Gold POS 90 5495 (HSA qualified)	10%	\$1,500* / \$3,000	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10%	10% after deductible	10%	50%	\$3,000* / \$6,000	\$5,200 / \$10,400
Health First Silver POS 100 5440 (HSA qualified)	0%	\$3,600* / \$7,200	\$3,600 / \$7,200	0%	0%	0%	0%	0%	0%	0%	0% after deductible	0%	50%	\$7,200* / \$14,400	\$9,000 / \$18,000
Health First Silver POS 90 5447 (HSA qualified)	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10%	10% after deductible	10%	50%	\$6,000* / \$12,000	\$13,000 / \$26,000
Health First Bronze POS 100 5418 (HSA qualified)	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0% after deductible	0%	50%	\$12,700* / \$25,400	\$13,700 / \$27,400

All plans include pediatric benefits for covered individuals under age 19. Pediatric Vision Eye Exam with standard glasses (1 per year) and pediatric dental, through Delta Dental's DHMO plan, are provided with \$0 cost-sharing for covered services.

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Health First Small Group Access POS Plans

	In-Network											In- and Out-of-Network	Out-of-Network		
	Coinsurance	Deductible Individual / Family	Out of Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Hospital Admission	Outpatient Surgery (Facility)	Rx Benefit	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Health First Gold Access POS 50 5545	50%	\$500 / \$1,000	\$3,800 / \$7,600	\$25	\$50	50%	\$250	\$50	\$875	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$250	50%	\$1,000 / \$2,000	\$7,600 / \$15,200
Health First Gold Access POS 80 5546	20%	\$750 / \$1,500	\$6,850 / \$13,700	\$20	\$40	20%	\$250	\$40	20%	20%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	20%	50%	\$1,500 / \$3,000	\$13,700 / \$27,400
Health First Gold Access POS 50 5543	50%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$30	\$60	50%	\$300	\$60	\$875	\$400	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$250	50%	\$2,000 / \$4,000	\$6,000 / \$12,000
Health First Silver Access POS 50 5544	50%	\$2,000 / \$4,000	\$6,950 / \$13,900	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	50%	50%	\$4,000 / \$8,000	\$13,900 / \$27,800

	In-Network											In- and Out-of-Network	Out-of-Network		
POS Access HSA Qualified	Coinsurance	Deductible Individual / Family	Out of Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Urgent Care	Hospital Admission	Outpatient Surgery (Facility)	Rx Benefit	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Health First Silver Access POS 90 5547 (HSA qualified)	10%	\$2,600 / \$5,200	\$6,100 / \$12,200	10%	10%	10%	10%	10%	10%	10%	10% after deductible	10%	50%	\$5,200 / \$10,400	\$12,200 / \$14,400

Eye exams are included in well-child exams for all plans.

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