

## Comparison of Benefits

### *for Small Groups*

HMO ■ POS ■ Access POS

### 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)	Advanced Imaging Services	In Network Urgent Care	Emergency Room Services	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)	Rx Benefit
Health First Platinum HMO 100 5588	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$40	\$100	\$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 5592	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$40	\$150	\$250/day; days 1-5 (per admission)	\$200	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Platinum HMO 80 5610	20%	\$0 / \$0	\$3,000 / \$6,000	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$50	\$300	\$1,000	\$300	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5576	20%	\$500 / \$1,000	\$4,700 / \$9,400	\$40	\$60	Routine labs \$0 X-rays 20%	\$400	\$60	\$500	20%	\$500	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Gold HMO 50 5582	50%	\$500 / \$1,000	\$4,600 / \$9,200	\$25	\$50	50%	\$250	\$50	\$250	\$875	\$400	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)
Health First Gold HMO 80 5574	20%	\$750 / \$1,500	\$7,400 / \$14,800	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$45	\$350	20%	20%	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Gold HMO 50 5609	50%	\$1,000 / \$2,000	\$7,350 / \$14,700	\$30	\$60	Routine labs \$0 X-rays 50%	50%	\$50	50%	\$1,500	50%	\$2/15/30/50/30% (\$500 Rx deductible on Tiers 3-5)
Health First Gold HMO 50 5578	20%	\$1,500 / \$3,000	\$4,350 / \$8,700	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$45	\$200	20%	\$250	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5554	50%	\$2,000 / \$4,000	\$6,400 / \$12,800	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%	50%	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5562	50%	\$2,650 / \$5,300	\$7,650 / \$15,300	\$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 80 5558	20%	\$5,000 / \$10,000	\$7,550 / \$15,100	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	\$75	\$400	20%	\$400	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)
Health First Silver HMO 50 5598	50%	\$6,350 / \$12,700	\$7,200 / \$14,400	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	Routine labs \$0 X-rays 50%	\$500	Visit 1-3, \$100, Visit 4+, 50%	Visit 1, \$500, Visit 2+, 50%	\$2,500	\$1,250	\$2/15/30/50/30% (\$1,000 Rx deductible on Tiers 3-5)
Health First Bronze HMO 50 5596	50%	\$7,200 / \$14,400	\$7,350 / \$14,700	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	Routine labs \$0 X-rays 50%	50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	50%	\$2/15/30/50/50% (\$500 Rx deductible on Tiers 3-5)



## Health First Small Group HMO Plans - 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)	Advanced Imaging Services	In Network Urgent Care	Emergency Room Services	In Network Inpatient Admissions	In Network Outpatient Surgery	Rx Benefit
Health First Gold HMO 90 5586	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 5566	10%	\$2,800* / \$5,600	\$6,650* / \$13,300	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 90 5568	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 5600	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 5602	0%	\$4,500* / \$9,000	\$4,500 / \$9,000	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible
Health First Bronze HMO 100 5550	0%	\$6,650* / \$13,300	\$6,650* / \$13,300	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.**

(9/24/2018) 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 Health Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. 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-Network (IN / OON)		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)	Advanced Imaging Services	Inpatient Admissions	Outpatient Surgery (Facility)	Rx Benefit	Urgent Care	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
Health First Platinum POS 100 5589	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$300/day; days 1-4 per admission	\$200	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$40 IN 30% OON	\$100	30%	\$500 / \$1,000	\$2,600 / \$5,200
Health First Platinum POS 80 5593	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$250/day; days 1-4 per admission	\$200	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$40 IN 50% OON	\$150	50%	\$500 / \$1,000	\$3,600 / \$7,200
Health First Gold POS 70 5572	30%	\$750 / \$1,500	\$5,500 / \$11,000	\$25	\$45	Routine labs \$0 X-rays 30%	\$250	30%	\$300	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	\$45 IN 50% OON	\$250	50%	\$1,500 / \$3,000	\$11,000 / \$22,000
Health First Gold POS 80 5579	20%	\$1,500 / \$3,000	\$4,350 / \$8,700	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$45 In Network 50% Out of Network	\$200	50%	\$3,000 / \$6,000	\$8,700 / \$17,400
Health First Silver POS 50 5556	50%	\$2,200 / \$4,400	\$6,600 / \$13,200	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	50%	50%	\$2/15/30/50/30% (\$0 Rx deductible on Tiers 3-5)	Visit 1-4, \$50, Visit 5+, 50% IN 50% OON	50%	50%	\$4,400 / \$8,800	\$13,200 / \$30,200
Health First Silver POS 80 5559	20%	\$5,000 / \$10,000	\$7,550 / \$15,100	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	20%	\$400	\$2/15/30/50/30% (\$200 Rx deductible on Tiers 3-5)	\$75 IN 50% OON	\$400	50%	\$10,000 / \$20,000	\$15,100 / \$30,200
Health First Bronze POS 50 5548	50%	\$5,300 / \$10,600	\$7,700 / \$15,400	Visit 1-3, \$50, Visit 4+, 50%	Visit 1-3, \$100, Visit 4+, 50%	50%	50%	50%	50%	50% after deductible	Visit 1-3, \$100, Visit 4+, 50% IN 50% OON	50%	50%	\$10,600 / \$21,200	\$15,400 / \$30,800

**Health First Small Group POS Plans - HSA Qualified**

	In-Network										In- and Out-of-Network (IN / OON)		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)	Advanced Imaging Services	Inpatient Admissions	Outpatient Surgery (Facility)	Rx Benefit	Urgent Care	Emergency Room Services	Coinsurance	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family
Health First Gold POS 90 HSA 5584	10%	\$1,500* / \$3,000	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$3,000* / \$6,000	\$5,200 / \$10,400
Health First Silver POS 100 HSA 5564	0%	\$3,850* / \$7,700	\$3,850 / \$7,700	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$7,700* / \$15,400	\$8,700 / \$17,400
Health First Silver POS 90 HSA 5569	10%	\$3,000* / \$6,000	\$6,500 / \$13,000	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$6,000* / \$12,000	\$13,000 / \$26,000
Health First Bronze POS 100 HSA 5551	0%	\$6,650* / \$13,300	\$6,650 / \$13,300	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$13,300* / \$26,600	\$14,300 / \$28,600

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 (IN / OON)		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)	Advanced Imaging Services	Hospital Admission	Outpatient Surgery (Facility)	Rx Benefit (\$200 Rx deductible on Tiers 3-5)	Urgent Care	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Health First Gold Access POS 50 5606	50%	\$500 / \$1,000	\$4,050 / \$8,100	\$25	\$50	50%	\$250	\$875	\$400	\$2/15/30/50/30%	\$50 IN 50% OON	\$250	50%	\$1,000 / \$2,000	\$8,100 / \$16,200
Health First Gold Access POS 80 5607	20%	\$750 / \$1,500	\$6,850 / \$13,700	\$20	\$40	20%	\$250	20%	20%	\$2/15/30/50/30%	\$40 IN 50% OON	20%	50%	\$1,500 / \$3,000	\$13,700 / \$27,400
Health First Gold Access POS 50 5604	50%	\$1,000 / \$2,000	\$3,450 / \$6,900	\$30	\$60	50%	\$300	\$875	\$400	\$2/15/30/50/30%	\$60 IN 50% OON	\$250	50%	\$2,000 / \$4,000	\$6,900 / \$13,800
Health First Silver Access POS 50 5605	50%	\$2,000 / \$4,000	\$7,900 / \$15,800	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	\$2/15/30/50/30%	50%	50%	50%	\$4,000 / \$8,000	\$15,800 / \$31,600

### Health First Small Group Access POS Plans - HSA Qualified

	In-Network										In- and Out-of-Network (IN / OON)		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)	Advanced Imaging Services	Hospital Admission	Outpatient Surgery (Facility)	Rx Benefit	Urgent Care	Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Health First Silver Access POS 90 HSA 5608	10%	\$2,800* / \$5,600	\$6,650 / \$13,300	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$5,600 / \$11,200	\$13,300 / \$26,600

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

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