

Comparison of Benefits

for Large Groups

HMO ■ POS ■ Access POS



Health First Large Group HMO Plans

	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 (per visit, per type)	Urgent Care (In and Out of Network)	Emergency Room (In and Out of Network)	Inpatient Admission^	Outpatient Surgery (Facility)
Health First HF15 HMO 6040	0%	\$0	\$1,500 / \$3,000	\$15	\$25	Routine labs \$0 X-rays \$0	\$50	\$30	\$75	\$200 per day, \$1,000 max. per calendar year	\$150
Health First HF1 HMO 6026	10%	\$0	\$2,000 / \$4,000	\$10	\$20	Routine labs \$0 X-rays 10%	\$50	\$30	\$100	\$200	\$150
Health First Value 5 HMO 6048	20%	\$0	\$2,000 / \$4,000	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
Health First Value 6 HMO 6052	25%	\$0	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
Health First HF2 HMO 6028	15%	\$0	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays 15%	\$75	\$30	\$150	\$250	\$200
Health First Value 7 HMO 6056	30%	\$0	\$3,000 / \$6,000	\$20	\$50	Routine labs \$0 X-rays 30%	\$100	\$50	\$250 1st Visit; \$400 Visits 2+	30%	\$500
Health First HF4 HMO 6030	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100	\$30	\$200	\$200 per day 1-5 \$0 days 6+	\$250
Health First HF5 HMO 6032	10%	\$0	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 10%	\$200	\$30	\$300	\$1,000	\$250
Health First Value 8 HMO 6060	35%	\$0	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
Health First C3 HMO 6024	50%	\$0	\$5,000 / \$10,000	\$25	\$50	Routine labs 50% X-rays 50%	50%	\$50	50%	\$1,500	50%
Health First HF6 HMO 6034	15%	\$0	\$6,000 / \$12,000	\$30	\$50	Routine labs \$0 X-rays 15%	\$200	\$30	\$400	\$1,500	\$300
Health First Value 5D HMO 6050	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$30	\$150	20%	20%
Health First Value 10D HMO 6066	20%	\$250 / \$500	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays \$30	\$100	\$30	\$150	\$500	\$300
Health First 250D HMO 6044	20%	\$250 / \$500	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100	\$30	\$200	\$200 per day 1-5 \$0 days 6+	\$250
Health First Value 6D HMO 6054	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
Health First 500D HMO 6152	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650

^ per admission



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	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 (per visit, per type)	Urgent Care (In and Out of Network)	Emergency Room (In and Out of Network)	Inpatient Admission [^]	Outpatient Surgery (Facility)
Health First 750D HMO 6046	10%	\$750 / \$1,500	\$1,500 / \$3,000	\$20	\$30	Routine labs \$0 X-rays \$50	10%	\$20	\$150	10%	10%
Health First Value 7D HMO 6058	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$40	\$250	30%	30%
Health First 1000/80 HMO 6068	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Health First 1000/80 HMO 6001	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Health First Value 8D HMO 6062	35%	\$1,000 / \$2,000	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
Health First 1500/80 HMO 6070	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Health First 1500/80 HMO 6002	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Health First Value 9D HMO 6064	20%	\$1,500 / \$4,500	\$5,000 / \$10,000	\$25	\$50	Routine labs \$0 X-rays \$50	\$100	\$50	\$150	20%	\$200
Health First 2500/80 HMO 6072	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Health First 2500/80 HMO 6003	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Health First HF16 HMO 6042	20%	\$3,000 / \$6,000	\$5,000 / \$10,000	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
Health First 3500/80 HMO 6181	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650
Health First 4000/80 HMO 6186	20%	\$4,000 / \$8,000	\$6,600 / \$13,200	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
Health First 4500/80 HMO 6183	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
Health First 5000/80 HMO 6004	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
Health First 5000/80 HMO 6074	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
Health First 5000/65 HMO 6150	35%	\$5,000 / \$10,000	\$6,600 / \$13,200	\$30	\$60	Routine labs \$0 X-rays 35%	35%	35%	35%	35%	35%
Health First 6600/100 HMO 6020	0%	\$6,600 / \$13,200	\$6,600 / \$13,200	\$50	0%	Routine labs 0% X-rays 0%	0%	\$75	0%	0%	0%

[^] per admission



Health First Large Group HMO Plans - HSA Qualified

	In 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	Urgent Care (In and Out of Network)	Emergency Room (In and Out of Network)	Inpatient Admission [^]	Outpatient Surgery (Facility)
Health First HDHMO 1500 HSA 6081	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20%	20%
Health First HDHMO 2500 HSA 6083	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
Health First HDHMO 3500 HSA 6192	20%	\$3,500* / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
Health First HDHMO 4500 HSA 6194	20%	\$4,500* / \$9,000	\$6,350 / \$12,700	20%	20%	20%	20%	20%	20%	20%	20%
Health First HDHMO 5000 HSA 6196	20%	\$5,000* / \$10,000	\$6,650 / \$13,300	20%	20%	20%	20%	20%	20%	20%	20%
Health First HDHMO 6350 HSA 6087	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%

*Individual deductible amount does not apply if policy covers 2 or more people.
Includes medical and pharmacy expenses per calendar year

[^] per admission

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

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Health First Large Group POS Plans

	In-Network									In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	Calendar Year Deductible (Single / Family)	Out of Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit, per type)	Inpatient Admission [^]	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance	Calendar Year Deductible (Single / Family)	Out-of-Pocket Max. Individual / Family
Health First PS2 POS 6101	10%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 10%	\$150	\$250	\$200	\$50	\$100	20%	\$500 / \$1,500	\$4,000 / \$8,000
Health First Value 5 POS 6105	20%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
Health First Value 9 POS 6123	10%	\$0	\$2,000 / \$4,000	\$15	10%	Routine labs \$0 X-rays \$0	10%	10%	10%	\$15 IN \$40 OON	\$100	30%	\$500 / \$1,000	\$4,000 / \$8,000
Health First PS4 POS 6103	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$150	\$200 per day 1-5 \$0 days 6+	\$250	\$50	\$200	30%	\$500 / \$1,000	\$8,000 / \$16,000
Health First Value 5D POS 6107	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
Health First Value 6D POS 6111	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$50	Routine labs \$0 X-rays 25%	\$100	25%	\$500	\$50	\$250 1st Visit; \$400 Visits 2+	40%	\$1,000 / \$2,000	\$6,000 / \$12,000
Health First 500D POS 6153	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$1,650	\$650	\$75 IN 40% OON	\$300 1st Visit; \$500 Visits 2+	40%	\$1,000 / \$2,000	\$7,000 / \$14,000
Health First Value 7D POS 6115	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	30%	30%	\$40	\$250	50%	\$1,500 / \$3,000	\$6,000 / \$12,000
Health First 1000/80 POS 6089	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$2,000 / \$4,000	\$6,000 / \$12,000
Health First 1000/80 POS 6005	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit; \$500 Visits 2+	40%	\$2,000 / \$4,000	\$8,000 / \$16,000
Health First 1250D POS 6099	20%	\$1,250 / \$2,500	\$2,000 / \$4,000	\$30	\$40	Routine labs \$0 X-rays 20%	20%	20%	20%	\$30	\$300	40%	\$2,000 / \$4,000	\$4,000 / \$8,000
Health First 1500/80 POS 6091	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$3,000 / \$6,000	\$7,000 / \$14,000
Health First 1500/80 POS 6006	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit; \$500 Visits 2+	40%	\$3,000 / \$6,000	\$9,000 / \$18,000
Health First 2500/80 POS 6093	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$5,000 / \$15,000	\$9,000 / \$18,000
Health First 2500/80 POS 6007	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit; \$500 Visits 2+	40%	\$5,000 / \$10,000	\$11,000 / \$22,000
Health First 3500/80 POS 6188	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	20%	\$500	\$50 IN 40% OON	\$250 1st Visit; \$400 Visits 2+	40%	\$7,000 / \$14,000	\$11,000 / \$22,000
Health First 4500/80 POS 6190	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$20	\$50	Routine labs \$0 X-rays 20%	\$100	20%	\$500	\$50 IN 40% OON	\$250 1st Visit; \$400 Visits 2+	40%	\$9,000 / \$18,000	\$14,700 / \$29,400
Health First 5000/80 POS 6095	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$10,000 / \$20,000	\$14,000 / \$28,000
Health First 5000/80 POS 6008	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit; \$500 Visits 2+	40%	\$10,000 / \$20,000	\$14,000 / \$28,000

[^] per admission



Health First Large Group POS Plans - HSA Qualified

	In-Network									In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	Calendar Year Deductible (Single / Family)	Out of Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit, per type)	Inpatient Admission [^]	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance	Calendar Year Deductible (Single / Family)	Out-of-Pocket Max. Individual / Family
Health First HDPOS 1500 HSA 6010	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$3,000* / \$6,000	\$6,000 / \$12,000
Health First HDPOS 2500 HSA 6011	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$5,000* / \$10,000	\$10,000 / \$20,000
Health First HDPOS 3500 HSA 6198	20%	\$3,500* / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$7,000* / \$14,000	\$10,000 / \$20,000
Health First HDPOS 4500 HSA 6200	20%	\$4,500* / \$ 9,000	\$6,350 / \$12,700	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$9,000* / \$18,000	\$12,700 / \$25,400
Health First HDPOS 5000 HSA 6202	20%	\$5,000* / \$10,000	\$6,650 / \$13,300	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$10,000* / \$20,000	\$13,300 / \$26,600
Health First HDPOS 6350 HSA 6139	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$12,700* / \$25,400	\$12,700 / \$25,400

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Health First Large Group Access POS Plans

	In-Network									In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	Calendar Year Deductible (Single / Family)	Out of Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit, per type)	Inpatient Admission [^]	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance	Calendar Year Deductible (Single / Family)	Out-of-Pocket Max. Individual / Family
Health First Access POS 500 6165	50%	\$500 / \$1,500	\$6,000 / \$12,000	\$25	\$50	Routine labs \$0 X-rays 50%	50%	\$1,000	50%	50%	50%	50%	\$1,000 / \$3,000	\$12,000 / \$24,000
Health First Access POS 500 6169	20%	\$500 / \$1,000	\$3,000 / \$6,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$1,000 / \$2,000	\$6,000 / \$12,000
Health First Access POS 500 6171	20%	\$500 / \$1,000	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$1,000 / \$2,000	\$8,000 / \$16,000
Health First Access POS 500 6175	20%	\$500 / \$1,000	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$1,000 / \$2,000	\$10,000 / \$20,000
Health First Access POS 1000 6167	50%	\$1,000 / \$3,000	\$6,350 / \$12,700	\$30	\$60	Routine labs \$0 X-rays 50%	50%	\$1,500	50%	50%	50%	50%	\$2,000 / \$6,000	\$12,000 / \$24,000
Health First Access POS 1500 6173	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$3,000 / \$6,000	\$9,000 / \$18,000
Health First Access POS 2500 6177	20%	\$2,500 / \$5,000	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$5,000 / \$10,000	\$10,000 / \$20,000
Health First Access POS 3000 6163	50%	\$3,000 / \$9,000	\$6,350 / \$12,700	\$35	50%	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	50%	\$6,000 / \$18,000	\$12,000 / \$24,000
Health First Access POS 5000 6179	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$250 per day 1-5 \$0 days 6+	20%	\$50 IN 30% OON	20%	30%	\$10,000 / \$20,000	\$20,000 / \$30,000

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