

Comparison of Benefits

for Large Groups

HMO ■ POS ■ Access POS



Health First Large Group HMO Plans

| | Coinsurance applies after deductible has been satisfied | 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 (per 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 |



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|--------------------------------|---|--|---|------------------|------------------|--|---|-------------------------------------|--|-------------------------------------|-------------------------------|
| 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% |



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|----------------------------------|---|--|---|------------------|------------------|--|---------------------------|-------------------------------------|--|-------------------------------------|-------------------------------|
| 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% |

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Health First Large Group POS Plans

| | In-Network | | | | | | | | | In- and Out-of-Network (IN / OON) | | Out-of-Network | | |
|--------------------------------|---|--|--|------------------|-------------------------|--|---|-------------------------------------|-------------------------------|-----------------------------------|-------------------------------------|---|--|--|
| | Coinsurance applies after deductible has been satisfied | 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 (per admission) | Outpatient Surgery (Facility) | Urgent Care | Emergency Room | Coinsurance applies after deductible has been satisfied | 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 |



Health First Large Group POS Plans - HSA Qualified

| | In-Network | | | | | | | | | In- and Out-of-Network (IN / OON) | | Out-of-Network | | |
|----------------------------------|---|--|--|------------------|-------------------------|--|---|-------------------------------------|-------------------------------|-----------------------------------|----------------|---|--|--|
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| 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

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| 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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