

# 2018

## Comparison of Benefits

*for Large Groups*

HMO ■ POS ■ Access POS

*Health*  
*First*

Health Plans

[myHFHP.org](http://myHFHP.org)



## Health First Large Group HMO Plans

	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room	In Network Urgent Care	In Network Inpatient Admissions	In Network Outpatient Surgery (Facility)
Health First HF13 HMO 6036	0%	\$0	\$1,500 / \$3,000	\$15	\$15	\$0	\$50	\$75	\$30	\$250 per admission, \$500 max. per calendar year	\$150
Health First HF15 HMO 6040	0%	\$0	\$1,500 / \$3,000	\$15	\$25	\$0	\$50	\$75	\$30	\$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 per visit, per type	\$100	\$30	\$200 per admission	\$150
Health First Value 5 HMO 6048	20%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$150	\$30	20%	20%
Health First Value 6 HMO 6052	25%	\$0	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$200	\$30	25%	25%
Health First HF2 HMO 6028	15%	\$0	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays 15%	\$75 per visit, per type	\$150	\$30	\$250 per admission	\$200
Health First Value 7 HMO 6056	30%	\$0	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$250	\$40	30%	30%
Health First HF4 HMO 6030	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100 per visit, per type	\$200	\$30	\$200 per day (1-5) per admission	\$250
Health First HF5 HMO 6032	10%	\$0	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 10%	\$200 per visit, per type	\$300	\$30	\$1,000 per admission	\$250
Health First Value 8 HMO 6060	35%	\$0	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$300	\$40	35%	35%
Health First C3 HMO 6024	50%	\$0	\$5,000 / \$10,000	\$25	\$50	50%	50%	50%	\$50	\$1,500 per admission	50%
Health First HF6 HMO 6034	15%	\$0	\$6,000 / \$12,000	\$30	\$50	Routine labs \$0 X-rays 15%	\$200 per visit, per type	\$400	\$30	\$1,500 per admission	\$300
Health First C1 HMO 6022	50%	\$0	\$6,350 / \$12,700	\$25	50%	50%	50%	50%	\$50	50%	50%
Health First Value 5D HMO 6050	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$150	\$30	20%	20%
Health First Value 10D HMO 6066	20%	\$250 / \$500	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays \$30	\$100 per visit, per type	\$150	\$30	\$500 per admission	\$300
Health First 250D HMO 6044	20%	\$250 / \$500	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100 per visit, per type	\$200	\$30	\$200 per day (1-5) per admission	\$250
Health First Value 6D HMO 6054	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$200	\$30	25%	25%
Health First 500D HMO 6152	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$300 1st Visit; \$500 Visits 2+	\$75	20%	\$650



# Health Plans

2018 Comparison of Benefits  
(Member cost shares)

## Health First Large Group HMO Plans

	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room	In Network Urgent Care	In Network Inpatient Admissions	In Network 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%	\$150	\$20	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%	\$250	\$40	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%	\$200	\$50	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%	\$300 1st Visit; \$500 Visits 2+	\$75	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%	\$300	\$40	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%	\$200	\$50	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%	\$300 1st Visit; \$500 Visits 2+	\$75	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 per visit, per type	\$150	\$50	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%	\$200	\$50	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%	\$300 1st Visit; \$500 Visits 2+	\$75	20%	\$650
Health First HF16 HMO 6042	20%	\$3,000 / \$6,000	\$5,000 / \$10,000	\$15	\$25	Routine labs \$0 X-rays 20%	20%	\$75	\$30	20%	\$150
Health First 3500/80 6181	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$300 1st Visit; \$500 Visits 2+	\$75	\$1,650	\$650
Health First 4500/80 HMO 6183	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$300 1st Visit; \$500 Visits 2+	\$75	\$1,650	\$650
Health First 5000/80 HMO 6004	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$300 1st Visit; \$500 Visits 2+	\$75	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%	\$200	\$50	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%	0%	0%	0%	\$75	0%	0%



## Health First Large Group HMO Plans

HMO HSA Qualified	In Network Coinsurance	In Network Deductible Individual / Family	In Network Out of Pocket Max. Individual / Family	In Network PCP Office Visit	In Network Specialist Office Visit	In Network Diagnostic Testing (Routine Labs & X-rays)	In Network Outpatient CT, MRI, MRA, PET Scans and Nuclear Cardiology Studies	Emergency Room	In Network Urgent Care	In Network Inpatient Admissions	In Network 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 6350 HSA 6087	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%

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

\*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.**

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### Health First Large Group 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)	Imaging	Urgent Care	Hospital Admission	Outpatient Surgery (Facility)	Emergency Room	Coinsurance	Deductible Individual / 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	\$50	\$250 per admission	\$200	\$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%	\$40	20%	20%	\$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%	\$15	10%	10%	\$100	30%	\$500 / \$1,000	\$4,000 / \$8,000
Health First Value 6 POS 6109	25%	\$0	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$40	25%	25%	\$200	40%	\$1,000 / \$2,000	\$6,000 / \$12,000
Health First Value 7 POS 6113	30%	\$0	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$40	30%	30%	\$250	50%	\$1,500 / \$3,000	\$6,000 / \$12,000
Health First PS4 POS 6103	20%	\$0	\$4,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$150	\$50	\$200 per day (1-5) per admission	\$250	\$200	30%	\$1,000 / \$3,000	\$6,000 / \$12,000
Health First 250D POS 6097	10%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 10%	\$150	\$50	\$250 per admission	\$200	\$100	20%	\$500 / \$1,500	\$4,000 / \$8,000
Health First Value 5D POS 6107	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$40	20%	20%	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
Health First Value 6D POS 6111	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$40	25%	25%	\$200	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%	\$75	20%	\$650	\$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%	\$40	30%	30%	\$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%	\$50	20%	\$250	\$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%	\$75	20%	\$650	\$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%	\$30	20%	20%	\$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%	\$50	20%	\$250	\$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%	\$75	20%	\$650	\$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%	\$50	20%	\$250	\$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%	\$75	20%	\$650	\$300 1st Visit; \$500 Visits 2+	40%	\$5,000 / \$10,000	\$11,000 / \$22,000
Health First 5000/80 POS 6095	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	20%	\$250	\$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%	\$75	20%	\$650	\$300 1st Visit; \$500 Visits 2+	40%	\$10,000 / \$20,000	\$14,000 / \$28,000

### Health First Large Group POS Plans

POS HSA Qualified	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)	Imaging	Urgent Care	Hospital Admission	Outpatient Surgery (Facility)	Emergency Room	Coinsurance	Deductible Individual / 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%	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%	20%	40%	\$5,000* / \$10,000	\$10,000 / \$20,000
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	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	Urgent Care	Hospital Admission	Outpatient Surgery (Facility)		Emergency Room	Coinsurance	Deductible Individual / Family	Out-of-Pocket Max. Individual / Family
Health First Access 500 POS 6165	50%	\$500 / \$1,500	\$6,000 / \$12,000	\$25	\$50	Routine labs \$0 X-rays 50%	50%	50%	\$1,000	50%	50%	50%	50%	\$1,000 / \$3,000	\$12,000 / \$24,000
Health First Access 500 POS 6169	20%	\$500 / \$1,000	\$3,000 / \$6,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$1,000 / \$2,000	\$6,000 / \$12,000	
Health First Access 500 POS 6171	20%	\$500 / \$1,000	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$1,000 / \$2,000	\$8,000 / \$16,000	
Health First Access 500 POS 6175	20%	\$500 / \$1,000	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$1,000 / \$2,000	\$10,000 / \$20,000	
Health First Access 1000 POS 6167	50%	\$1,000 / \$3,000	\$6,350 / \$12,700	\$30	\$60	Routine labs \$0 X-rays 50%	50%	50%	\$1,500	50%	50%	50%	\$2,000 / \$6,000	\$12,000 / \$24,000	
Health First Access 1500 POS 6173	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$3,000 / \$6,000	\$9,000 / \$18,000	
Health First Access 2500 POS 6177	20%	\$2,500 / \$5,000	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$5,000 / \$10,000	\$10,000 / \$20,000	
Health First Access 3000 POS 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 5000 POS 6179	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$20	\$40	Routine labs \$0 X-rays 20%	\$250	\$50	\$250 per day (1-5) per admission	20%	20%	30%	\$10,000 / \$20,000	\$20,000 / \$30,000	

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