

HMO	Coinsurance (Plan pays after deductible)	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single / Family Deductible
Health First GYM ACCESS Gold HMO 100 1736	100%	\$2,500 / \$5,000	\$3,050 / \$6,100	Yes	Yes	\$0	\$20	\$40	\$40	\$40	0% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First Gold HMO 80 1770	80%	\$1,400 / \$2,800	\$5,000 / \$10,000	No	Yes	\$0	\$20	\$50	\$20	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost
Health First GYM ACCESS Gold HMO 80 1740	80%	\$3,450 / \$6,900	\$7,900 / \$15,800	Yes	Yes	\$0	\$15	\$30	\$30	\$30	• \$0 for Diagnostic Lab Services • 20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Gold HMO 70 1742	70%	\$1,500 / \$3,000	\$3,500 / \$7,000	Yes	Yes	\$0	\$40	\$80	\$80	\$80	• \$0 for Diagnostic Lab Services • Radiology Service \$50 • Advanced Imaging \$450 • ER visits 1-2 \$250, visits 3+ \$600 after deductible • Inpatient Service \$700 • Outpatient Surgery \$500 • 30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 100 1672	100%	\$4,200 / \$8,400	\$7,900 / \$15,800	Yes	Yes	\$0	Deductible, then \$25	Deductible, then \$50	Deductible, then \$50	Deductible, then \$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 100 1664	100%	\$5,450 / \$10,900	\$7,900 / \$15,800	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 90 1680	90%	\$7,150 / \$14,300	\$7,900 / \$15,800	Yes	Yes	\$0	\$60	\$90	\$90	\$78	• \$0 for Diagnostic Lab Services • Radiology Service \$50 • Advanced Imaging \$500 • ER visits 1-2 \$750, visits 3+ 10% of cost after deductible • Outpatient Surgery \$500 • 10% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$750/\$1,500 Rx Deductible for Tiers 3-5
Health First Silver HMO 80 1778	80%	\$2,900 / \$5,800	\$7,150 / \$14,300	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 80 1688	80%	\$4,950 / \$9,900	\$7,900 / \$15,800	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First Silver HMO 80 1754	80%	\$3,900 / \$7,800	\$7,900 / \$15,800	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after Deductible	\$2-\$15-\$50-\$100-40% of cost \$500/\$1,000 Rx Deductible for Tier 5 only
Health First GYM ACCESS Silver HMO 70 1720	70%	\$2,000 / \$4,000	\$7,000 / \$14,000	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 70 1704	70%	\$3,500 / \$7,000	\$7,300 / \$14,600	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First Silver HMO 65 1806	65%	\$2,650 / \$5,300	\$7,900 / \$15,800	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
Health First Bronze HMO 100 1774	100%	\$7,900 / \$15,800	\$7,900 / \$15,800	No	Yes	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$0 after deductible	Integrated 0% of cost after Deductible
Health First GYM ACCESS Bronze HMO 70 1656	70%	\$7,400 / \$14,800	\$7,900 / \$15,800	Yes	Yes	\$0	Visits 1-4, \$70; Visits 5+, 30% of cost after deductible	\$160	\$160	\$80	• \$0 for Diagnostic Lab Services • 30% of cost after deductible	\$5-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First Bronze HMO 60 1750	60%	\$7,500 / \$15,000	\$7,900 / \$15,800	No	Yes	\$0	\$35	\$75	\$35	\$75	40% of cost after deductible	\$2-\$35-35%-40%-45% of cost after MEDICAL deductible
Health First GYM ACCESS Bronze HMO 50 1796	50%	\$6,900 / \$13,800	\$7,700 / \$15,400	Yes	Yes	\$0	Visits 1-3, \$45; Visits 4+, 50% of cost after deductible	50% of cost after deductible	\$45	50% of cost after deductible	50% of cost after deductible	\$2-\$35-35%-40%-45% of cost after MEDICAL deductible
Health First GYM ACCESS Catastrophic HMO 1746	100%	\$7,900 / \$15,800	\$7,900 / \$15,800	Yes	\$0 after Deductible	\$0	Visits 1-3, \$35; Visits 4+, \$0 after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible

HMO	Coinsurance (Plan pays after deductible)	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single / Family Deductible
<b>HSA Plans (HSA Qualified)</b>												
Health First GYM ACCESS Gold HMO 90 HSA 1744	90%	\$1,500* / \$3,000	\$3,000 / \$6,000	Yes	\$0 after Deductible	\$0	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	Integrated 10% of cost after deductible
Health First GYM ACCESS Silver HMO 80 HSA 1728	80%	\$2,500* / \$5,000	\$6,500 / \$13,000	Yes	\$0 after Deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
Health First GYM ACCESS Bronze HMO 100 HSA 1658	100%	\$6,450 / \$12,900	\$6,450 / \$12,900	Yes	\$0 after Deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
Health First Bronze HMO 100 HSA 1794	100%	\$6,450 / \$12,900	\$6,450 / \$12,900	No	\$0 of cost after deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
Health First GYM ACCESS Bronze HMO 70 HSA 1662	70%	\$5,500* / \$11,000	\$6,650 / \$13,300	Yes	\$0 after Deductible	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	Integrated 30% of cost after deductible
<b>Non QHP Silver Plans</b>												
Health First GYM ACCESS Silver HMO 100 3664	100%	\$5,450 / \$10,900	\$7,900 / \$15,800	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver HMO 90 3680	90%	\$7,150 / \$14,300	\$7,900 / \$15,800	Yes	Yes	\$0	\$60	\$90	\$90	\$78	<ul style="list-style-type: none"> <li>• \$0 for Diagnostic Lab Services</li> <li>• Radiology Service \$50</li> <li>• Advanced Imaging \$500</li> <li>• ER visits 1-2 \$750, visits 3+ 10% of cost after deductible</li> <li>• Outpatient Surgery \$500</li> <li>• 10% of cost after deductible</li> </ul>	\$2-\$15-\$30-\$50-20% of cost \$750/\$1,500 Rx Deductible for Tiers 3-5
Health First Silver HMO 80 3778	80%	\$2,900 / \$5,800	\$7,150 / \$14,300	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5
Health First Silver HMO 80 3754	80%	\$3,900 / \$7,800	\$7,900 / \$15,800	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after Deductible	\$2-\$15-\$50-\$100-40% of cost \$500/\$1,000 Rx Deductible for Tier 5 only
Health First GYM ACCESS Silver HMO 70 3704	70%	\$3,500 / \$7,000	\$7,300 / \$14,600	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx Deductible for Tiers 3-5

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

■ Catastrophic plans are available for people under age 30 or people over age 30 who qualify for a "hardship exemption" from the Marketplace (requires confirmation of eligibility from Marketplace if being quoted or purchased off-Marketplace).

■ This Comparison of Benefits is for illustrative purposes only as exclusions and limitations may apply. 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. Please see the approved member documents for complete benefit details.

<b>HMO-CSR</b>	<b>Coinsurance</b> <i>(Plan pays after deductible)</i>	<b>Calendar Year Deductible</b> Single / Family	<b>Maximum Out of Pocket</b> Single / Family	<b>Gym Membership</b>	<b>Pediatric Dental and Vision</b> (Up to age 19)	<b>Preventive Services</b> (including 15 Routine Maternity Office Visits) (Deductible waived)	<b>PCP Office Visit</b>	<b>Specialist Visit</b>	<b>Outpatient Mental Health &amp; Substance Abuse</b>	<b>Urgent Care</b>	<b>OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging</b>	<b>Prescriptions</b> 5-tier Formulary, Single/ Family Deductible
<b>Health First GYM ACCESS Silver HMO 100 1672</b>												
Health First GYM ACCESS Silver AV 94 HMO 100 1675 (100-150% FPL)	100%	\$100 / \$200	\$525 / \$1,050	Yes	Yes	\$0	\$5	\$50	\$50	\$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV 87 HMO 100 1674 (151-200% FPL)	100%	\$900 / \$1,800	\$1,850 / \$3,700	Yes	Yes	\$0	\$5	\$50	\$50	\$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV 73 HMO 100 1673 (201-250% FPL)	100%	\$3,450 / \$6,900	\$6,300 / \$12,600	Yes	Yes	\$0	Deductible, then \$25	Deductible, then \$50	Deductible, then \$50	Deductible, then \$50	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
<b>Health First GYM ACCESS Silver HMO 100 1664</b>												
Health First GYM ACCESS Silver AV 94 HMO 100 1667 (100-150% FPL)	100%	\$150 / \$300	\$600 / \$1,200	Yes	Yes	\$0	\$5	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV 87 HMO 100 1666 (151-200% FPL)	100%	\$950 / \$1,900	\$2,600 / \$5,200	Yes	Yes	\$0	\$5	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV 73 HMO 100 1665 (201-250% FPL)	100%	\$4,600 / \$9,200	\$6,300 / \$12,600	Yes	Yes	\$0	\$50	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
<b>Health First GYM ACCESS Silver HMO 90 1680</b>												
Health First GYM ACCESS Silver AV 94 HMO 90 1683 (100-150% FPL)	90%	\$0 / \$0	\$650 / \$1,300	Yes	Yes	\$0	\$20	\$60	\$60	\$75	<ul style="list-style-type: none"> <li>• \$0 for Diagnostic Lab Services</li> <li>• Radiology Service \$50</li> <li>• Advanced Imaging \$450</li> <li>• ER visits 1-2 \$600, visits 3+ 10% of cost after deductible;</li> <li>• Outpatient Surgery \$500</li> <li>• 10% of cost after deductible</li> </ul>	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV87 HMO 90 1682 (151-200% FPL)	90%	\$350 / \$700	\$1,500 / \$3,000	Yes	Yes	\$0	\$50	\$75	\$75	\$75	<ul style="list-style-type: none"> <li>• \$0 for Diagnostic Lab Services</li> <li>• Radiology Service \$50</li> <li>• Advanced Imaging \$450</li> <li>• ER visits 1-2 \$600, visits 3+ 10% of cost after deductible;</li> <li>• Outpatient Surgery \$500</li> <li>• 10% of cost after deductible</li> </ul>	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx Deductible for Tiers 3-5
Health First GYM ACCESS Silver AV73 HMO 90 1681 (201-250% FPL)	90%	\$5,550 / \$11,100	\$6,300 / \$12,600	Yes	Yes	\$0	\$60	\$90	\$90	\$78	<ul style="list-style-type: none"> <li>• \$0 for Diagnostic Lab Services</li> <li>• Radiology Service \$50</li> <li>• Advanced Imaging \$500</li> <li>• ER visits 1-2 \$750, visits 3+ 10% of cost after deductible</li> <li>• Outpatient Surgery \$500</li> <li>• 10% of cost after deductible</li> </ul>	\$2-\$15-\$30-\$50-20% of cost \$750 / \$1,500 Rx Deductible for Tiers 3-5
<b>Health First Silver HMO 80 1778</b>												
Health First Silver AV94 HMO 80 1781 (100-150% FPL)	80%	\$200 / \$400	\$500 / \$1,000	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx Deductible Tiers 3-5
Health First Silver AV87 HMO 80 1780 (151-200% FPL)	80%	\$500 / \$1,000	\$1,400 / \$2,800	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx Deductible Tiers 3-5
Health First Silver AV73 HMO 80 1779 (201-250% FPL)	80%	\$2,500 / \$5,000	\$4,550 / \$9,100	No	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5
<b>Health First GYM ACCESS Silver HMO 80 1688</b>												
Health First GYM ACCESS Silver AV94 HMO 80 1691 (100-150% FPL)	80%	\$200 / \$400	\$500 / \$1,000	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV 87 HMO 80 1690 (151-200% FPL)	80%	\$500 / \$1,000	\$1,400 / \$2,800	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV73 HMO 80 1689 (201-250% FPL)	80%	\$2,500 / \$5,000	\$4,550 / \$9,100	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5

<b>HMO-CSR</b>	<b>Coinsurance (Plan pays after deductible)</b>	<b>Calendar Year Deductible Single / Family</b>	<b>Maximum Out of Pocket Single / Family</b>	<b>Gym Membership</b>	<b>Pediatric Dental and Vision (Up to age 19)</b>	<b>Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)</b>	<b>PCP Office Visit</b>	<b>Specialist Visit</b>	<b>Outpatient Mental Health &amp; Substance Abuse</b>	<b>Urgent Care</b>	<b>OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging</b>	<b>Prescriptions 5-tier Formulary, Single/ Family Deductible</b>
<b>Health First Silver HMO 80 1754</b>												
Health First Silver AV95 HMO 95 1757 (100-150% FPL)	95%	\$250 / \$500	\$1,250 / \$2,500	No	Yes	\$0	\$5	\$10	\$5	\$25	5% of cost after deductible	\$2-\$3-\$5-\$10-25% of cost
Health First Silver AV87 HMO 80 1756 (151-200% FPL)	80%	\$700 / \$1,400	\$2,600 / \$5,200	No	Yes	\$0	\$10	\$25	\$10	\$40	20% of cost after deductible	\$2-\$5-\$25-\$50-30% of cost
Health First Silver AV73 HMO 80 1755 (201-250% FPL)	80%	\$3,550 / \$7,100	\$6,300 / \$12,600	No	Yes	\$0	\$30	\$65	\$30	\$75	20% of cost after deductible	\$2-\$15-\$50-\$100-40% of cost \$200 / \$400 Rx Deductible for Tier 5 only
<b>Health First GYM ACCESS Silver HMO 70 1720</b>												
Health First GYM ACCESS Silver AV94 HMO 70 1723 (100-150% FPL)	70%	\$0 / \$0	\$600 / \$1,200	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV87 HMO 70 1722 (151-200% FPL)	70%	\$25 / \$50	\$2,350 / \$4,700	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV73 HMO 70 1721 (201-250% FPL)	70%	\$1,450 / \$2,900	\$6,300 / \$12,600	Yes	Yes	\$0	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5
<b>Health First GYM ACCESS Silver HMO 70 1704</b>												
Health First GYM ACCESS Silver AV94 HMO 70 1707 (100-150% FPL)	70%	\$0 / \$0	\$600 / \$1,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200 / \$400 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV87 HMO 70 1706 (151-200% FPL)	70%	\$800 / \$1,600	\$1,600 / \$3,200	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5
Health First GYM ACCESS Silver AV73 HMO 70 1705 (201-250% FPL)	70%	\$2,850 / \$5,700	\$6,300 / \$12,600	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx Deductible Tiers 3-5
<b>Health First Silver HMO 65 1806</b>												
Health First Silver AV94 HMO 65 1809	65%	\$0 / \$0	\$650 / \$1,300	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
Health First Silver AV87 HMO 65 1808	65%	\$500/\$1000	\$1,400 / \$2,800	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
Health First Silver AV73 HMO 65 1807	65%	\$1,050 / \$2,100	\$6,300 / \$12,600	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
<b>Health First GYM ACCESS Silver HMO 80 HSA 1728</b>												
Health First GYM ACCESS Silver AV94 HMO 80 1731 (100-150% FPL)	80%	\$0 / \$0	\$900 / \$1,800	Yes	\$0 after Deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
Health First GYM ACCESS Silver AV87 HMO 80 1730 (151-200% FPL)	80%	\$350 / \$700	\$2,600 / \$5,200	Yes	\$0 after Deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible
Health First GYM ACCESS Silver AV73 HMO 80 HSA 1729 (201-250% FPL)	80%	\$2,000* / \$4,000	\$5,700 / \$11,400	Yes	\$0 after Deductible	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	Integrated 10% of cost after deductible

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

■ Catastrophic plans are available for people under age 30 or people over age 30 who qualify for a "hardship exemption" from the Marketplace (requires confirmation of eligibility from Marketplace if being quoted or purchased off-Marketplace).

■ This Comparison of Benefits is for illustrative purposes only as exclusions and limitations may apply. 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. Please see the approved member documents for complete benefit details.