

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	\$5,200 / \$10,400	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	\$5,500 / \$11,000	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%	\$2,900 / \$5,800	\$7,900 / \$15,800	Yes	Yes	\$0	\$15	\$30	\$30	\$30	<ul style="list-style-type: none"> \$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	\$4,100 / \$8,200	Yes	Yes	\$0	\$40	\$80	30% of cost after deductible	\$80	<ul style="list-style-type: none"> \$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 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%	\$4,650 / \$9,300	\$8,150 / \$16,300	Yes	Yes	\$0	Deductible, then \$25	Deductible, then \$50	\$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%	\$5,750 / \$11,500	\$8,150 / \$16,300	Yes	Yes	\$0	\$50	\$100	\$100	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 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%	\$4,650 / \$9,300	\$8,150 / \$16,300	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	\$7,750 / \$15,500	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%	\$3,850 / \$7,700	\$8,150 / \$16,300	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%	\$2,900 / \$5,800	\$8,150 / \$16,300	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 Bronze HMO 100 1774	100%	\$8,150 / \$16,300	\$8,150 / \$16,300	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%	\$8,100 / \$16,200	\$8,150 / \$16,300	Yes	Yes	\$0	\$70	\$160	\$160	\$80	<ul style="list-style-type: none"> \$16 for Diagnostic Lab Services 30% of cost after deductible 	\$5-\$15-\$30-\$50-30% of cost \$800 / \$1,600 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 for Tiers 3-5
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	Visits 1-3, \$60; Visits 4+, 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 for Tiers 3-5
Health First GYM ACCESS Catastrophic HMO 1746	100%	\$8,150 / \$16,300	\$8,150 / \$16,300	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

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HSA Plans (HSA Qualified)												
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	\$6,900 / 13,800	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 Bronze HMO 100 HSA 1658	100%	\$6,900* / 13,800	\$6,900 / 13,800	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%	\$6,900* / 13,800	\$6,900 / 13,800	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	\$6,900 / 13,800	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
Non QHP Silver Plans												
Health First GYM ACCESS Silver HMO 100 3664	100%	\$5,750 / \$11,500	\$8,150 / \$16,300	Yes	Yes	\$0	\$50	\$100	\$100	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 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%	\$4,650 / \$9,300	\$8,150 / \$16,300	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%	\$3,850 / \$7,700	\$8,150 / \$16,300	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 two or more people.

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■ This Comparison of Benefits is for illustrative purposes only as exclusions and limitations may apply. Health First Commercial Plans, Inc. 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.

HMO-CSR	Coinsurance <i>(Plan pays after deductible)</i>	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 Silver HMO 100 1672												
Health First GYM ACCESS Silver AV 94 HMO 100 1675 (100-150% FPL)	100%	\$100 / \$200	\$600 / \$1,200	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	\$2,650 / \$5,300	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%	\$3,875 / \$7,750	\$6,500 / \$13,000	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												
Health First GYM ACCESS Silver AV 94 HMO 100 1667 (100-150% FPL)	100%	\$150 / \$300	\$600 / \$1,200	Yes	Yes	\$0	\$5	\$40	\$40	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%	\$1,000 / \$2,000	\$2,700 / \$5,400	Yes	Yes	\$0	\$5	\$40	\$40	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%	\$4,700 / \$9,400	\$6,500 / \$13,000	Yes	Yes	\$0	\$50	\$100	\$100	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 Silver HMO 80 1778												
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	\$1,600 / \$3,200	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	\$5,500 / \$11,000	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 \$500 / \$1,000 Rx deductible Tiers 3-5
Health First GYM ACCESS Silver HMO 80 1688												
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	\$1,600 / \$3,200	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	\$5,500 / \$11,000	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 \$500 / \$1,000 Rx deductible Tiers 3-5
Health First Silver HMO 80 1754												
Health First Silver AV95 HMO 95 1757 (100-150% FPL)	95%	\$250 / \$500	\$1,550 / \$3,100	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%	\$850 / \$1,700	\$2,700 / \$5,400	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%	\$4,225 / \$8,450	\$6,500 / \$13,000	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

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Health First GYM ACCESS Silver HMO 70 1720												
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%	\$1,700 / \$3,400	\$6,400 / \$12,800	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 HMO 70 1704												
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%	\$3,500 / \$7,000	\$6,500 / \$13,000	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 Silver HMO 65 1806												
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	\$1,450 / \$2,900	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%	\$1,150 / \$2,300	\$6,500 / \$13,000	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 GYM ACCESS Silver HMO 80 HSA 1728												
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	\$2,700 / \$5,400	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
Health First GYM ACCESS Silver AV73 HMO 80 HSA 1729 (201-250% FPL)	80%	\$2,100* / \$4,200	\$6,400 / \$12,800	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

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