



2021 Individual HMO Plans—Comparison of Benefits

	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	(Preferred Retail Pharmacy) Prescriptions 5-tier Formulary, Single / Family Deductible	(Retail Pharmacy) Prescriptions 5-tier Formulary, Single / Family Deductible
HMO VALUE													
Health First Gold VALUE 80 1819**													
High Value Network	80%	\$2,900 / \$5,800	\$8,550 / \$17,100	No	Yes	\$0	\$15	\$30	20% of cost after deductible	\$30	▪ 20% of cost after deductible ▪ \$0 Diagnostic Lab Services	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
In-Network	70%	\$6,900 / \$13,800		No	Yes	\$0	\$45	\$80	30% of cost after deductible	\$30	▪ 30% of cost after deductible ▪ \$0 Diagnostic Lab Services	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
Health First Silver VALUE 80 1815**													
High Value Network	80%	\$6,500 / \$13,000	\$8,550 / \$17,100	No	Yes	\$0	\$25	\$100	20% of cost after deductible	\$80	20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
In-Network	70%	\$8,000 / \$16,000		No	Yes	\$0	\$65	\$120	30% of cost after deductible	\$80	30% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
Health First Bronze VALUE 60 1814													
High Value Network	60%	\$8,300 / \$16,600	\$8,550 / \$17,100	No	Yes	\$0	Visit 1, \$45; Visits 2+ 40% after deductible	40% of cost after deductible	40% of cost after deductible	40% of cost after deductible	40% of cost after deductible	\$2-\$15-35%-40%-45% of cost after deductible for tiers 3-5	\$5-\$20-40%-45%-50% of cost after deductible for tiers 3-5
In-Network	50%			No	Yes	\$0	50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	\$2-\$15-35%-40%-45% of cost after deductible for tiers 3-5	\$5-\$20-40%-45%-50% of cost after deductible for tiers 3-5
HMO-CSR VALUE Cost-Share Reduction Variations													
Health First Silver VALUE AV94 80 1818**													
High Value Network	80%	\$0	\$950/\$1,900	No	Yes	\$0	\$0	\$10	20% of cost after deductible	\$25	20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
In-Network	70%	\$400/\$800	\$950/\$1,900	No	Yes	\$0	\$15	\$40	30% of cost after deductible	\$25	30% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
Health First Silver VALUE AV87 80 1817**													
High Value Network	80%	\$800/\$1,600	\$2,850/\$5,700	No	Yes	\$0	\$5	\$40	20% of cost after deductible	\$40	20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
In-Network	70%	\$2,000/\$4,000	\$2,850/\$5,700	No	Yes	\$0	\$20	\$60	30% of cost after deductible	\$40	30% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
Health First Silver VALUE AV73 80 1816**													
High Value Network	80%	\$4,200/\$8,400	\$6,800/\$13,600	No	Yes	\$0	\$20	\$80	20% of cost after deductible	\$80	20% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
In-Network	70%	\$5,800/\$11,600	\$6,800/\$13,600	No	Yes	\$0	\$50	\$100	30% of cost after deductible	\$80	30% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5	\$5-\$20-\$40-\$60-25% of cost \$200/\$400 Rx deductible for Tiers 3-5



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HMO												
Health First GYM ACCESS Gold HMO 100 1736	100%	\$2,650 / \$5,300	\$6,800 / \$13,600	Yes	Yes	\$0	\$25	\$45	0% of cost after deductible	\$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%	\$1,600 / \$3,200	\$6,900 / \$13,800	No	Yes	\$0	\$20	\$50	20% of cost after deductible	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost after MEDICAL deductible Tier 5 only
Health First GYM ACCESS Gold HMO 80 1740	80%	\$2,900 / \$5,800	\$7,900 / \$15,800	Yes	Yes	\$0	\$15	\$30	20% of cost after deductible	\$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	\$5,150 / \$10,300	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 1664	100%	\$5,750 / \$11,500	\$8,150 / \$16,300	Yes	Yes	\$0	\$50	\$100	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 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 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%	\$8,250 / \$16,500	\$8,250 / \$16,500	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 60 1656	60%	\$7,550 / \$15,100	\$8,550 / \$17,100	Yes	Yes	\$0	\$70	\$120	40% of cost after deductible	\$80	<ul style="list-style-type: none"> \$30 for Diagnostic Lab Services 40% of cost after deductible 	\$2-\$35-35%-40%-45% of cost \$1000/\$2000 deductible for Tiers 3-5
Health First Bronze HMO 60 1750	60%	\$8,500 / \$17,000	\$8,550 / \$17,100	No	Yes	\$0	\$45	\$85	40% of cost after deductible	\$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	\$8,200 / \$16,400	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	50% of cost after deductible	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%	\$8,550/\$17,100	\$8,550 / \$17,100	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
HSA Plans (HSA Qualified)												
Health First GYM ACCESS Gold HMO 90 HSA 1744	90%	\$1,700 / \$3,400	\$4,000 / \$8,000	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 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

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
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HMO-CSR Cost-Share Reduction Variations

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	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%	\$1,150 / \$2,300	\$2,850 / \$5,700	Yes	Yes	\$0	\$5	\$40	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%	\$4,700 / \$9,400	\$6,500 / \$13,000	Yes	Yes	\$0	\$50	\$100	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 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	\$2,000 / \$4,000	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 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 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	\$1,800 / \$3,600	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
Health First Silver AV73 HMO 65 1807	65%	\$1,200 / \$2,400	\$6,800 / \$13,600	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

Non QHP Silver Plans

Health First Silver HMO 80 3754	80%	\$4,650 / \$9,300	\$8,150 / \$16,300	No	Yes	\$0	\$30	\$65	20% of cost after deductible	\$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	\$8,300 / \$16,600	Yes	Yes	\$0	\$35	\$50	30% of cost after deductible	\$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.

** There are two separate deductibles but the Maximum Out of Pocket is shared.

■ Catastrophic plans are available for people younger than 30 or older than 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. 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.**