

# Comparison of Benefits

***for Small Groups***

HMO ■ POS



### Health First Small Group HMO Plans

	Coinsurance	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*	Outpatient Surgery (Facility)	Rx Benefit (Single / Family) Deductible applies to Tiers 3 - 5
Health First Platinum HMO 100 5588	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$40	\$100	\$300 per day 1-4 \$0 days 5+	\$200	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)
Health First Platinum HMO 80 5592	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$40	\$150	\$250 per day 1-5 \$0 days 6+	\$200	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)
Health First Platinum HMO 80 5610	20%	\$0 / \$0	\$3,000 / \$6,000	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$50	\$300	\$1,000	\$300	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)
Health First Gold HMO 80 5576	20%	\$500 / \$1,000	\$4,700 / \$9,400	\$40	\$60	Routine labs \$0 X-rays 20%	\$400	\$60	\$500	20%	\$500	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)
Health First Gold HMO 50 5582	50%	\$500 / \$1,000	\$5,250 / \$10,500	\$25	\$50	Routine labs 50% X-rays 50%	\$250	\$50	\$250	\$875	\$400	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)
Health First Gold HMO 50 5609	50%	\$1,000 / \$2,000	\$7,350 / \$14,700	\$30	\$60	Routine labs \$0 X-rays 50%	50%	\$50	50%	\$1,500	50%	\$2/15/30/50/30% (\$500 / \$1,000 Rx deductible)
Health First Gold HMO 80 5574	20%	\$1,050 / \$2,100	\$8,150 / \$16,300	\$25	\$45	Routine labs \$0 X-rays 20%	\$275	\$45	\$350	20%	20%	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)
Health First Gold HMO 50 5578	20%	\$1,500 / \$3,000	\$4,950 / \$9,900	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$45	\$200	20%	\$250	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)
Health First Silver HMO 50 5554	50%	\$2,050 / \$4,100	\$8,150 / \$16,300	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	Routine labs 50% X-rays 50%	50%	Visit 1-4, \$50, Visit 5+, 50%	50%	50%	50%	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)
Health First Silver HMO 50 5562	50%	\$3,000 / \$6,000	\$8,150 / \$16,300	\$50	\$100	Routine labs \$0 X-rays 50%	50%	50%	50%	50%	50%	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)
Health First Silver HMO 80 5558	20%	\$5,600 / \$11,200	\$8,150 / \$16,300	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	\$75	\$400	20%	20%	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)
Health First Silver HMO 50 5598	50%	\$6,350 / \$12,700	\$7,200 / \$14,400	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	Routine labs \$0 X-rays 50%	\$500	Visit 1-3, \$100, Visit 4+, 50%	Visit 1, \$500, Visit 2+, 50%	\$2,500	\$1,250	\$2/15/30/50/30% (\$1,000 / \$2,000 Rx deductible)
Health First Silver HMO 50 5596	50%	\$7,200 / \$14,400	\$7,350 / \$14,700	Visit 1, \$75, Visit 2+, 50%	Visit 1, \$125, Visit 2+, 50%	Routine labs \$0 X-rays 50%	50%	Visit 1, \$125, Visit 2+, 50%	50%	50%	50%	\$2/15/30/50/50% (\$500 / \$1,000 Rx deductible)
Health First Bronze HMO 100 5013	0%	\$8,150 / \$16,300	\$8,150 / \$16,300	Visit 1-3, \$75, Visit 4+, 0%	Visit 1-3, \$120, Visit 4+, 0%	Routine labs 0% X-rays 0%	0%	\$100	0%	0%	0%	\$2/15/30/50/30% (\$1,300 / \$2,600 Rx deductible)

\* per admission



### Health First Small Group HMO Plans - HSA Qualified

	Coinsurance	Calendar Year Deductible <sup>^</sup> (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 <sup>*</sup>	Outpatient Surgery (Facility)	Rx Benefit <sup>^^</sup> (Single / Family deductible)
Health First Gold HMO 90 5586	10%	\$1,750 / \$3,500	\$2,600 / \$5,200	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 90 5566	10%	\$3,000 / \$6,000	\$6,900 / \$13,800	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 90 5568	10%	\$3,000 / \$6,000	\$6,800 / \$13,600	10%	10%	10%	10%	10%	10%	10%	10%	10% after deductible
Health First Silver HMO 80 5600	20%	\$3,500 / \$7,000	\$5,150 / \$10,300	20%	20%	20%	20%	20%	20%	20%	20%	20% after deductible
Health First Silver HMO 100 5602	0%	\$4,500 / \$9,000	\$4,500 / \$9,000	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible
Health First Bronze HMO 100 5550	0%	\$6,900 / \$13,800	\$6,900 / \$13,800	0%	0%	0%	0%	0%	0%	0%	0%	0% after deductible

<sup>^</sup>Individual deductible amount does not apply if policy covers 2 or more people.  
Includes medical and pharmacy expenses per calendar year

<sup>\*</sup> per admission

<sup>^^</sup> Includes medical and pharmacy expenses per calendar year

All plans include pediatric benefits for covered individuals under age 19. Pediatric Vision Eye Exam with standard glasses (1 per year) and pediatric dental, through Delta Dental's DHMO plan, are provided with \$0 cost-sharing for covered services.

**This Benefit Grid is intended only to highlight certain 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.**

(9/24/19) This is a summary of benefits only. Limitations and prior authorization requirements may apply to certain services. Consult your Certificate of Coverage for a complete listing of services and cost share amounts. Health First Health Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. 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.



### Health First Small Group POS Plans

	In-Network										In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	Calendar Year Deductible (Single / Family)	Maximum Out of Pocket (Single / Family)	PCP Visit	Specialist Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit, per type)	Inpatient Admission*	Outpatient Surgery (Facility)	Rx Benefit (Single / Family) Deductible applies to Tiers 3 - 5	Urgent Care	Emergency Room	Coinsurance	Calendar Year Deductible (Single / Family)	Maximum Out of Pocket** (Single / Family)
Health First Platinum POS 100 5589	0%	\$0 / \$0	\$1,300 / \$2,600	\$20	\$40	Routine labs \$0 X-rays \$75	\$150	\$300 per day 1-4 \$0 days 5+	\$200	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)	\$40 IN 30% OON	\$100	30%	\$500 / \$1,000	\$2,600 / \$5,200
Health First Platinum POS 80 5593	20%	\$0 / \$0	\$1,800 / \$3,600	\$20	\$40	Routine labs \$0 X-rays 20%	\$175	\$250 per day 1-5 \$0 days 6+	\$200	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)	\$40 IN 50% OON	\$150	50%	\$500 / \$1,000	\$3,600 / \$7,200
Health First Gold POS 70 5572	30%	\$750 / \$1,500	\$6,000 / \$12,000	\$25	\$45	Routine labs \$0 X-rays 30%	\$250	30%	\$300	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)	\$45 IN 50% OON	\$250	50%	\$1,500 / \$3,000	\$12,000 / \$24,000
Health First Gold POS 80 5579	20%	\$1,500 / \$3,000	\$4,950 / \$9,900	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)	\$45 IN 50% OON	\$200	50%	\$3,000 / \$6,000	\$9,900 / \$19,800
Health First Silver POS 50 5556	50%	\$2,450 / \$4,900	\$8,150 / \$16,300	Visit 1-4, \$35, Visit 5+, 50%	Visit 1-4, \$50, Visit 5+, 50%	Routine labs 50% X-rays 50%	50%	50%	50%	\$2/15/30/50/30% (\$0 / \$0 Rx deductible)	Visit 1-4, \$50, Visit 5+, 50% IN 50% OON	50%	50%	\$4,900 / \$9,800	\$16,300 / \$32,600
Health First Silver POS 80 5559	20%	\$5,600 / \$11,200	\$8,150 / \$16,300	Visit 1, \$50, Visit 2+, 20%	Visit 1, \$75, Visit 2+, 20%	Routine labs \$0 X-rays 20%	20%	20%	20%	\$2/15/30/50/30% (\$200 / \$400 Rx deductible)	\$75 IN 50% OON	\$400	50%	\$11,200 / \$22,400	\$16,300 / \$32,600
Health First Bronze POS 50 5548	50%	\$7,700^ / \$15,400	\$8,150 / \$16,300	Visit 1-3, \$50, Visit 4+, 50%	Visit 1-3, \$100, Visit 4+, 50%	Routine labs 50% X-rays 50%	50%	50%	50%	50% after deductible	Visit 1-3, \$100, Visit 4+, 50% IN 50% OON	50%	50%	\$15,400 / \$30,800	\$16,300 / \$32,600

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\* per admission

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	In-Network										In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance	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)	Inpatient Admission*	Outpatient Surgery (Facility)	Rx Benefit^^ (Single / Family deductible)	Urgent Care	Emergency Room	Coinsurance	Calendar Year Deductible^ (Single / Family)	Maximum Out of Pocket^^ (Single / Family)
Health First Gold POS 90 HSA 5584	10%	\$1,500 / \$3,000	\$2,950 / \$5,900	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$3,000 / \$6,000	\$6,900 / \$13,800
Health First Silver POS 100 HSA 5564	0%	\$4,100 / \$8,200	\$4,100 / \$8,200	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$8,200 / \$16,400	\$9,200 / \$18,400
Health First Silver POS 90 HSA 5569	10%	\$3,000 / \$6,000	\$6,800 / \$13,600	10%	10%	10%	10%	10%	10%	10% after deductible	10% IN 50% OON	10%	50%	\$6,000 / \$12,000	\$14,600 / \$29,200
Health First Bronze POS 100 HSA 5551	0%	\$6,900 / \$13,800	\$6,900 / \$13,800	0%	0%	0%	0%	0%	0%	0% after deductible	0% IN 50% OON	0%	50%	\$13,800 / \$27,600	\$14,800 / \$29,600

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