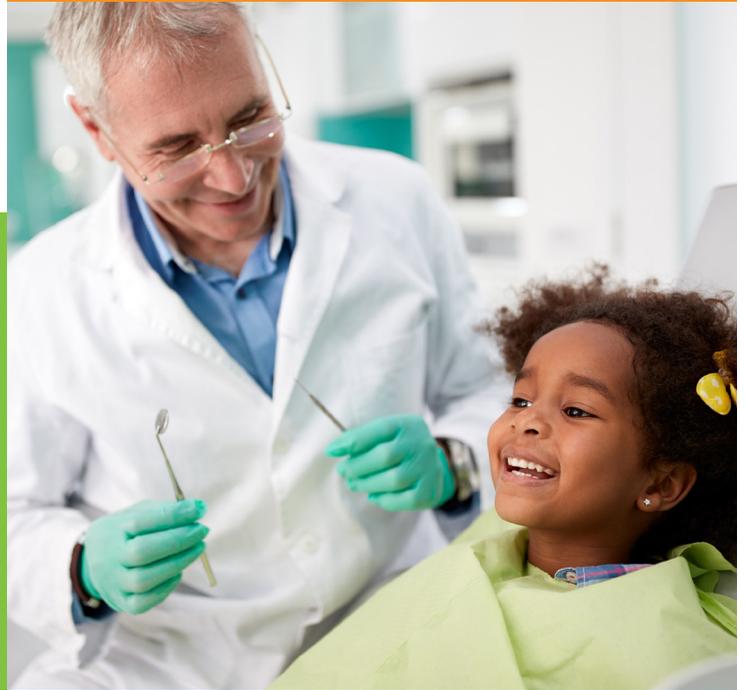


Healthfirst Pro EPO Dental Benefits

Healthfirst Pro plans include access to **pediatric dental care**.



Dental coverage for children up to age 19

- **Preventive Care**
 - Teeth cleaning and polishing every six (6) months
- **Routine Care**
 - Dental exams every six (6) months
 - X-rays
 - Amalgam and composite fillings
 - Stainless steel crowns
- **Emergency Dental Care:** includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma
- **Major Dental Care:** includes periodontic services; endodontic services where hospitalization is not required; prosthodontics, including removable complete or partial dentures plus six (6) months of follow-up care; and orthodontia

Example of how dental benefits work for Pro plans

Your son or daughter is covered under your Healthfirst Pro Gold plan. During their yearly dental checkup and cleaning, the dentist needs to take X-rays. The plan has a medical deductible of \$0, so you pay only a \$25 copay for the exam and cleaning and an additional \$25 copay for the X-rays.

Health insurance terms you should know:

DEDUCTIBLE – Your deductible is the total annual amount you must pay before your plan will begin to pay for covered services. However, if a service is marked “deductible does not apply,” then your plan will always pay for that service.

COPAY – The fixed amount you will pay for a covered service after you have met your deductible.

COINSURANCE – The percentage of cost that you will pay for a covered service after you have met your deductible.

| | Platinum | Gold | Gold 25/50/0 | Silver | Silver 40/75/4700 | Bronze (HSA Compatible) | Bronze 6650 (HSA Compatible) |
|---------------------------------------|-----------------|-----------------|-----------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| Deductible (Individual/Family) | \$0 | \$0 | \$0 | \$2,950/\$5,900 | \$4,700/\$9,400 | \$4,000/\$8,000 | \$6,650/\$13,300 |
| Preventive Care | \$20 copay | \$25 copay | \$25 copay | \$35 copay | \$40 copay | 20% coinsurance after deductible | 0% coinsurance after deductible |
| Routine Dental Care | \$20 copay | \$25 copay | \$25 copay | \$35 copay after deductible | \$40 copay after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible |
| Major Dental Care | 10% coinsurance | 15% coinsurance | 15% coinsurance | 40% coinsurance after deductible | 45% coinsurance after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible |

Healthfirst Pro EPO Vision Benefits

Healthfirst Pro plans include access to **pediatric vision care**.



Vision coverage for children up to age 19

- **Vision Exam: every 12 months**
 - External/Internal examination of the eye
 - Color vision testing
 - Recommendation for corrective lenses, if necessary
- **Lenses & Frames or Contact Lenses:**
 - **Lenses & Frames: one pair every 12 months**
 - Includes UV/antireflective coating, tints, and scratch resistance
 - **Contact Lenses: every 12 months**
 - Conventional or disposable

In addition, you have a **\$130 annual allowance** towards a purchase of contact lenses or eyeglasses as a part of your vision benefit. Please contact your retail vision provider if you have any questions regarding frame pricing.

Example of how vision benefits work for Pro plans

Your son or daughter is covered under your Healthfirst Pro Gold plan. When they go in for their annual vision exam, you find out they need glasses. You pay a \$10 copay for the eye exam, a \$25 copay for the lenses, and you have a choice of frames. Collection frames have either a \$0 or \$25 copay, while retail frames from in-network locations come with a \$130 allowance and a 20% discount after that allowance.

| | Platinum | Gold | Gold 25/50/0 | Silver | Silver 40/75/4700 | Bronze (HSA Compatible) | Bronze 6650 (HSA Compatible) |
|---|------------|------------|--------------|-----------------|-------------------|-----------------------------|------------------------------|
| Deductible (Individual/Family) | \$0 | \$0 | \$0 | \$2,950/\$5,900 | \$4,700/\$9,400 | \$4,000/\$8,000 | \$6,650/\$13,300 |
| Vision Exams | \$10 copay | \$10 copay | \$10 copay | \$10 copay | \$10 copay | \$10 copay after deductible | \$10 copay after deductible |
| Eyeglass Lenses, Frames, & Contact Lenses* | \$25 copay | \$25 copay | \$25 copay | \$25 copay | \$25 copay | \$25 copay after deductible | \$25 copay after deductible |

*A \$130 allowance applies to eyeglasses and contact lenses; copay applies to contact lens fitting.

If you have any questions, please call Member Services at **1-855-789-3668** (TTY 1-855-779-1033), Monday to Friday, 8am–6pm.

Plans are offered by affiliates of Healthfirst, Inc. Plans contain exclusions and limitations.

Healthfirst Pro Plus EPO Dental Benefits

Healthfirst Pro Plus plans provide access to both **pediatric and adult dental care**.



Dental Coverage

- **Preventive Care**
 - Teeth cleaning and polishing every six (6) months
- **Routine Care**
 - Dental exams every six (6) months
 - X-rays
 - Amalgam and composite fillings
 - Stainless steel crowns
- **Emergency Dental Care:** includes emergency treatment required to alleviate pain and suffering caused by dental disease or trauma
- **Major Dental Care:** includes periodontic services; endodontic services where hospitalization is not required; prosthodontics, including removable complete or partial dentures plus six (6) months of follow-up care; and orthodontia*
 - * Adult orthodontia is only covered if medically necessary.

Example of how our dental benefits work hard for hardworking New Yorkers

Mary has a Healthfirst Pro Plus Gold plan. During her yearly dental checkup and cleaning, her dentist tells her she needs X-rays. Mary has a deductible of \$0, so she pays only a \$25 copay for her exam and cleaning and an additional \$25 copay for her X-rays.

Health insurance terms you should know:

DEDUCTIBLE – Your deductible is the total annual amount you must pay before your plan will begin to pay for covered services. However, if a service is marked “deductible does not apply,” then your plan will always pay for that service.

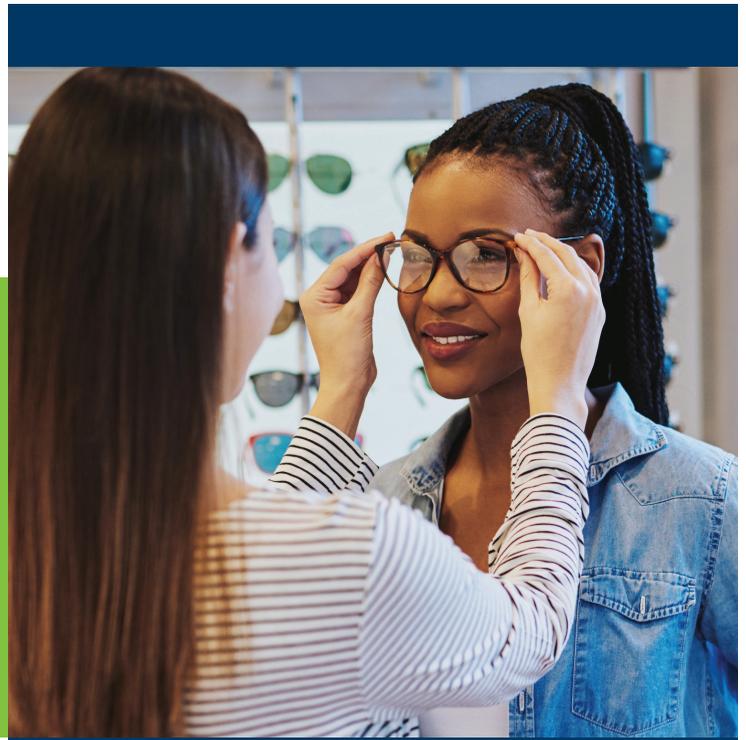
COPAY – The fixed amount you will pay for a covered service after you have met your deductible.

COINSURANCE – The percentage of cost that you will pay for a covered service after you have met your deductible.

| | Platinum | Gold | Gold 25/50/0 | Silver | Silver 40/75/4700 | Bronze (HSA Compatible) | Bronze 6650 (HSA Compatible) |
|---------------------------------------|-----------------|-----------------|-----------------|----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| Deductible (Individual/Family) | \$0 | \$0 | \$0 | \$2,950/\$5,900 | \$4,700/\$9,400 | \$4,000/\$8,000 | \$6,650/\$13,300 |
| Preventive Care | \$20 copay | \$25 copay | \$25 copay | \$35 copay | \$40 copay | 20% coinsurance after deductible | 0% coinsurance after deductible |
| Routine Dental Care | \$20 copay | \$25 copay | \$25 copay | \$35 copay after deductible | \$40 copay after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible |
| Major Dental Care | 10% coinsurance | 15% coinsurance | 15% coinsurance | 40% coinsurance after deductible | 45% coinsurance after deductible | 20% coinsurance after deductible | 0% coinsurance after deductible |

Healthfirst Pro Plus EPO Vision Benefits

Healthfirst Pro Plus plans provide access to both **pediatric and adult vision care**.



Vision Coverage

- **Vision Exam: every 12 months**
 - External/Internal examination of the eye
 - Color vision testing
 - Recommendation for corrective lenses, if necessary
- **Lenses & Frames or Contact Lenses:**
 - **Lenses & Frames: one pair every 12 months**
 - Includes UV/antireflective coating, tints, and scratch resistance
 - **Contact Lenses: every 12 months**
 - Conventional or disposable

In addition, you have a **\$130 annual allowance** towards a purchase of contact lenses or eyeglasses as a part of your vision benefit. Please contact your retail vision provider if you have any questions regarding frame pricing.

Example of how our vision benefits work hard for hardworking New Yorkers

Michelle has a Healthfirst Pro Plus Gold plan. When she went to her eye doctor for her annual vision exam, she found out she needed glasses. She pays a \$10 copay for her eye exam, a \$25 copay for her lenses, and has her choice of frames. Collection frames have either a \$0 or \$25 copay, while retail frames from in-network locations come with a \$130 allowance and a 20% discount after that allowance.

| | Platinum | Gold | Gold 25/50/0 | Silver | Silver 40/75/4700 | Bronze (HSA Compatible) | Bronze 6650 (HSA Compatible) |
|---|------------|------------|--------------|-----------------|-------------------|-----------------------------|---------------------------------|
| Deductible (Individual/Family) | \$0 | \$0 | \$0 | \$2,950/\$5,900 | \$4,700/\$9,400 | \$4,000/\$8,000 | \$6,650/\$13,300 |
| Vision Exams | \$10 copay | \$10 copay | \$10 copay | \$10 copay | \$10 copay | \$10 copay after deductible | 0% coinsurance after deductible |
| Eyeglass Lenses, Frames, & Contact Lenses* | \$25 copay | \$25 copay | \$25 copay | \$25 copay | \$25 copay | \$25 copay after deductible | 0% coinsurance after deductible |

*A \$130 allowance applies to eyeglasses and contact lenses; copay applies to contact lens fitting.

If you have any questions, please call Member Services at **1-855-789-3668** (TTY 1-855-779-1033), Monday to Friday, 8am–6pm.