

| | HealthFirst Gold Pro Plus EPO (EPO) (UCR=N/A) | | HealthFirst Gold 25/50/0 Pro Plus EPO (EPO) (UCR=N/A) | | HealthFirst Silver Pro Plus EPO (EPOc) (UCR=N/A) | |
|-----------------------------------|--|-------------|---|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Drug Card | 10/50/85 | | 10/50/85 | | 20/60/110 | |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | N/A | | N/A | | \$4,300/\$8,600 | |
| Individual/Family OOP Limit | \$5,000/\$10,000 (incl ded) | | \$7,000/\$14,000 (incl ded) | | \$8,150/\$16,300 (incl ded) | |
| Co-Insurance | 0% | | 0% | | 40% | |
| Office Visits | | | | | | |
| Primary Care | \$25 | | \$25 | | \$35 ded waived | |
| Specialist | \$40 | | \$50 | | \$70 ded waived | |
| Maternity Prenatal/Postnatal Care | No charge | | No charge | | No charge | |
| Chiropractic Care | \$40 | | \$50 | | \$70 ded waived | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | \$500/admit | | \$500/admit | | 40% after ded | |
| Mental Health Inpatient | \$500/admit | | \$500/admit | | 40% after ded | |
| Substance Abuse Inpatient | \$500/admit | | \$500/admit | | 40% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | \$300 | | \$300 | | 40% after ded | |
| Lab/X-Ray | PCP-\$25; SP-\$40 | | PCP-\$25; SP-\$50 | | PCP-\$35 ded waived; SP-\$70 ded waived | |
| Advanced Radiology | \$40 | | \$50 | | \$70 ded waived | |
| Mental Health Outpatient | \$25 | | \$25 | | \$35 ded waived | |
| Substance Abuse Outpatient | \$25 | | \$25 | | \$35 ded waived | |
| Emergency Care | | | | | | |
| Emergency Room | \$350 (waived if admitted) | | \$350 (waived if admitted) | | \$600 (waived if admitted) after ded | |
| Ambulance | \$150 | | \$150 | | \$300 after ded | |
| Urgent Care | \$60 | | \$60 | | \$70 ded waived | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$25; 40 visits/plan yr | | \$25; 40 visits/plan yr | | \$35 after ded; 40 visits/plan yr | |
| Skilled Nursing | \$500/admit; 200 days/plan yr | | \$500/admit; 200 days/plan yr | | 40% after ded; 200 days/plan yr | |
| Durable Medical Equipment | 15% | | 15% | | 40% after ded | |
| Single | 2 x \$789.12 | | 2 x \$757.55 | | 2 x \$678.06 | |
| EE with Spouse | 0 x \$1,578.24 | | 0 x \$1,515.10 | | 0 x \$1,356.12 | |
| EE with Child(ren) | 0 x \$1,341.50 | | 0 x \$1,287.84 | | 0 x \$1,152.70 | |
| Family | 0 x \$2,248.99 | | 0 x \$2,159.02 | | 0 x \$1,932.47 | |
| Monthly Cost | 2 \$1,578.24 | | 2 \$1,515.10 | | 2 \$1,356.12 | |
| Annual Cost | \$18,938.88 | | \$18,181.20 | | \$16,273.44 | |

| | HealthFirst Silver 40/75/4700 Pro Plus EPO (EPOc) (UCR=N/A) | | HealthFirst Bronze Pro Plus EPO (HSA Compatible) (HSA) (UCR=N/A) | | HealthFirst Bronze 6650 Pro Plus EPO (HSA Compatible) (HSA) (UCR=N/A) | |
|-----------------------------------|---|-------------|--|-------------|---|-------------|
| | In-Network | Out-Network | In-Network | Out-Network | In-Network | Out-Network |
| Prescription Drugs | | | | | | |
| Drug Card | 20/60/110 | | 20%/20%/20% IntDed | | 0%/0%/0% IntDed | |
| Cost Share Information | | | | | | |
| Individual/Family Deductible | \$4,700/\$9,400 | | \$4,500/\$9,000 | | \$6,650/\$13,300 | |
| Individual/Family OOP Limit | \$7,900/\$15,800 (incl ded) | | \$6,750/\$13,500 (incl ded) | | \$6,650/\$13,300 (incl ded) | |
| Co-Insurance | 45% | | 20% | | 0% | |
| Office Visits | | | | | | |
| Primary Care | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Specialist | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Maternity Prenatal/Postnatal Care | No charge | | No charge | | No charge | |
| Chiropractic Care | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Inpatient Services | | | | | | |
| Inpatient Hospital | 45% after ded | | 20% after ded | | 0% after ded | |
| Mental Health Inpatient | 45% after ded | | 20% after ded | | 0% after ded | |
| Substance Abuse Inpatient | 45% after ded | | 20% after ded | | 0% after ded | |
| Outpatient Services | | | | | | |
| Outpatient Facility | 45% after ded | | 20% after ded | | 0% after ded | |
| Lab/X-Ray | PCP-\$40 ded waived; SP-\$75 ded waived | | 20% after ded | | 0% after ded | |
| Advanced Radiology | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Mental Health Outpatient | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Substance Abuse Outpatient | \$40 ded waived | | 20% after ded | | 0% after ded | |
| Emergency Care | | | | | | |
| Emergency Room | \$600 (waived if admitted) after ded | | 20% after ded | | 0% after ded | |
| Ambulance | \$300 after ded | | 20% after ded | | 0% after ded | |
| Urgent Care | \$75 ded waived | | 20% after ded | | 0% after ded | |
| Recovery/Special Needs | | | | | | |
| Home Health Care | \$40 after ded; 40 visits/plan yr | | 20% after ded; 40 visits/plan yr | | 0% after ded; 40 visits/plan yr | |
| Skilled Nursing | 45% after ded; 200 days/plan yr | | 20% after ded; 200 days/plan yr | | 0% after ded; 200 days/plan yr | |
| Durable Medical Equipment | 45% after ded | | 20% after ded | | 0% after ded | |
| Single | 2 x \$659.76 | | 2 x \$566.92 | | 2 x \$536.86 | |
| EE with Spouse | 0 x \$1,319.52 | | 0 x \$1,133.84 | | 0 x \$1,073.72 | |
| EE with Child(ren) | 0 x \$1,121.59 | | 0 x \$963.76 | | 0 x \$912.66 | |
| Family | 0 x \$1,880.32 | | 0 x \$1,615.72 | | 0 x \$1,530.05 | |
| Monthly Cost | 2 \$1,319.52 | | 2 \$1,133.84 | | 2 \$1,073.72 | |
| Annual Cost | \$15,834.24 | | \$13,606.08 | | \$12,884.64 | |