

Healthfirst Pro Plus EPO Plans

Healthfirst is proud to offer hardworking small business owners, employees, and their families a new choice in health insurance. With an emphasis on comprehensive coverage, highlights of the Healthfirst Pro Plus EPO plans include benefits such as:

- Vision and dental benefits for all ages
- \$0 copay for access to 24/7 telemedicine
- Up to \$600 in exercise rewards for individuals and covered spouses
- Coverage for acupuncture visits

In addition, we'll cover important health benefits such as:

- No-cost annual checkups
- Urgent care visits
- Hospital stays
- Lab tests (blood tests & X-rays)
- Maternity and newborn care
- Prescription drugs
- And more!



To enroll in a Healthfirst Pro Plus EPO plan, please talk to your broker or call Healthfirst at 1-844-785-1652, Monday to Friday, 9am–5pm.

First Quarter Rates 2018

	Platinum	Gold	Silver	Bronze (HSA Compatible)
Single	\$872.42	\$742.37	\$637.89	\$533.33
Couple	\$1,744.84	\$1,484.74	\$1,275.78	\$1,066.66
Parent w/Child(ren)	\$1,483.11	\$1,262.03	\$1,084.41	\$906.66
Family	\$2,486.40	\$2,115.75	\$1,817.99	\$1,519.99

Plans are offered by affiliates of Healthfirst, Inc. Plans contain exclusions and limitations. The benefit information provided is a brief summary, not a complete description, of benefits.

Costs (Individual/Family)

	Platinum	Gold	Silver	Bronze (HSA Compatible)
Deductible	\$0/\$0	\$0/\$0	\$2,600/\$5,200	\$5,000/\$10,000
Maximum Out-of-Pocket Cost	\$2,000/\$4,000	\$5,000/\$10,000	\$7,300/\$14,600	\$6,550/\$13,100

Quick Reference Guide

	Platinum	Gold	Silver	Bronze
Your Annual Checkup (Preventive Care)	\$0—No deductible or cost sharing applies to recommended preventive care visits or services	\$0—No deductible or cost sharing applies to recommended preventive care visits or services	\$0—No deductible or cost sharing applies to recommended preventive care visits or services	\$0—No deductible or cost sharing applies to recommended preventive care visits or services
Primary Care Provider (PCP) Visit	\$20 copay	\$25 copay	\$35 copay—not subject to deductible	20% coinsurance after deductible
Specialist Visit	\$35 copay	\$40 copay	\$70 copay—not subject to deductible	20% coinsurance after deductible
Urgent Care	\$50 copay	\$60 copay	\$70 copay—not subject to deductible	20% coinsurance after deductible
Emergency Room	\$250 copay	\$350 copay	\$600 copay after deductible	20% coinsurance after deductible
Ambulance	\$150 copay	\$150 copay	\$300 copay after deductible	20% coinsurance after deductible
Surgeon	\$100 copay	\$100 copay	\$200 copay after deductible	20% coinsurance after deductible
Outpatient Facility	\$200 copay	\$300 copay	30% coinsurance after deductible	20% coinsurance after deductible
Inpatient Facility/ Skilled Nursing Facility	\$500 copay	\$500/day, \$1,500 max/admit	30% coinsurance after deductible	20% coinsurance after deductible
Physical, Occupational, and Speech Therapies	\$35 copay	\$40 copay	\$70 copay—not subject to deductible	20% coinsurance after deductible
Dental (Preventive Care)	\$20 copay	\$25 copay	\$35 copay—not subject to deductible	20% coinsurance after deductible
Dental (Routine Care)	\$20 copay	\$25 copay	\$35 copay after deductible	20% coinsurance after deductible
Vision Exams	\$10 copay	\$10 copay	\$10 copay—not subject to deductible	\$10 copay after deductible
Acupuncture	\$35 copay	\$40 copay	\$70 copay—not subject to deductible	20% coinsurance after deductible
Telemedicine	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Prescription Drugs (30-day supply)

	Platinum	Gold	Silver	Bronze
Generic (Tier 1)	\$10 copay	\$10 copay	\$20 copay	20% coinsurance after deductible
Brand Name Preferred (Tier 2)	\$30 copay	\$50 copay	\$60 copay	20% coinsurance after deductible
Brand Name Non-Preferred (Tier 3)	\$60 copay	\$85 copay	\$110 copay	20% coinsurance after deductible