

Healthfirst Pro Plus EPO Plan

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 plan 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 get a quote or more information about Healthfirst Pro Plus EPO Plans please contact Healthfirst at **1-844-785-1652**, Monday to Friday, 9am—6pm.

Costs (Individual/Family)

	Platinum	Gold	Silver	Bronze
Deductible	\$0/\$0	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000
Maximum Out-of-Pocket Cost	\$2,000/\$4,000	\$3,500/\$7,000	\$6,000/\$12,000	\$7,000/\$14,000

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—not subject to deductible	\$30 copay—not subject to deductible	20% coinsurance after deductible
Specialist Visit	\$35 copay	\$40 copay—not subject to deductible	\$60 copay—not subject to deductible	20% coinsurance after deductible
Urgent Care	\$50 copay	\$60 copay—not subject to deductible	\$70 copay—not subject to deductible	20% coinsurance after deductible
Emergency Room	\$250 copay	\$300 copay after deductible	\$500 copay after deductible	20% coinsurance after deductible
Ambulance	\$150 copay	\$150 copay after deductible	\$300 copay after deductible	20% coinsurance after deductible
Surgeon	\$100 copay	\$100 copay after deductible	\$200 copay after deductible	20% coinsurance after deductible
Outpatient Facility	\$200 copay	\$300 copay after deductible	25% coinsurance after deductible	20% coinsurance after deductible
Inpatient Facility/ Skilled Nursing Facility	\$500 copay	20% coinsurance after deductible	25% coinsurance after deductible	20% coinsurance after deductible
Physical, Occupational, and Speech Therapies	\$35 copay	\$40 copay—not subject to deductible	\$60 copay—not subject to deductible	20% coinsurance after deductible
Dental (Preventive Care)	\$20 copay	\$25 copay—not subject to deductible	\$30 copay—not subject to deductible	20% coinsurance after deductible
Dental (Routine Care)	\$20 copay	\$25 copay after deductible	\$30 copay after deductible	20% coinsurance after deductible
Vision Exams	\$10 copay	\$10 copay—not subject to deductible	\$10 copay—not subject to deductible	\$10 copay after deductible
Acupuncture	\$35 copay	\$40 copay—not subject to deductible	\$60 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	\$20 copay	\$25 copay	\$25 copay after deductible
Brand Name Preferred (Tier 2)	\$50 copay	\$50 copay	\$50 copay	\$50 copay after deductible
Brand Name Non-Preferred (Tier 3)	50% coinsurance up to \$500	50% coinsurance up to \$500	50% coinsurance up to \$500	50% coinsurance up to \$500 after deductible