

# 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
<b>Deductible</b>	\$0/\$0	\$1,000/\$2,000	\$2,000/\$4,000	\$5,000/\$10,000
<b>Maximum Out-of-Pocket Cost</b>	\$2,000/\$4,000	\$3,500/\$7,000	\$6,000/\$12,000	\$7,000/\$14,000

## Quick Reference Guide

	Platinum	Gold	Silver	Bronze
<b>Your Annual Checkup (Preventive Care)</b>	\$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
<b>Primary Care Provider (PCP) Visit</b>	\$20 copay	\$25 copay—not subject to deductible	\$30 copay—not subject to deductible	20% coinsurance after deductible
<b>Specialist Visit</b>	\$35 copay	\$40 copay—not subject to deductible	\$60 copay—not subject to deductible	20% coinsurance after deductible
<b>Urgent Care</b>	\$50 copay	\$60 copay—not subject to deductible	\$70 copay—not subject to deductible	20% coinsurance after deductible
<b>Emergency Room</b>	\$250 copay	\$300 copay after deductible	\$500 copay after deductible	20% coinsurance after deductible
<b>Ambulance</b>	\$150 copay	\$150 copay after deductible	\$300 copay after deductible	20% coinsurance after deductible
<b>Surgeon</b>	\$100 copay	\$100 copay after deductible	\$200 copay after deductible	20% coinsurance after deductible
<b>Outpatient Facility</b>	\$200 copay	\$300 copay after deductible	25% coinsurance after deductible	20% coinsurance after deductible
<b>Inpatient Facility/ Skilled Nursing Facility</b>	\$500 copay	20% coinsurance after deductible	25% coinsurance after deductible	20% coinsurance after deductible
<b>Physical, Occupational, and Speech Therapies</b>	\$35 copay	\$40 copay—not subject to deductible	\$60 copay—not subject to deductible	20% coinsurance after deductible
<b>Dental (Preventive Care)</b>	\$20 copay	\$25 copay—not subject to deductible	\$30 copay—not subject to deductible	20% coinsurance after deductible
<b>Dental (Routine Care)</b>	\$20 copay	\$25 copay after deductible	\$30 copay after deductible	20% coinsurance after deductible
<b>Vision Exams</b>	\$10 copay	\$10 copay—not subject to deductible	\$10 copay—not subject to deductible	\$10 copay after deductible
<b>Acupuncture</b>	\$35 copay	\$40 copay—not subject to deductible	\$60 copay—not subject to deductible	20% coinsurance after deductible
<b>Telemedicine</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay

## Prescription Drugs (30-day supply)

	Platinum	Gold	Silver	Bronze
<b>Generic (Tier 1)</b>	\$10 copay	\$20 copay	\$25 copay	\$25 copay after deductible
<b>Brand Name Preferred (Tier 2)</b>	\$50 copay	\$50 copay	\$50 copay	\$50 copay after deductible
<b>Brand Name Non-Preferred (Tier 3)</b>	50% coinsurance up to \$500	50% coinsurance up to \$500	50% coinsurance up to \$500	50% coinsurance up to \$500 after deductible