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.

Healthfirst Pro Plus EPO Plans

We’re here for small business owners, employees, and their families, with health insurance plans that fit their needs. 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 and X-rays)
- Maternity and newborn care
- Prescription drugs
- And more!

Third Quarter Rates 2020

<table>
<thead>
<tr>
<th></th>
<th>Platinum Pro Plus EPO</th>
<th>Gold Pro Plus EPO</th>
<th>Gold 25/50/0 Pro Plus EPO</th>
<th>Silver Pro Plus EPO</th>
<th>Silver 40/75/4700 Pro Plus EPO</th>
<th>Bronze Pro Plus EPO (HSA Compatible)</th>
<th>Bronze 6650 Pro Plus EPO (HSA Compatible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$912.75</td>
<td>$776.69</td>
<td>$745.62</td>
<td>$667.38</td>
<td>$649.37</td>
<td>$557.99</td>
<td>$528.41</td>
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<td>Couple</td>
<td>$1,825.50</td>
<td>$1,553.38</td>
<td>$1,491.24</td>
<td>$1,334.76</td>
<td>$1,298.74</td>
<td>$1,115.98</td>
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<td>Parent w/ Child(ren)</td>
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<td>$1,320.37</td>
<td>$1,267.55</td>
<td>$1,134.55</td>
<td>$1,103.93</td>
<td>$948.58</td>
<td>$898.30</td>
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<td>Family</td>
<td>$2,601.34</td>
<td>$2,213.57</td>
<td>$2,125.02</td>
<td>$1,902.03</td>
<td>$1,850.70</td>
<td>$1,590.27</td>
<td>$1,505.97</td>
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</table>

*Bronze Pro Plus must meet the deductible before the $0 copay applies.
<table>
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<tbody>
<tr>
<td>Deductible</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$4,300/$8,600</td>
<td>$4,700/$9,400</td>
<td>$4,500/$9,000</td>
<td>$6,650/$13,300</td>
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<tr>
<td>Maximum Out-of-Pocket Cost</td>
<td>$2,000/$4,000</td>
<td>$5,000/$10,000</td>
<td>$7,000/$14,000</td>
<td>$8,150/$16,300</td>
<td>$7,900/$15,800</td>
<td>$6,750/$13,500</td>
<td>$6,650/$13,300</td>
</tr>
</tbody>
</table>

**Quick Reference Guide**

**Your Annual Checkup (Preventive Care)**

- **Primary Care Provider (PCP) Visit**
  - $20 copay
  - $25 copay
  - $25 copay
  - $35 copay
  - $40 copay
  - $40 copay

- **Specialist Visit**
  - $35 copay
  - $40 copay
  - $50 copay
  - $70 copay
  - $75 copay
  - $75 copay

- **Urgent Care**
  - $50 copay
  - $60 copay
  - $60 copay
  - $70 copay
  - $75 copay
  - $75 copay

- **Emergency Room**
  - $250 copay
  - $350 copay
  - $350 copay
  - $600 copay after deductible
  - $600 copay after deductible
  - $600 copay after deductible

- **Ambulance**
  - $150 copay
  - $150 copay
  - $150 copay
  - $300 copay after deductible
  - $300 copay after deductible
  - $300 copay after deductible

- **Surgeon**
  - $100 copay
  - $100 copay
  - $100 copay
  - $200 copay after deductible
  - $200 copay after deductible
  - $200 copay after deductible

- **Outpatient Facility**
  - $200 copay
  - $300 copay
  - $300 copay
  - $40% coinsurance after deductible
  - $45% coinsurance after deductible
  - $45% coinsurance after deductible

- **Inpatient Facility/Skilled Nursing Facility**
  - $500 copay
  - $500 copay
  - $500 copay
  - $40% coinsurance after deductible
  - $45% coinsurance after deductible
  - $45% coinsurance after deductible

- **Physical, Occupational, and Speech Therapies**
  - $35 copay
  - $40 copay
  - $50 copay
  - $70 copay
  - $75 copay
  - $75 copay

- **Dental (Preventive Care)**
  - $20 copay
  - $25 copay
  - $25 copay
  - $35 copay
  - $40 copay
  - $40 copay

- **Dental (Routine Care)**
  - $20 copay
  - $25 copay
  - $25 copay
  - $35 copay after deductible
  - $40 copay after deductible
  - $40 copay after deductible

- **Dental (Major Care)**
  - 10% coinsurance
  - 15% coinsurance
  - 15% coinsurance
  - 40% coinsurance after deductible
  - 45% coinsurance after deductible
  - 45% coinsurance after deductible

- **Vision Exam**
  - $10 copay
  - $10 copay
  - $10 copay
  - $10 copay
  - $10 copay
  - $10 copay

- **Eyeglass Lenses, Frames, and Contact Lenses**
  - $25 copay
  - $25 copay
  - $25 copay
  - $25 copay
  - $25 copay
  - $25 copay

- **Acupuncture**
  - $35 copay
  - $40 copay
  - $50 copay
  - $70 copay
  - $75 copay
  - $75 copay

- **Telemedicine**
  - $0 copay
  - $0 copay
  - $0 copay
  - $0 copay
  - $0 copay
  - $0 copay

**Prescription Drugs (30-day supply)**

- **Generic (Tier 1)**
  - $10 copay
  - $10 copay
  - $10 copay
  - $20 copay
  - $20 copay
  - $20 copay

- **Preferred (Tier 2)**
  - $30 copay
  - $50 copay
  - $50 copay
  - $60 copay
  - $60 copay
  - $60 copay

- **Non-Preferred (Tier 3)**
  - $60 copay
  - $85 copay
  - $85 copay
  - $110 copay
  - $110 copay
  - $110 copay

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

**May also include low-cost brands.

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Plans contain exclusions and limitations. The benefit information provided is a brief summary, not a complete description, of benefits.

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