Healthfirst Pro Plus EPO Plans

We offer a broad range of health insurance plans to fit the needs and budget of small business owners, employees, and their families. 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* (talk to doctors by phone or video chat)
- Up to $600 in exercise rewards for individuals and covered spouses
- Coverage for unlimited acupuncture visits

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

- No-cost annual checkups
- Retail health clinic and urgent care visits
- Hospital stays
- Lab tests (blood tests and X-rays)
- Maternity and newborn care
- Prescription drugs (same-day delivery and mail-order options available)
- And more!

Third Quarter Rates 2021

<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 6850 Pro Plus EPO (HSA Compatible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$923.77</td>
<td>$786.06</td>
<td>$754.61</td>
<td>$675.44</td>
<td>$657.20</td>
<td>$564.71</td>
<td>$534.78</td>
</tr>
<tr>
<td>Couple</td>
<td>$1,847.54</td>
<td>$1,572.12</td>
<td>$1,509.22</td>
<td>$1,350.88</td>
<td>$1,314.40</td>
<td>$1,129.42</td>
<td>$1,069.56</td>
</tr>
<tr>
<td>Parent w/ Child(ren)</td>
<td>$1,570.41</td>
<td>$1,336.30</td>
<td>$1,282.84</td>
<td>$1,148.25</td>
<td>$1,117.24</td>
<td>$960.01</td>
<td>$909.13</td>
</tr>
<tr>
<td>Family</td>
<td>$2,632.74</td>
<td>$2,240.27</td>
<td>$2,150.64</td>
<td>$1,925.00</td>
<td>$1,873.02</td>
<td>$1,609.42</td>
<td>$1,524.12</td>
</tr>
</tbody>
</table>

*Bronze Pro Plus and Bronze 6850 Pro Plus must meet the deductible before the $0 copay applies.

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.
Costs (Individual/Family)

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</thead>
<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>$5,950/$11,900</td>
<td>$6,850/$13,700</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket Cost</td>
<td>$2,000/$4,000</td>
<td>$5,250/$10,500</td>
<td>$7,000/$14,000</td>
<td>$8,150/$16,300</td>
<td>$7,900/$15,800</td>
<td>$6,900/$13,800</td>
<td>$6,850/$13,700</td>
</tr>
</tbody>
</table>

Quick Reference Guide

Your Annual Checkup (Preventive Care)

- **Primary Care Provider (PCP) Visit**
  - $20 copay (Platinum)
  - $25 copay (Gold)
  - $25 copay (Silver)
  - $40 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Specialist Visit**
  - $35 copay (Platinum)
  - $40 copay (Gold)
  - $50 copay (Silver)
  - $70 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Urgent Care**
  - $50 copay (Platinum)
  - $60 copay (Gold)
  - $60 copay (Silver)
  - $70 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Emergency Room**
  - $250 copay (Platinum)
  - $350 copay (Gold)
  - $350 copay (Silver)
  - $600 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Ambulance**
  - $150 copay (Platinum)
  - $150 copay (Gold)
  - $150 copay (Silver)
  - $300 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Surgeon**
  - $100 copay (Platinum)
  - $100 copay (Gold)
  - $100 copay (Silver)
  - $200 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Outpatient Facility**
  - $200 copay (Platinum)
  - $300 copay (Gold)
  - $300 copay (Silver)
  - $40% coinsurance (after deductible)
  - 45% coinsurance (after deductible)
  - 50% coinsurance (after deductible)

- **Inpatient Facility/Skilled Nursing Facility**
  - $500 copay (Platinum)
  - $500 copay (Gold)
  - $500 copay (Silver)
  - 40% coinsurance (after deductible)
  - 45% coinsurance (after deductible)
  - 50% coinsurance (after deductible)

- **Physical, Occupational, and Speech Therapies**
  - $35 copay (Platinum)
  - $40 copay (Gold)
  - $50 copay (Silver)
  - $70 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Dental (Preventive Care)**
  - $20 copay (Platinum)
  - $25 copay (Gold)
  - $25 copay (Silver)
  - $35 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Dental (Routine Care)**
  - $20 copay (Platinum)
  - $25 copay (Gold)
  - $25 copay (Silver)
  - $35 copay (Bronze)
  - 50% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

- **Dental (Major Care)**
  - 10% coinsurance (Platinum)
  - 15% coinsurance (Gold and Silver)
  - 15% coinsurance (Bronze)
  - 40% coinsurance (after deductible)
  - 45% coinsurance (after deductible)
  - 50% coinsurance (after deductible)

- **Vision Exam**
  - $10 copay (Platinum)
  - $10 copay (Gold and Silver)
  - $10 copay (Bronze)
  - 10% coinsurance (after deductible)
  - 0% coinsurance (after deductible)

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

  - **Generic (Tier 1)**
    - $10 copay (Platinum)
    - $10 copay (Gold and Silver)
    - $20 copay (Bronze)
    - 50% coinsurance (after deductible)
    - 0% coinsurance (after deductible)

  - **Preferred (Tier 2)**
    - $30 copay (Platinum)
    - $50 copay (Gold and Silver)
    - $60 copay (Bronze)
    - 50% coinsurance (after deductible)
    - 0% coinsurance (after deductible)

  - **Non-Preferred (Tier 3)**
    - $60 copay (Platinum)
    - $85 copay (Gold and Silver)
    - $110 copay (Bronze)
    - 50% coinsurance (after deductible)
    - 0% coinsurance (after deductible)

*May also include low-cost brands.
†Copay applies to both in-person and virtual visits.
††Telmedicine (Teladoc) isn’t a replacement for your Primary Care Provider (PCP). Your PCP should always be your first choice for care (both in-person and virtual visits).
*Access to a health plan's financial information is subject to its terms of coverage and limitations. The coverage you're entitled to depends on your plan's terms and conditions. The list provided is a brief summary, not a complete description, of benefits.
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