















2021 Healthfirst Leaf Premier Plans

		Healthfirst Platinum Leaf Premier	Healthfirst Gold Leaf Premier	Healthfirst Silver Leaf Premier	Healthfirst Silver Leaf Premier (for households with lower incomes)*	Healthfirst Bronze Leaf Premier
	Deductible 	\$0	\$900	\$4,700	\$3,935	\$5,600
	Maximum Out-of-Pocket 	\$2,000	\$6,000	\$8,550	\$6,800	\$8,550
DOCTOR VISITS	Annual Checkup (Preventive Care) [†] 	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Primary Care Provider (PCP) Visit [§] 	\$10 copay	\$20 copay [†]	\$30 copay [†]	\$30 copay [†]	\$45 copay [†]
	Specialist Doctor Visit [§]	\$40 copay	\$40 copay	\$55 copay	\$55 copay	50% coinsurance
	Retail Health Clinics 	\$10 copay	\$20 copay [†]	\$30 copay [†]	\$30 copay [†]	\$45 copay [†]
FACILITY CARE	Urgent Care 	\$55 copay	\$60 copay	\$70 copay	\$70 copay	50% coinsurance
	Emergency Room 	\$100 copay	\$175 copay	\$250 copay	\$250 copay	50% coinsurance
	Ambulance 	\$100 copay	\$150 copay	\$150 copay	\$150 copay	50% coinsurance
	Surgery 	\$100 copay	\$100 copay	\$100 copay	\$100 copay	50% coinsurance
	Outpatient Facility 	\$100 copay	\$100 copay	\$100 copay	\$100 copay	50% coinsurance
	Inpatient Facility/Skilled Nursing Facility 	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	50% coinsurance
SERVICES	Physical, Occupational, and Speech Therapies [§]	\$25 copay	\$30 copay	\$55 copay	\$55 copay	50% coinsurance
	Diagnostic X-rays (PCP office) 	\$10 copay	\$20 copay [†]	\$30 copay [†]	\$30 copay [†]	50% coinsurance
	Diagnostic X-rays (outpatient facility)	\$40 copay	\$40 copay [†]	\$55 copay [†]	\$55 copay [†]	50% coinsurance
Rx DRUGS	Generic Drugs (Tier 1)	\$5 copay	\$7 copay [†]	\$10 copay [†]	\$10 copay [†]	\$8 copay ^{††}
	Brand Name Preferred Drugs (Tier 2) 	\$50 copay	\$50 copay [†]	\$55 copay [†]	\$55 copay [†]	\$60 copay ^{††}
	Brand Name Non-Preferred Drugs (Tier 3)	\$85 copay	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	\$95 copay ^{††}
	90-Day Mail-Order Supply for Generic Drugs (Tier 1)	\$10 copay	\$14 copay [†]	\$20 copay [†]	\$20 copay [†]	\$16 copay ^{††}
DENTAL	Preventive and Routine Dental Care 	\$10 copay	\$20 copay [†]	\$30 copay [†]	\$30 copay [†]	50% coinsurance
	Major Dental Care	\$10 copay	\$20 copay	\$30 copay	\$30 copay	50% coinsurance
VISION	Vision Exams 	\$10 copay	\$20 copay	\$30 copay	\$30 copay	50% coinsurance
	Eyeglass Lenses & Frames**	10% coinsurance	20% coinsurance	30% coinsurance	25% coinsurance	50% coinsurance
	Contact Lenses** 	10% coinsurance	20% coinsurance	30% coinsurance	25% coinsurance	50% coinsurance

The deductible and maximum out-of-pocket costs shown in this grid are for individual coverage only. To learn more about costs for spouse and family coverage, contact a Healthfirst representative.

*Eligibility for savings with this version of the Healthfirst Silver Leaf Premier plan is dependent on income ranges that are calculated within 200%–250% of the federal poverty guidelines (FPL).

**Allowance applies to eyeglass frames and contact lenses purchased.

†No deductible or copay applies to the preventive care visits defined by the Affordable Care Act.

††For the Bronze Leaf and Leaf Premier plans, the deductible applies to all services combined (medical, dental, vision [including lenses/frames], and prescription drugs).

‡Not subject to deductible.

§Copay applies to both in-person and virtual/telemedicine visits.



Questions about our Leaf Plans?

Contact us at:

1-888-974-5809

(TTY 1-888-542-3821)

Monday to Friday, 9am–8pm

Extended hours from Nov. 1, 2020 to Jan. 31, 2021:

Monday to Saturday, 8am–8pm

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