

# 2021 Healthfirst Essential Plans

		Qualified Individuals		Eligible Immigrants	
		Healthfirst Essential Plan 1 Plus Vision & Dental*	Healthfirst Essential Plan 2 Plus Vision & Dental*	Healthfirst Essential Plan 3 (includes Vision & Dental)	Healthfirst Essential Plan 4 (includes Vision & Dental)
	Deductible	\$0	\$0	\$0	\$0
	Maximum Out-of-Pocket Cost	\$2,000	\$200	\$200**	\$0
	Your Annual Checkup (Preventive Care)†	\$0	\$0	\$0	\$0
DOCTOR VISITS	Primary Care Provider (PCP) Visit	\$15 copay	\$0 copay	\$0 copay	\$0 copay
	Specialist Doctor Visit	\$25 copay	\$0 copay	\$0 copay	\$0 copay
	Retail Health Clinics	\$25 copay	\$0 copay	\$0 copay	\$0 copay
FACILITY CARE	Urgent Care	\$25 copay	\$0 copay	\$0 copay	\$0 copay
	Emergency Room	\$75 copay	\$0 copay	\$0 copay	\$0 copay
	Ambulance††	\$75 copay	\$0 copay	\$0 copay	\$0 copay
	Surgery	\$50 copay	\$0 copay	\$0 copay	\$0 copay
	Outpatient Facility	\$50 copay	\$0 copay	\$0 copay	\$0 copay
SUPPLIES AND SERVICES	Inpatient Hospital Services (and Birthing Center) Skilled Nursing Facility	\$150 per admission	\$0 per admission	\$0 per admission	\$0 per admission
	Durable Medical Equipment (e.g., wheelchairs, walkers) Medical & Diabetic Supplies	5% coinsurance	\$0 copay	\$0 copay	\$0 copay
	Hearing Aids	5% coinsurance	\$0 copay	\$0 copay	\$0 copay
Rx DRUGS	Physical, Occupational, and Speech Therapies	\$15 copay	\$0 copay	\$0 copay	\$0 copay
	Generic Drugs (Tier 1)	\$6 copay	\$1 copay	\$1 copay	\$0 copay
	Brand Name Preferred Drugs (Tier 2)	\$15 copay	\$3 copay	\$3 copay	\$0 copay
	Brand Name Non-Preferred Drugs (Tier 3)	\$30 copay	\$3 copay	\$3 copay	\$0 copay
DENTAL‡	90-Day Mail-Order Supply for Generic Drugs (Tier 1)	\$15 copay	\$2.50 copay	\$2.50 copay	\$0 copay
	Preventive/Routine Dental Coverage	\$15 copay	\$0 copay	\$0 copay	\$0 copay
	Major Dental Care	\$15 copay	\$0 copay	\$0 copay	\$0 copay
VISION‡	Vision Exams	\$15 copay	\$0 copay	\$0 copay	\$0 copay
	Eyeglass Lenses & Frames	10% coinsurance	\$0 copay	\$0 copay	\$0 copay
	Contact Lenses	10% coinsurance	\$0 copay	\$0 copay	\$0 copay

## Which Essential Plan is right for you?

It depends on your  
1) immigration status &  
2) household income.



### Qualified Individuals

(U.S. citizen, permanent resident, or legal resident):

2020 Household Income (Maximum)		
Household Size	Essential Plan 1	Essential Plan 2
1	\$25,520	\$19,140
2	\$34,480	\$25,860
3	\$43,440	\$32,580
4	\$52,400	\$39,300

### Eligible Immigrants

(such as students with valid visas)††:

2020 Household Income (Maximum)		
Household Size	Essential Plan 3	Essential Plan 4
1	\$17,609	\$12,760
2	\$23,791	\$17,240
3	\$29,974	\$21,720
4	\$36,156	\$26,200

\*Essential Plans 1 & 2 are also available without vision and dental benefits—at a reduced monthly premium cost. Plus, the copays/coinsurance are the same.

\*\*For covered prescription drugs, the Maximum Out-of-Pocket limit is \$50 per calendar quarter.

†No deductible or copay applies to recommended preventive care visits as defined by the Affordable Care Act and its implementing regulations.

††**Emergency:** no preauthorization; **Non-emergency:** requires preauthorization.

The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan.

‡Dental benefits are administered by DentaQuest. Vision benefits are administered by Davis Vision.

Benefits are subject to medical necessity review.

††Eligible immigrants definition also includes most Permanently Residing Under Color Of Law (PRUCOL), but not Deferred Action for Childhood Arrivals (DACA).