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
- 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!

To get a quote or more information about our Pro Plus EPO plans, please contact Healthfirst at 1-844-785-1652, Monday to Friday, 9am–5pm.

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

**Your Annual Checkup (Preventive Care)**

<table>
<thead>
<tr>
<th>Service</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>Deductible</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$0/$0</td>
<td>$35 copay</td>
<td>40% coinsurance after deductible</td>
<td>0% coinsurance after deductible</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>

### Prescription Drugs (30-day supply)

<table>
<thead>
<tr>
<th>Tier</th>
<th>Generic (Tier 1)**</th>
<th>Preferred (Tier 2)</th>
<th>Non-Preferred (Tier 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copay</td>
<td>$10 copay</td>
<td>$30 copay</td>
<td>$60 copay</td>
</tr>
<tr>
<td>Copay</td>
<td>$10 copay</td>
<td>$50 copay</td>
<td>$85 copay</td>
</tr>
</tbody>
</table>

**Notes:**

- A $130 allowance applies to eyeglasses and contact lenses; copay applies to contact lens fitting.
- May also include low-cost brands.
- *Copay applies to both in-person and virtual visits.
- **Telemedicine (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).
- 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.

© 2020 HF Management Services, LLC

0834-20

HFIC20_36b