

2023 Healthfirst Leaf Premier Plans

		Healthfirst Platinum Leaf Premier	Healthfirst Gold Leaf Premier	Healthfirst Gold Leaf Premier Plus	Healthfirst Silver Leaf Premier	Healthfirst Silver Leaf Premier (for households with lower incomes)*	Healthfirst Silver Leaf Premier Plus	Healthfirst Silver Leaf Premier Plus (for households with lower incomes)*	Healthfirst Bronze Leaf Premier
	Deductible 	\$0	\$1,000	\$750	\$4,100	\$4,000	\$2,000	\$1,615	\$5,250
	Maximum Out-of-Pocket 	\$2,000	\$6,250	\$6,000	\$9,000	\$6,950	\$9,100	\$7,250	\$8,700
DOCTOR VISITS	Annual Checkup (Preventive Care) [†] 	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
	Primary Care Provider (PCP) Visit [§] 	\$10 copay	\$20 copay [†]	\$20 copay [†]	\$40 copay [†]	\$40 copay [†]	\$30 copay [†]	\$30 copay [†]	\$50 copay [†]
	Specialist Doctor Visit [§]	\$40 copay	\$40 copay	\$40 copay [†]	\$60 copay	\$60 copay	\$65 copay [†]	\$65 copay [†]	\$75 copay
	Retail Health Clinics 	\$10 copay	\$20 copay [†]	\$20 copay [†]	\$40 copay [†]	\$40 copay [†]	\$30 copay [†]	\$30 copay [†]	\$50 copay [†]
FACILITY CARE	Urgent Care 	\$55 copay	\$60 copay	\$60 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$75 copay
	Emergency Room 	\$100 copay	\$175 copay	\$250 copay	\$500 copay	\$500 copay	\$500 copay	\$500 copay	\$500 copay
	Ambulance 	\$100 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$300 copay
	Surgery 	\$100 copay	\$100 copay	\$100 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
	Outpatient Facility 	\$100 copay	\$100 copay	\$100 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
	Inpatient Facility/Skilled Nursing Facility 	\$500 per admission	\$1,000 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$1,500 per admission	\$1,500 per admission	\$1,500 copay per admission
SERVICES	Physical, Occupational, and Speech Therapies [§]	\$25 copay	\$30 copay	\$30 copay	\$55 copay	\$55 copay	\$55 copay	\$55 copay	\$50 copay
	Diagnostic X-rays (PCP office) 	\$10 copay	\$20 copay [†]	\$20 copay	\$40 copay [†]	\$40 copay [†]	\$30 copay	\$30 copay	\$75 copay
	Diagnostic X-rays (outpatient facility)	\$40 copay	\$40 copay [†]	\$40 copay	\$60 copay	\$60 copay [†]	\$65 copay	\$65 copay	\$75 copay
Rx DRUGS	Generic Drugs (Tier 1)	\$5 copay	\$7 copay [†]	\$7 copay [†]	\$10 copay [†]	\$10 copay [†]	\$15 copay [†]	\$15 copay [†]	\$10 copay ^{††}
	Brand Name Preferred Drugs (Tier 2) 	\$50 copay	\$50 copay [†]	\$50 copay [†]	\$55 copay [†]	\$55 copay [†]	\$55 copay [†]	\$55 copay [†]	\$35 copay ^{††}
	Brand Name Non-Preferred Drugs (Tier 3)	\$85 copay	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	\$100 copay [†]	\$70 copay ^{††}
	90-Day Mail-Order Supply for Generic Drugs (Tier 1)	\$10 copay	\$14 copay [†]	\$14 copay [†]	\$20 copay [†]	\$20 copay [†]	\$30 copay [†]	\$30 copay	\$20 copay ^{††}
DENTAL	Preventive and Routine Dental Care 	\$10 copay	\$20 copay [†]	\$20 copay [†]	\$40 copay [†]	\$40 copay [†]	\$30 copay [†]	\$30 copay [†]	\$50 copay
	Major Dental Care	\$10 copay	\$20 copay	\$20 copay	\$40 copay	\$40 copay	\$30 copay	\$30 copay	\$50 copay
VISION	Vision Exams 	\$10 copay	\$20 copay	\$20 copay	\$40 copay	\$40 copay	\$30 copay	\$30 copay	\$50 copay
	Eyeglass Lenses & Frames**	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	50% coinsurance
	Contact Lenses** 	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	25% coinsurance	30% coinsurance	30% 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 and Healthfirst Silver Leaf Premier Plus plans 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 visits.

¶Copay not subject to deductible for first visit (PCP, specialist, outpatient mental health/substance use disorder, chiropractor, allergy, Applied Behavioral Analysis (ABA), or second-opinion visit). Copay applies to additional visits after deductible is met.



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, 2022 to Jan. 31, 2023:
Monday to Saturday, 8am–8pm

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