

2023 Healthfirst Essential Plans

(All with Vision & Dental)

Eligible Immigrants

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

*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.