

	HealthFirst Platinum Pro EPO		HealthFirst Gold Pro EPO		HealthFirst Silver Pro EPO		HealthFirst Bronze Pro EPO	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/50%to\$500		20/50/50%to\$500		25/50/50%to\$500		25/50/50%to\$500 IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,000/\$2,000		\$2,000/\$4,000		\$5,000/\$10,000	
Individual/Family OOP Limit	\$2,000/\$4,000		\$3,500/\$7,000 (incl ded)		\$6,000/\$12,000 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	15%		20%		25%		20%	
Office Visits								
Primary Care	\$20		\$25 ded waived		\$30 ded waived		20% after ded	
Specialist	\$35		\$40 ded waived		\$60 ded waived		20% after ded	
Inpatient Services								
Inpatient Hospital	\$500/admit		20% after ded		25% after ded		20% after ded	
Mental Health Inpatient	\$500/admit		20% after ded		25% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$200		\$300 after ded		25% after ded		20% after ded	
Lab/X-Ray	PCP-\$20; SP-\$35		PCP-\$25 ded waived; SP-\$40 ded waived		PCP-\$30 ded waived; SP-\$60 ded waived		20% after ded	
Mental Health Outpatient	\$20		\$25 ded waived		\$30 ded waived		20% after ded	
Emergency Care								
Emergency Room	\$250 (waived if admitted)		\$300 (waived if admitted) after ded		\$500 (waived if admitted) after ded		20% after ded	
Urgent Care	\$50		\$60 ded waived		\$70 ded waived		20% after ded	
Single	1 x \$840.38		1 x \$715.10		1 x \$614.46		1 x \$513.73	
EE with Spouse	0 x \$1,680.75		0 x \$1,430.19		0 x \$1,228.91		0 x \$1,027.46	
EE with Child(ren)	0 x \$1,428.64		0 x \$1,215.66		0 x \$1,044.58		0 x \$873.34	
Family	1 x \$2,395.07		1 x \$2,038.02		1 x \$1,751.20		1 x \$1,464.14	
Monthly Cost	2 \$3,235.45		2 \$2,753.12		2 \$2,365.66		2 \$1,977.87	
Annual Cost	\$38,825.40		\$33,037.44		\$28,387.92		\$23,734.44	