

	HealthFirst Gold Pro Plus EPO (EPO) (UCR=N/A)		HealthFirst Gold 25/50/0 Pro Plus EPO (EPO) (UCR=N/A)		HealthFirst Silver Pro Plus EPO (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/85		10/50/85		20/60/110	
Cost Share Information						
Individual/Family Deductible	N/A		N/A		\$4,300/\$8,600	
Individual/Family OOP Limit	\$5,250/\$10,500 (includ ed)		\$7,000/\$14,000 (includ ed)		\$8,150/\$16,300 (includ ed)	
Co-Insurance	0%		0%		40%	
Office Visits						
Primary Care	\$25		\$25		\$35 ded waived	
Specialist	\$40		\$50		\$70 ded waived	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$40		\$50		\$70 ded waived	
Inpatient Services						
Inpatient Hospital	\$500/admit		\$500/admit		40% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit		40% after ded	
Substance Abuse Inpatient	\$500/admit		\$500/admit		40% after ded	
Outpatient Services						
Outpatient Facility	\$300		\$300		40% after ded	
Lab/X-Ray	PCP-\$25; SP-\$40		PCP-\$25; SP-\$50		PCP-\$35 ded waived; SP-\$70 ded waived	
Advanced Radiology	\$40		\$50		\$70 ded waived	
Mental Health Outpatient	\$25		\$25		\$35 ded waived	
Substance Abuse Outpatient	\$25		\$25		\$35 ded waived	
Emergency Care						
Emergency Room	\$350 (waived if admitted)		\$350 (waived if admitted)		\$600 (waived if admitted) after ded	
Ambulance	\$150		\$150		\$300 after ded	
Urgent Care	\$60		\$60		\$70 ded waived	
Recovery/Special Needs						
Home Health Care	\$25; 40 visits/plan yr		\$25; 40 visits/plan yr		\$35 after ded; 40 visits/plan yr	
Skilled Nursing	\$500/admit; 200 days/plan yr		\$500/admit; 200 days/plan yr		40% after ded; 200 days/plan yr	
Durable Medical Equipment	15%		15%		40% after ded	
Single	2 x \$786.06		2 x \$754.61		2 x \$675.44	
EE with Spouse	0 x \$1,572.12		0 x \$1,509.22		0 x \$1,350.88	
EE with Child(ren)	0 x \$1,336.30		0 x \$1,282.84		0 x \$1,148.25	
Family	0 x \$2,240.27		0 x \$2,150.64		0 x \$1,925.00	
Monthly Cost	2 \$1,572.12		2 \$1,509.22		2 \$1,350.88	
Annual Cost	\$18,865.44		\$18,110.64		\$16,210.56	

	HealthFirst Silver 40/75/4700 Pro Plus EPO (EPOc) (UCR=N/A)		HealthFirst Bronze Pro Plus EPO (HSA Compatible) (HSA) (UCR=N/A)		HealthFirst Bronze 6850 Pro Plus EPO (HSA Compatible) (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	20/60/110		50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information						
Individual/Family Deductible	\$4,700/\$9,400		\$5,950/\$11,900		\$6,850/\$13,700	
Individual/Family OOP Limit	\$7,900/\$15,800 (incl ded)		\$6,900/\$13,800 (incl ded)		\$6,850/\$13,700 (incl ded)	
Co-Insurance	45%		50%		0%	
Office Visits						
Primary Care	\$40 ded waived		50% after ded		0% after ded	
Specialist	\$75 ded waived		50% after ded		0% after ded	
Maternity Prenatal/Postnatal Care	No charge		No charge		No charge	
Chiropractic Care	\$75 ded waived		50% after ded		0% after ded	
Inpatient Services						
Inpatient Hospital	45% after ded		50% after ded		0% after ded	
Mental Health Inpatient	45% after ded		50% after ded		0% after ded	
Substance Abuse Inpatient	45% after ded		50% after ded		0% after ded	
Outpatient Services						
Outpatient Facility	45% after ded		50% after ded		0% after ded	
Lab/X-Ray	PCP-\$40 ded waived; SP-\$75 ded waived		50% after ded		0% after ded	
Advanced Radiology	\$75 ded waived		50% after ded		0% after ded	
Mental Health Outpatient	\$40 ded waived		50% after ded		0% after ded	
Substance Abuse Outpatient	\$40 ded waived		50% after ded		0% after ded	
Emergency Care						
Emergency Room	\$600 (waived if admitted) after ded		50% after ded		0% after ded	
Ambulance	\$300 after ded		50% after ded		0% after ded	
Urgent Care	\$75 ded waived		50% after ded		0% after ded	
Recovery/Special Needs						
Home Health Care	\$40 after ded; 40 visits/plan yr		50% after ded; 40 visits/plan yr		0% after ded; 40 visits/plan yr	
Skilled Nursing	45% after ded; 200 days/plan yr		50% after ded; 200 days/plan yr		0% after ded; 200 days/plan yr	
Durable Medical Equipment	45% after ded		50% after ded		0% after ded	
Single	2 x \$657.20		2 x \$564.71		2 x \$534.78	
EE with Spouse	0 x \$1,314.40		0 x \$1,129.42		0 x \$1,069.56	
EE with Child(ren)	0 x \$1,117.24		0 x \$960.01		0 x \$909.13	
Family	0 x \$1,873.02		0 x \$1,609.42		0 x \$1,524.12	
Monthly Cost	2 \$1,314.40		2 \$1,129.42		2 \$1,069.56	
Annual Cost	\$15,772.80		\$13,553.04		\$12,834.72	