

Healthfirst Total EPO Plans

At Healthfirst, we're keeping the care in healthcare. With an emphasis on comprehensive coverage, our Total plans' highlights include benefits such as:

- Vision and dental benefits for all ages
- \$0 copay for access to 24/7 telemedicine¹ (talk to doctors by phone or video chat)
- Up to \$600 in exercise rewards for individuals and covered spouses
- Coverage for acupuncture visits

In addition, we'll cover important health benefits such as:

- No-cost annual checkups
- Urgent care and retail health clinic 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 enroll in a Total plan,
please call **1-844-785-1650**,
Monday to Friday, 9am–5pm.

2022 Rates – New York City

	Platinum	Gold	Silver	Bronze (HSA Compatible)
Single	\$1,248.11	\$1,042.57	\$829.24	\$630.37
Couple	\$2,496.22	\$2,085.14	\$1,658.48	\$1,260.74
Parent w/Child(ren)	\$2,121.79	\$1,772.37	\$1,409.71	\$1,071.63
Family	\$3,557.11	\$2,971.32	\$2,363.33	\$1,796.55

¹Bronze Total plan must meet the deductible before the \$0 copay applies.

Costs (Individual/Family)

	Platinum	Gold	Silver	Bronze (HSA Compatible)
Deductible	\$0/\$0	\$0/\$0	\$4,300/\$8,600	\$5,950/\$11,900
Maximum Out-of-Pocket Cost	\$2,000/\$4,000	\$5,275/\$10,550	\$8,150/\$16,300	\$6,900/\$13,800

Quick Reference Guide

	Platinum	Gold	Silver	Bronze
Your Annual Checkup (Preventive Care)	\$0—No deductible or cost sharing applies to recommended preventive care visits or services			
Primary Care Provider (PCP) Visit**	\$20 copay	\$25 copay	\$35 copay	50% coinsurance*
Specialist Visit	\$35 copay	\$40 copay	\$70 copay	50% coinsurance*
Urgent Care	\$50 copay	\$60 copay	\$70 copay	50% coinsurance*
Emergency Room	\$250 copay	\$350 copay	\$600 copay*	50% coinsurance*
Ambulance	\$150 copay	\$150 copay	\$300 copay*	50% coinsurance*
Surgeon	\$100 copay	\$100 copay	\$200 copay*	50% coinsurance*
Outpatient Facility	\$200 copay	\$300 copay	40% coinsurance*	50% coinsurance*
Inpatient Facility/Skilled Nursing Facility	\$500 copay per admission	\$500 copay per admission	40% coinsurance*	50% coinsurance*
Physical, Occupational, and Speech Therapies	\$35 copay	\$40 copay	\$70 copay	50% coinsurance*
Dental (Preventive Care)	\$20 copay	\$25 copay	\$35 copay	50% coinsurance*
Dental (Routine Care)	\$20 copay	\$25 copay	\$35 copay*	50% coinsurance*
Dental (Major Care)	10% coinsurance	15% coinsurance	40% coinsurance*	50% coinsurance*
Vision Exam	\$10 copay	\$10 copay	\$10 copay	\$10 copay*
Eyeglass Lenses, Frames, and Contact Lenses†	\$25 copay	\$25 copay	\$25 copay	\$25 copay*
Acupuncture	\$35 copay	\$40 copay	\$70 copay	50% coinsurance*
Telemedicine (Teladoc)††	\$0 copay	\$0 copay	\$0 copay	\$0 copay*

Prescription Drugs (30-day supply)

	Platinum	Gold	Silver	Bronze
Generic (Tier 1)§	\$10 copay	\$10 copay	\$20 copay	50% coinsurance*
Preferred (Tier 2)	\$30 copay	\$50 copay	\$60 copay	50% coinsurance*
Non-Preferred (Tier 3)	\$60 copay	\$85 copay	\$110 copay	50% coinsurance*

*After deductible is met.

**Copay applies to both in-person and virtual visits.

†A \$130 allowance applies to eyeglass frames and contact lenses; copay applies to contact lens fitting.

††Telemedicine (Teladoc) isn't a replacement for your primary care provider (PCP). Your PCP or specialist should always be your first choice for care (both in-person and virtual visits).

§May also include low-cost brands.

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.

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