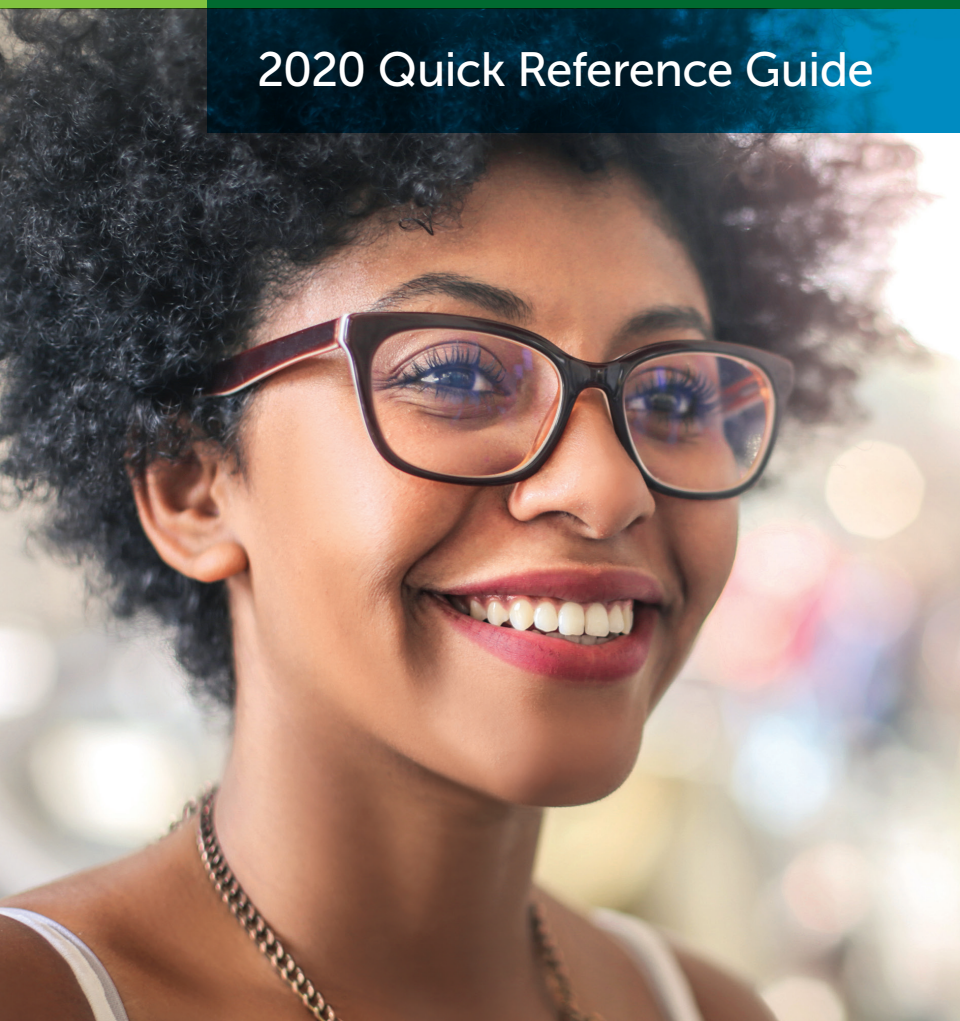


Healthfirst Pro Plus EPO and Pro EPO Plans Dental and Vision Benefits

2020 Quick Reference Guide





Our plans. Your benefits.

We know how important dental and vision care are to our members. That's why we're offering dental and vision benefits with these Healthfirst health insurance plans for small businesses:

- **Pro Plus EPO**

- **Pro EPO**

Best of all, with Healthfirst health plans, **you don't need a referral** from your Primary Care Provider (PCP) to see a dentist or eye doctor in the Healthfirst network. Join and you can just show your Healthfirst ID card.



Dental

Dental Care That Keeps You Smiling

Comprehensive dental coverage is included with many of our Healthfirst plans. Different plans offer different types of dental coverage, so choose the one that best fits your needs and budget:

- **Pro Plus EPO plans** offer dental coverage both for adults and for children under the age of 19
- **Pro EPO plans** only offer dental coverage for children under the age of 19

With Healthfirst, you have access to dental benefits that include:

- Diagnostic and preventive services
- Restorative services
- Oral and root canal surgeries
- Periodontics (prosthetics/crowns)
- Endodontics
- Prosthodontics
- Implant services
- Orthodontics (must meet clinical/age criteria)
- And more!



Pro Plus EPO Plans: Dental Coverage (for all ages)

Benefits	Frequency	Platinum Pro Plus EPO	Gold Pro Plus EPO	Gold 25/50/0 Pro Plus EPO
Deductible (Individual/Family)		\$0/\$0	\$0/\$0	\$0/\$0
MOOP*		\$2,000/\$4,000	\$5,000/\$10,000	\$7,000/\$14,000
Diagnostic and Preventive Care				
Periodic Exams	Every 6 months	\$20	\$25	\$25
Partial X-Rays	Every 6 months	\$20	\$25	\$25
Vertical Bitewings	Every 36 months	\$20	\$25	\$25
Full X-ray Series	Every 36 months	\$20	\$25	\$25
Cleanings	Every 6 months	\$20	\$25	\$25
Fluoride Varnish (Ages 0–6)	Every 6 months	\$20	\$25	\$25
Fluoride w/o Varnish	Every 6 months	\$20	\$25	\$25
Sealants (Ages 5–15)	Every 36 months per tooth	\$20	\$25	\$25
Sealant Repair (Ages 5–15)	Every 24 months per tooth	\$20	\$25	\$25
Space Maintainer/Space Maintainer Removal	Once per lifetime	\$20	\$25	\$25
Restorative Care				
Fillings	One per 36 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Crowns**	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Inlays/Onlays**	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Endodontics				
Endodontic Therapy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Apicoectomy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Pulpal Therapy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Periodontics				
Gingivoplasty**	One per 12 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible

*Maximum Out-of-Pocket—The most you'll have to pay out of your own pocket each year for medical services.

**Must meet medical necessity prior to payment.

Silver Pro Plus EPO	Silver 40/75/4700 Pro Plus EPO	Bronze Pro Plus EPO	Bronze 6650 Pro Plus EPO
\$4,300/\$8,600	\$4,700/\$9,400	\$4,500/\$9,000	\$6,650/\$13,300
\$8,150/\$16,300	\$7,900/\$15,800	\$6,750/\$13,500	\$6,650/\$13,300
Diagnostic and Preventive Care			
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
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\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible
Restorative Care			
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Endodontics			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Periodontics			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible

Pro Plus EPO Plans: Dental Coverage (for all ages)

Benefits	Frequency	Platinum Pro Plus EPO	Gold Pro Plus EPO	Gold 25/50/0 Pro Plus EPO
Periodontics (continued)				
Periodontal Scaling*	One per 24 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Full Mouth Debridement	One per 36 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Gingival Flap Procedure*	One per 12 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Osseous Surgery*	One per 36 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Prosthodontics				
Dentures (Immediate, Partial, and Full)*	One per 48 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Overdentures	One per 48 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Bridges*	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Implant Services				
Implants and Abutments*	One per 60 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Implant Removal	One per lifetime	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Oral Surgery				
Simple Extractions		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Extraction of Impacted or Bony Tooth*		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Alveoplasty*	One per lifetime per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Anesthesia				
Deep Sedation*	Two per week	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Intravenous Moderate Sedation*	Two per week	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Orthodontia				
Member must meet medical necessity requirement and be banded prior to age 19		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible

*Must meet medical necessity prior to payment.

Silver Pro Plus EPO	Silver 40/75/4700 Pro Plus EPO	Bronze Pro Plus EPO	Bronze 6650 Pro Plus EPO
Periodontics (continued)			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Prosthodontics			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Implant Services			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Oral Surgery			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Anesthesia			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible
Orthodontia			
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible

Pro EPO Plans: Dental Coverage (for children up to the age of 19 only)

Benefits	Frequency	Platinum Pro EPO	Gold Pro EPO	Gold 25/50/0 Pro EPO
Deductible (Individual/Family)		\$0/\$0	\$0/\$0	\$0/\$0
MOOP*		\$2,000/\$4,000	\$5,000/\$10,000	\$7,000/\$14,000
Diagnostic and Preventive Care				
Periodic Exams	Every 6 months	\$20	\$25	\$25
Partial X-Rays	Every 6 months	\$20	\$25	\$25
Vertical Bitewings	Every 36 months	\$20	\$25	\$25
Full X-ray Series	Every 36 months	\$20	\$25	\$25
Cleanings	Every 6 months	\$20	\$25	\$25
Fluoride Varnish (Ages 0–6)	Every 6 months	\$20	\$25	\$25
Fluoride w/o Varnish	Every 6 months	\$20	\$25	\$25
Sealants (Ages 5–15)	Every 36 months per tooth	\$20	\$25	\$25
Sealant Repair (Ages 5–15)	Every 24 months per tooth	\$20	\$25	\$25
Space Maintainer/ Space Maintainer Removal	Once per lifetime	\$20	\$25	\$25
Restorative Care				
Fillings	One per 36 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Crowns**	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Inlays/Onlays**	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Endodontics				
Endodontic Therapy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Apicoectomy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Pulpal Therapy**	One per lifetime per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Periodontics				
Gingivoplasty**	One per 12 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible

*Maximum Out-of-Pocket—The most you'll have to pay out of your own pocket each year for medical services.

**Must meet medical necessity prior to payment.

Silver Pro EPO	Silver 40/75/4700 Pro EPO	Bronze Pro EPO	Bronze 6650 Pro EPO	Bronze 8150 Pro EPO
\$4,300/\$8,600	\$4,700/\$9,400	\$4,500/\$9,000	\$6,650/\$13,300	\$8,150/\$16,300
\$8,150/\$16,300	\$7,900/\$15,800	\$6,750/\$13,500	\$6,650/\$13,300	\$8,150/\$16,300
Diagnostic and Preventive Care				
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
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\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35	\$40	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Restorative Care				
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
\$35 after deductible	\$40 after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Endodontics				
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
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40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible
Periodontics				
40% coinsurance after deductible	45% coinsurance after deductible	20% coinsurance after deductible	0% coinsurance after deductible	0% coinsurance after deductible

Pro EPO Plans: Dental Coverage (for children up to the age of 19 only)

Benefits	Frequency	Platinum Pro EPO	Gold Pro EPO	Gold 25/50/0 Pro EPO
Periodontics (continued)				
Periodontal Scaling*	One per 24 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Full Mouth Debridement	One per 36 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Gingival Flap Procedure*	One per 12 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Osseous Surgery*	One per 36 months per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Prosthodontics				
Dentures (Immediate, Partial, and Full)*	One per 48 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Overdentures	One per 48 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Bridges*	One per 60 months per tooth	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Implant Services				
Implants and Abutments*	One per 60 months	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Implant Removal	One per lifetime	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Oral Surgery				
Simple Extractions		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Extraction of Impacted or Bony Tooth*		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Alveoplasty*	One per lifetime per quadrant	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Anesthesia				
Deep Sedation*	Two per week	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Intravenous Moderate Sedation*	Two per week	10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Orthodontia				
Member must meet medical necessity requirement and be banded prior to age 19		10% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible

*Must meet medical necessity prior to payment.

Dental Limitations and Exclusions

Dental benefits are administered by DentaQuest. Certain services are subject to copays and may require prior authorization from Healthfirst. All procedures are subject to review and will be evaluated for long-term prognosis as well as for necessity. Included in this evaluation, but not limited to it, are bone support, furcation involvement, periodontal condition, and subcrestal decay.



For a list of in-network dental clinics,
visit [HFDocFinder.org](https://www.healthfirst.com/healthfirstdocfinder) or call Healthfirst.



Service Exclusions

The following is not a complete list of exclusions; please call Healthfirst to find out if a dental service is covered. Generally, plans do NOT cover:

- Cosmetic orthodontics
- Occlusal guards/night guards
- Services not provided by a dentist (unless the service is performed by a licensed dental hygienist under the supervision of a dentist or is for an X-ray ordered by a dentist)
- General anesthesia, analgesia, and any service provided in a hospital environment.
- Certain diagnostic radiology services are not covered
- Any dental procedures done primarily for cosmetic reasons or to treat congenital or developmental malformations are not covered



- Replacement of lost or broken dentures less than five years of age
- Restorations, crowns, or fixed prosthetics when acceptable results can be achieved with other methods or materials. Porcelain and pontic crowns are only covered in certain quadrants or arches

In cases where the selection of a more expensive treatment plan is decided upon, your Healthfirst plan will pay for the least costly option. You will be responsible for all additional fees charged by the dentist.

Vision

See better with Healthfirst Vision Benefits

Taking care of your eyes doesn't just mean having clear vision. An annual eye exam can help detect a number of health risks, such as diabetes, thyroid disease, high blood pressure, and other conditions. Healthfirst has made it easy for our members to take advantage of this often-overlooked preventive service by providing access to comprehensive vision care.

Healthfirst's Pro Plus EPO and Pro EPO Plans offer vision benefits such as:

Vision Exam: every 12 months

- External/internal examination of the eye
- Color vision testing
- Recommendation for corrective lenses, if necessary

Lenses & Frames or Contact Lenses:

- Lenses & Frames: one pair every 12 months
- UV/antireflective coating, tints, and scratch resistance available
- Contact Lenses: every 12 months
- Conventional or disposable

in addition, you have a \$130 annual allowance towards a purchase of contact lenses or eyeglasses as a part of your vision benefit.

Applicable for both pediatric and adult vision care.

Vision benefits are administered by Davis Vision®. Your copay or coinsurance for vision office visits are the same as for office visits with your primary care provider. They will apply after your medical deductible is met (if you have one), and your deductible amount will depend on your Healthfirst plan.



Visit [HFDocFinder.org](https://www.HFDocFinder.org) to locate a participating eye doctor.

Pro Plus EPO Plans: Vision Coverage (for all ages)

Benefits	Platinum Pro Plus EPO	Gold Pro Plus EPO	Gold 25/50/0 Pro Plus EPO
Deductible (Individual/Family)	\$0/\$0	\$0/\$0	\$0/\$0
Vision Exams	Exam: \$10 copay	Exam: \$10 copay	Exam: \$10 copay
Eyeglass Lenses	\$25 copay; allowance applies	\$25 copay; allowance applies	\$25 copay; allowance applies
Contact Lenses	\$25 copay; allowance applies	\$25 copay; allowance applies	\$25 copay; allowance applies

Pro EPO Plans: Vision Coverage (for children up to the age of 19 only)

Benefit	Platinum Pro EPO	Gold Pro EPO	Gold 25/50/0 Pro EPO
Deductible (Individual/Family)	\$0/\$0	\$0/\$0	\$0/\$0
Vision Exams	Exam: \$10 copay	Exam: \$10 copay	Exam: \$10 copay
Eyeglass Lenses	\$25 copay; allowance applies	\$25 copay; allowance applies	\$25 copay; allowance applies
Contact Lenses	\$25 copay; allowance applies	\$25 copay; allowance applies	\$25 copay; allowance applies

Silver Pro Plus EPO	Silver 40/75/4700 Pro Plus EPO	Bronze Pro Plus EPO	Bronze 6650 Pro Plus EPO
\$4300/\$8,600	\$4,700/\$9,400	\$4,500/\$9,000	\$6,650/\$13,300
Exam: \$10 copay (Not Subject to Deductible)	Exam: \$10 copay (Not Subject to Deductible)	Exam: \$10 copay after deductible	Exam: 0% coinsurance after deductible
\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay after deductible; allowance applies	0% coinsurance after deductible; allowance applies
\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay after deductible; allowance applies	0% coinsurance after deductible; allowance applies

Silver Pro EPO	Silver 40/75/4700 Pro EPO	Bronze Pro EPO	Bronze 6650 Pro EPO	Bronze 8150 Pro EPO
\$4300/\$8,600	\$4,700/\$9,400	\$4,500/\$9,000	\$6,650/\$13,300	\$8,150/\$16,300
Exam: \$10 copay (Not Subject to Deductible)	Exam: \$10 copay (Not Subject to Deductible)	Exam: \$10 copay after deductible	Exam: 0% coinsurance after deductible	Exam: 0% coinsurance after deductible
\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay after deductible; allowance applies	0% coinsurance after deductible; allowance applies	0% coinsurance after deductible; allowance applies
\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay allowance applies (Not Subject to Deductible)	\$25 copay after deductible; allowance applies	0% coinsurance after deductible; allowance applies	0% coinsurance after deductible; allowance applies



To learn more or to apply, call

1-855-789-3668

Monday to Friday, 9am–5pm

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Plans contain exclusions and limitations. Availability of plans and services vary by location.

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