

Healthfirst Total EPO Plans

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

- Vision and dental benefits for all ages
- \$0 copays for access to 24/7 telemedicine* (talk to doctors by phone or video chat)
- Up to \$600 in exercise rewards for individuals and covered spouses
- Coverage for unlimited 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.**

2021 Rates – New York City

	Platinum	Gold	Silver	Bronze (HSA Compatible)
Single	\$1,129.79	\$943.73	\$750.63	\$570.61
Couple	\$2,259.58	\$1,887.46	\$1,501.26	\$1,141.22
Parent w/Child(ren)	\$1,920.64	\$1,604.34	\$1,276.07	\$970.04
Family	\$3,219.90	\$2,689.63	\$2,139.30	\$1,626.24

*Bronze 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	\$5,250/\$10,500	\$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 after deductible
Specialist Visit*	\$35 copay	\$40 copay	\$70 copay	50% coinsurance after deductible
Urgent Care	\$50 copay	\$60 copay	\$70 copay	50% coinsurance after deductible
Emergency Room	\$250 copay	\$350 copay	\$600 copay after deductible	50% coinsurance after deductible
Ambulance	\$150 copay	\$150 copay	\$300 copay after deductible	50% coinsurance after deductible
Surgeon	\$100 copay	\$100 copay	\$200 copay after deductible	50% coinsurance after deductible
Outpatient Facility	\$200 copay	\$300 copay	40% coinsurance after deductible	50% coinsurance after deductible
Inpatient Facility/ Skilled Nursing Facility	\$500 copay	\$500 copay per admission	40% coinsurance after deductible	50% coinsurance after deductible
Physical, Occupational, and Speech Therapies	\$35 copay	\$40 copay	\$70 copay	50% coinsurance after deductible
Dental (Preventive Care)	\$20 copay	\$25 copay	\$35 copay	50% coinsurance after deductible
Dental (Routine Care)	\$20 copay	\$25 copay	\$35 copay after deductible	50% coinsurance after deductible
Dental (Major Care)	10% coinsurance	15% coinsurance	40% coinsurance after deductible	50% coinsurance after deductible
Vision Exam	\$10 copay	\$10 copay	\$10 copay	\$10 copay after deductible
Eyeglass Lenses, Frames, and Contact Lenses**	\$25 copay	\$25 copay	\$25 copay	\$25 copay after deductible
Acupuncture	\$35 copay	\$40 copay	\$70 copay	50% coinsurance after deductible
Telemedicine (Teladoc)[†]	\$0 copay	\$0 copay	\$0 copay	\$0 copay after deductible

Prescription Drugs (30-day supply)

	Platinum	Gold	Silver	Bronze
Generic (Tier 1)^{††}	\$10 copay	\$10 copay	\$20 copay	50% coinsurance after deductible
Preferred (Tier 2)	\$30 copay	\$50 copay	\$60 copay	50% coinsurance after deductible
Non-Preferred (Tier 3)	\$60 copay	\$85 copay	\$110 copay	50% coinsurance after deductible

*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 of 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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