

Healthfirst Pro EPO Plans

We offer a broad range of health insurance plans to fit the needs and budget of small business owners, employees, and their families. With an emphasis on comprehensive coverage, highlights of the Healthfirst Pro EPO plans include benefits such as:

- \$0 copay 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 acupuncture visits

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

- No-cost annual checkups
- Retail health clinic and urgent care 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 Healthfirst Pro EPO plan, please talk to your broker or call Healthfirst at **1-844-785-1652**, Monday to Friday, 9am–5pm.

Fourth Quarter Rates 2022 - New York City, and Westchester and Rockland Counties

		Platinum Pro EPO	Silver Pro EPO	Silver 40/75/4700 Pro EPO	Bronze Pro EPO (HSA Compatible)	Bronze 5250 Pro EPO	Bronze 6850 EPO (HSA Compatible)	Bronze 8225 Pro EPO
Single	Standard	\$982.06	\$718.06	\$698.68	\$600.36	\$573.95	\$568.54	\$547.61
	Age 29	\$991.88	\$725.23	\$705.64	\$606.36	\$579.67	\$574.22	\$553.09
Couple	Standard	\$1,964.12	\$1,436.12	\$1,397.36	\$1,200.72	\$1,147.90	\$1,137.08	\$1,095.22
	Age 29	\$1,983.76	\$1,450.46	\$1,411.28	\$1,212.72	\$1,159.34	\$1,148.44	\$1,106.18
Parent w/Child(ren)	Standard	\$1,669.50	\$1,220.70	\$1,187.76	\$1,020.61	\$975.72	\$966.52	\$930.94
	Age 29	\$1,686.20	\$1,232.89	\$1,199.59	\$1,030.81	\$985.44	\$976.17	\$940.25
Family	Standard	\$2,798.87	\$2,046.47	\$1,991.24	\$1,711.03	\$1,635.76	\$1,620.34	\$1,560.69
	Age 29	\$2,826.86	\$2,066.91	\$2,011.07	\$1,728.13	\$1,652.06	\$1,636.53	\$1,576.31

*Bronze Pro and Bronze 6850 Pro must meet the deductible before the \$0 copay applies.
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Costs (Individual/Family)							
	Platinum Pro EPO	Silver Pro EPO	Silver 40/75/4700 Pro EPO	Bronze Pro EPO (HSA Compatible)	Bronze 5250 Pro EPO	Bronze 6850 Pro EPO (HSA Compatible)	Bronze 8225 Pro EPO
Deductible	\$0/\$0	\$4,300/\$8,600	\$4,700/\$9,400	\$5,950/\$11,900	\$5,250/\$10,500	\$6,850/\$13,700	\$8,225/\$16,450
Maximum Out-of-Pocket Cost	\$2,000/\$4,000	\$8,150/\$16,300	\$7,900/\$15,800	\$6,900/\$13,800	\$8,550/\$17,100	\$6,850/\$13,700	\$8,225/\$16,450
Quick Reference Guide							
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	\$35 copay	\$40 copay	50% coinsurance ^{††}	\$0 copay for first 3 visits [†]	0% coinsurance ^{††}	0% coinsurance ^{††}
Specialist Visit*	\$35 copay	\$70 copay	\$75 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Urgent Care	\$50 copay	\$70 copay	\$75 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Emergency Room	\$250 copay	\$600 copay ^{††}	\$600 copay ^{††}	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Ambulance	\$150 copay	\$300 copay ^{††}	\$300 copay ^{††}	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Surgeon	\$100 copay	\$200 copay ^{††}	\$200 copay ^{††}	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Outpatient Facility	\$200 copay	40% coinsurance ^{††}	45% coinsurance ^{††}	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Inpatient Facility/Skilled Nursing Facility	\$500 copay	40% coinsurance ^{††}	45% coinsurance ^{††}	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Physical, Occupational, and Speech Therapies	\$35 copay	\$70 copay	\$75 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Acupuncture (up to 30 visits per year)	\$35 copay	\$70 copay	\$75 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Telemedicine** (Teladoc)	\$0 copay	\$0 copay	\$0 copay	\$0 copay ^{††}	\$0 copay ^{††}	\$0 copay ^{††}	\$0 copay
Prescription Drugs (30-day supply)							
Generic (Tier 1)[†]	\$10 copay	\$20 copay	\$20 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Preferred (Tier 2)	\$30 copay	\$60 copay	\$60 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}
Non-Preferred (Tier 3)	\$60 copay	\$110 copay	\$110 copay	50% coinsurance ^{††}	50% coinsurance ^{††}	0% coinsurance ^{††}	0% coinsurance ^{††}

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

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

[†]May also include low-cost brands.

^{††}Subject to deductible. [‡]The wellness/exercise reward is in the form of a prepaid gift card which should be used on a product or a service that promotes good health.

[‡]Not subject to deductible for first 3 visits (PCP, Outpatient MH/SUD or any combination thereof); 50% Coinsurance after deductible for additional visits.

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.