

## First Health Plans

Plan Name	1000	1500	2500	3500	5000	3500 HSA	5000 HSA	7350
<b>Benefits</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Plan Design</b>	PPO	PPO	PPO	PPO	PPO	PPO HSA	PPO HSA	PPO
<b>Deductible</b> Individual / Family	\$1,000/\$2000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000	\$3,500/\$7,000	\$5,000 / \$10,000	\$7,350/\$14,700
<b>Coinsurance</b> Plan Pays /Member Pays	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	80%/20%	100%
<b>Out-of-Pocket Maximum</b> Individual / Family	\$5,000/\$10,000	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$7,350 / \$14,700	\$6,550/\$13,100	\$6,550/\$13,100	\$7,350/\$14,700
<b>Routine Preventive Services (Non Diagnostic)</b>	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived	No Member Cost Sharing Deductible Waived
<b>Inpatient Hospital</b> (patient responsibility)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Out Patient Services</b> <b>Surgical Services</b> (Procedure & Anesthesia)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Free Standing Lab &amp; Diagnostic Services</b> (Lab & x-ray)	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Complex Diagnostic Services</b> (CT Scan, MRI, Ultra Sound, PET, Nuclear Medicine)	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Emergency Room</b>	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% no ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 20% after ded. Professional: 20% after ded.	Facility: 0%; deductible waived Professional: 0% after ded.
<b>Urgent Care</b>	\$40 Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 copay	20% after deductible	20% after deductible	\$100 Copay
<b>Primary Care / Specialist</b>	\$20/\$40 Copay	\$40/\$80 Copay	\$40/\$80 Copay	\$45/\$90 Copay	\$45/\$90 copay	20% after deductible	20% after deductible	\$50/\$100 Copay
<b>Telemedicine</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
<b>Prescription Drug</b>	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
<b>Deductible</b>	None	None	None	None	None	None	None	None
Retail (31 Days)	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$45/\$85	\$15/\$65/\$100	\$15/65/\$100	Drug Discount Card	Drug Discount Card	Drug Discount Card
Mail Order (90 Days)	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	\$45/\$90/\$150	Drug Discount Card	Drug Discount Card	Drug Discount Card

Non-Network Services	1000	1500	2500	3500	5000 Classic	3500 HSA	\$5000 HSA	7350
<b>Coinsurance</b> Plan Pays/Member Pays	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	60%/40%	50%/50%
<b>Deductible</b> Individual/Family	\$2,000/\$4000	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$10,000/\$20,000	\$14,700/\$29,400
<b>Out of Pocket Maximum</b> Individual/Family	\$10,000/\$20,000	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$14,700/\$29,400	\$20,000/\$40,000	\$20,000/\$40,000	\$14,700/\$29,400

**NOTE: Precertification is required for all in-hospital admissions, chemotherapy, diagnostic testing and outpatient surgery. Penalty may apply for not obtaining precertification.**

**This comparison describes the plan in an easy understood manner and presented as a matter of general information. The contents are not to be accepted as a substitute for the provision of the plan.**