

	HealthFirst Gold 25/50/0 Pro EPO (EPO) (UCR=N/A)		HealthFirst Silver 40/75/4700 Pro EPO (EPOc) (UCR=N/A)		HealthFirst Bronze 6650 Pro EPO (HSA Compatible) (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs						
Drug Card	10/50/85		20/60/110		0%/0%/0% IntDed	
Cost Share Information						
Individual/Family Deductible	N/A		\$4,700/\$9,400		\$6,650/\$13,300	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$7,900/\$15,800 (incl ded)		\$6,650/\$13,300 (incl ded)	
Co-Insurance	0%		45%		0%	
Office Visits						
Primary Care	\$25		\$40 ded waived		0% after ded	
Specialist	\$50		\$75 ded waived		0% after ded	
Inpatient Services						
Inpatient Hospital	\$500/admit		45% after ded		0% after ded	
Mental Health Inpatient	\$500/admit		45% after ded		0% after ded	
Outpatient Services						
Outpatient Facility	\$300		45% after ded		0% after ded	
Lab/X-Ray	PCP-\$25; SP-\$50		PCP-\$40 ded waived; SP-\$75 ded waived		0% after ded	
Mental Health Outpatient	\$25		\$40 ded waived		0% after ded	
Emergency Care						
Emergency Room	\$350 (waived if admitted)		\$600 (waived if admitted) after ded		0% after ded	
Urgent Care	\$60		\$75 ded waived		0% after ded	
Single	1 x	\$756.06	1 x	\$658.46	1 x	\$535.80
EE with Spouse	1 x	\$1,512.12	1 x	\$1,316.92	1 x	\$1,071.60
EE with Child(ren)	1 x	\$1,285.30	1 x	\$1,119.38	1 x	\$910.86
Family	1 x	\$2,154.77	1 x	\$1,876.61	1 x	\$1,527.03
Monthly Cost	4	\$5,708.25	4	\$4,971.37	4	\$4,045.29
Annual Cost		\$68,499.00		\$59,656.44		\$48,543.48