

# Comparison of HF 1, 2, 4, 5, 6 Large Group

Overview	HF 1	HF 2	HF 4	HF 5	HF 6	
Calendar year deductible — individual/family	None	None	None	None	None	
Coinsurance	10%	15%	20%	10%	15%	
Out-of-pocket maximum — individual/family	\$2,000/\$4,000	\$2,000/\$4,000	\$2,500/\$5,000	\$4,000/\$8,000	\$6,000/\$12,000	
Lifetime maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
<b>Health and Wellness</b>						
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	\$0	\$0	\$0	\$0	
<b>Office visits</b>						
Chiropractor (20 visits max. per calendar year)	\$10	\$15	\$20	\$20	\$30	
Primary care physician (PCP)	\$10	\$15	\$20	\$20	\$30	
Podiatrist	\$10	\$15	\$20	\$20	\$30	
Maternity	\$20	\$30	\$40	\$40	\$50	
Ultrasound	\$25	\$25	\$25	\$25	\$25	
Delivery	\$200*	\$250*	\$200**	\$1,000*	\$1,500*	
All other specialists (including consultations and second opinions)	\$20	\$30	\$40	\$40	\$50	
<b>Outpatient services</b>						
Alcohol/substance abuse, mental health treatment	\$20	\$20	\$20	\$20	\$20	
Allergy shots	\$10	\$10	\$10	\$10	\$10	
Emergency room services	\$100	\$100	\$200	\$300	\$400	
Lab tests, routine (all outpatient locations)	10%	15%	20%	10%	15%	
Outpatient surgery	\$150	\$200	\$250	\$250	\$300	
Preventive care (see certificate of coverage for details)	\$0	\$0	\$0	\$0	\$0	
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	10%	15%	20%	10%	15%	
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies; per date of service for each imaging category)	\$50	\$75	\$100	\$200	\$200	
Renal dialysis	\$0	\$0	\$0	\$0	\$0	
Specialty therapies (chemo, radiation, drug infusion, IV therapy)	\$0	\$0	\$0	\$0	\$0	
Vasectomy (physician office setting)	\$50	\$50	\$50	\$50	\$50	
All other medically necessary outpatient services	\$0	\$0	\$0	\$0	\$0	
<b>Inpatient services (Some services may require authorization)</b>						
Hospital admission, alcohol/substance abuse (detox and acute care only)	\$200*	\$250*	\$200**	\$1,000*	\$1,500*	
Hospital admission, medical (includes all services)	\$200*	\$250*	\$200**	\$1,000*	\$1,500*	
Hospital admission, mental health	\$200*	\$250*	\$200**	\$1,000*	\$1,500*	
Ambulance	\$0	\$0	\$0	\$150	\$250	
<b>Other services (Some services may require authorization)</b>						
Durable medical equipment & external prosthetic devices (\$2,500 max./calendar year, limit does not apply to diabetic supplies)	10%	15%	20%	10%	15%	
Home health care (60 visits max. per calendar year)	\$0	\$0	\$0	\$0	\$0	
Hospice (180 days maximum per calendar year)	Inpatient	\$200*	\$250*	\$200**	\$1,000*	\$1,500*
	Outpatient	\$0	\$0	\$0	\$0	\$0
Hyperbaric oxygen therapy (per treatment)	\$0	\$0	\$0	\$50	\$50	
Pain management (per treatment day)	\$20	\$30	\$40	\$50	\$50	
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	\$20	\$20	\$20	\$20	\$20	
Skilled nursing facility (120 days max. per calendar year)	\$200*	\$250*	\$200**	\$1,000*	\$1,500*	
Urgent care — in service area (must use participating provider)	\$10	\$15	\$20	\$20	\$30	
Urgent care — out of service area	\$40	\$40	\$40	\$40	\$40	

\*Per admission

\*\* Days 1-5; each admission