

Health First Health Plans

VP1



Overview	Deductible		\$500/\$1,000	
	Coinsurance		20%	
	Out-of-pocket maximum — individual/family		\$2,000/\$4,000	
	Lifetime maximum		\$5 million	
Health and Wellness	Gym Membership at Health First Pro-Health and Fitness Centers (Employees and dependents age 13 years and older)		\$0	
Office visits	Chiropractor (20 visits max. per calendar year)		\$15	
	Primary care physician (PCP)		\$15	
	Podiatrist		\$15	
	Maternity		20%	
	Ultrasound		20%	
	Delivery		20%	
	All other specialists (including consultations and second opinions)		\$30	
Outpatient services	Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)		\$25	
	Allergy shots		\$10	
	Emergency room services		20%	
	Lab tests, routine (all outpatient locations)		20%	
	Outpatient surgery (includes colonoscopy and endoscopy)		20%	
	Preventive care (adult physicals, well-child visits, annual well woman exam, and mammogram. Includes all associated preventative lab services)		\$0	
	Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)		20%	
	Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)		20%	
	Renal dialysis		20%	
	Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)		20%	
	Vasectomy (physician office setting)		20%	
	All other medically necessary outpatient services		20%	
	Inpatient services (Some services may require authorization)	Hospital admission, acute rehabilitation		20%
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)			20%	
Hospital admission, medical (includes all services)			20%	
Hospital admission, mental health, full and partial (30 days max. per calendar year)			20%	
	Ambulance		20%	
Other services (Some services may require authorization)	Durable medical equipment and external prosthetic devices (\$2,500 max. per calendar year, limit does not apply to diabetic supplies)		20%	
	Home health care (60 visits max. per calendar year)		20%	
	Hospice (180 combined days maximum per calendar year)	Inpatient		20%
		Outpatient		20%
	Hyperbaric oxygen therapy (per treatment)		20%	
	Pain management (per treatment day)		20%	
	Rehabilitation, short-term (physical, speech, occupational therapy, pulmonary, and cardiac rehab)		20%	
	Skilled nursing facility (120 days max. per calendar year)		20%	
	Urgent care — in service area (must use participating provider)		\$15	
	Urgent care — out of service area		\$40	