



Comparison of HF 24, 25, 26, 27 Small Group

Overview	HF 24	HF 25	HF 26	HF 27
Calendar year deductible — individual/family	None	None	None	None
Coinsurance	20%	20%	20%	20%
Out-of-pocket maximum — individual/family	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000
Lifetime maximum	None	None	None	None
Health and Wellness				
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	\$0	\$0	\$0
Office visits				
Chiropractor (20 visits max. per calendar year)	\$20	\$25	\$30	\$40
Primary care physician (PCP)	\$20	\$25	\$30	\$40
Podiatrist	\$20	\$25	\$30	\$40
Maternity	\$25	\$25	\$25	\$25
Ultrasound	\$25	\$25	\$25	\$25
Delivery	\$250/day*	\$1,000/admission	\$1,500/admission	\$2,000/admission
All other specialists (including consultations and second opinions)	\$40	\$45	\$50	\$60
Outpatient services				
Alcohol/substance abuse, mental health treatment (20 visits max. each per calendar year)	\$20	\$20	\$20	\$20
Allergy shots	\$10	\$10	\$10	\$10
Emergency room services	\$250	\$300	\$350	\$400
Lab tests, routine (except genetic testing) (all outpatient locations)	\$0	\$0	\$0	\$0
Outpatient surgery	\$200	\$300	\$350	\$400
Preventive care (see certificate of coverage for details)	\$0	\$0	\$0	\$0
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	20%	20%	20%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies; per date of service for each imaging category)	\$250	\$275	\$300	\$325
Renal dialysis	\$0	\$0	\$0	\$0
Specialty therapies (chemo, radiation, drug infusion, IV therapy)	20%	20%	20%	20%
Vasectomy (physician office setting)	\$100	\$100	\$100	\$100
All other medically necessary outpatient services	\$0	\$0	\$0	\$0
Inpatient services (Some services may require authorization)				
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	\$250/day*	\$1,000/admission	\$1,500/admission	\$2,000/admission
Hospital admission, medical (includes all services)	\$250/day*	\$1,000/admission	\$1,500/admission	\$2,000/admission
Hospital admission, mental health, full and partial (30 days max. per calendar year)	\$250/day*	\$1,000/admission	\$1,500/admission	\$2,000/admission
Ambulance	\$150	\$200	\$250	\$300
Other services (Some services may require authorization)				
Durable medical equipment & external prosthetic devices (\$2,500 max./calendar year, limit does not apply to diabetic supplies)	20%	20%	20%	20%
Home health care (60 visits max. per calendar year)	\$0	\$0	\$0	\$0
Hospice (180 days maximum per calendar year)	Inpatient	\$200/day*	\$1,000/admission	\$1,500/admission
	Outpatient	\$20	\$20	\$20
Hyperbaric oxygen therapy (per treatment)	\$50	\$50	\$50	\$50
Pain management (per treatment day)	\$50	\$50	\$50	\$50
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	\$20	\$20	\$20	\$20
Skilled nursing facility (120 days max. per calendar year)	\$200/day*	\$1,000/admission	\$1,500/admission	\$2,000/admission
Urgent care	\$50	\$50	\$50	\$50

* Days 1-5; each admission