

Comparison of Value Choice 1, 4 Small Group



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Overview	VC 1		VC 4	
	In network	Out of network	In network	Out of network
Calendar year deductible — individual/family	\$500/\$1,000	\$1,000/\$2,000	\$1,250/\$2,500	\$2,500/\$5,000
Coinsurance	20%	30%	50%	60%
Out-of-pocket maximum — individual/family	\$4,000/\$8,000	\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000
Lifetime maximum	None		None	
Health and Wellness				
Gym membership at Health First Pro-Health & Fitness Centers (Employees and dependents age 13 years and older.)	\$0	Not Covered	\$0	Not Covered
Office visits				
Chiropractor (20 visits max. per calendar year)	\$20	30%	\$35	60%
Primary care physician (PCP)	\$20	30%	\$35	60%
Podiatrist	\$20	30%	\$35	60%
Maternity	20%	30%	50%	60%
Ultrasound	20%	30%	50%	60%
Delivery	20%	30%	50%	60%
All other specialists (including consultations and second opinions)	\$40	30%	\$55	60%
Outpatient services				
Alcohol/substance abuse, mental health treatment (20 visits per calendar year)	\$20	30%	\$20	60%
Allergy shots	\$10	30%	\$10	60%
Emergency room services	20%	20%	50%	50%
Lab tests, routine (except genetic testing) (all outpatient locations)	\$0	30%	\$0	60%
Outpatient surgery	20%	30%	50%	60%
Preventive care (see certificate of coverage for details)	\$0	30%	\$0	60%
Radiology/Imaging, routine (X-rays, ultrasounds) (all outpatient locations)	20%	30%	50%	60%
Radiology/Imaging, specialty (CT, MRI, MRA, PET scans, nuclear studies)	20%	30%	50%	60%
Renal dialysis	20%	30%	50%	60%
Specialty therapies (chemotherapy, radiation, drug infusion, IV therapy)	20%	30%	50%	60%
Vasectomy (physician office setting)	20%	30%	50%	60%
All other medically necessary outpatient services	20%	30%	50%	60%
Inpatient services (Some services may require authorization)				
Hospital admission, alcohol/substance abuse (detox and acute care only; 5 days max. per calendar year)	20%	30%	50%	60%
Hospital admission, medical (includes all services)	20%	30%	50%	60%
Hospital admission, mental health, full and partial (30 days max. per calendar year)	20%	30%	50%	60%
Ambulance	20%	30%	50%	60%
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%	30%	50%	60%
Home health care (60 visits max. per calendar year)	20%	30%	50%	60%
Hospice (180 days maximum per calendar year)	Inpatient	20%	50%	60%
	Outpatient	20%	50%	60%
Hyperbaric oxygen therapy (per treatment)	20%	30%	50%	60%
Pain management (per treatment day)	20%	30%	50%	60%
Rehabilitation, short-term (physical, speech, and occupational therapy, cardiac rehab)	20%	30%	50%	60%
Skilled nursing facility (120 days max. per calendar year)	20%	30%	50%	60%
Urgent care		\$50		\$50