

WellFirst Health direct plans are not available through the Marketplace or in the state of Illinois. These plan options offer value-added benefits and are best suited for individuals and families that are not eligible for financial subsidies. Visit [wellfirstbenefits.com/calculator](http://wellfirstbenefits.com/calculator) for help deciding which option is best for you.

### Value-added Benefits



#### Adult Eye Exams

To keep your prescriptions up to date and eyes seeing clear



#### Travel Immunizations

Added peace of mind while enjoying your vacations

## Copay Plus Plan Options

Plan Name	Deductible (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Visit	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold Copay Plus 1550	\$1,550 / \$3,100	20%	\$5,100 / \$10,200	\$30 copay	\$60 copay	No charge	No charge	\$30 copay	\$325 copay before policy deductible & coinsurance	20% after deductible	20% after deductible
Silver Copay Plus 4850	\$4,850 / \$9,700	30%	\$8,550 / \$17,100							30% after deductible	30% after deductible
Bronze Copay Plus 8550	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	\$60 copay	\$120 copay			\$60 copay	\$500 copay before policy deductible & coinsurance	No charge after deductible	No charge after deductible

*Copay Plus Prescription Drug Benefits – Gold & Silver offer \$15 Generics, \$50 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty  
Bronze offers \$15 Generics & no charge after deductible on all other tiers*

## Value Copay Plan Options

Plan Name	Deductible (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Visit	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold Value Copay 3750	\$3,750 / \$7,500	0%	\$3,750 / \$7,500	\$25 copay for 3 visits then no charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible	\$325 copay before policy deductible & coinsurance	No charge after deductible	No charge after deductible
Silver Value Copay 5050	\$5,050 / \$10,100	30%	\$8,550 / \$17,100	\$25 copay for 3 visits then 30% coinsurance after deductible	30% after deductible			30% after deductible		30% after deductible	
Bronze Value Copay 8550	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	\$125 copay for 3 visits then no charge after deductible	No charge after deductible			No charge after deductible		No charge after deductible	

*Value Copay Prescription Drug Benefits – Gold & Silver offer \$15 Generics, 50% Preferred Brand, 50% Non-Preferred Brand, 50% Specialty;  
Bronze offers no charge after deductible on all tiers*

## HSA Eligible Plan Options

Plan Name	Deductible** (Single / Family)	Coinsurance	Annual Max Out-of-Pocket (Single / Family)	Primary Care Office Visit	Specialist Office Visit	Virtual Visit	Preventive Exam*	Urgent Care	Emergency Room	Outpatient Lab/X-ray	Hospital Stay
Gold HSA 2000	\$2,000 / \$4,000	20%	\$4,250 / \$8,500	20% after deductible	20% after deductible	\$25 copay	No charge	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Silver HSA-E 4550	\$4,550 / \$9,100		\$6,900 / \$13,800								
Bronze HSA-E 6900	\$6,900 / \$13,800	0%	\$6,900 / \$13,800	No charge after deductible	No charge after deductible			No charge after deductible			

*HSA Eligible Prescription Drug Benefits – Policy coinsurance after deductible on all tiers*

*Our HSA eligible plans are designed to offer maximum consumer value through a separate HDHP HSA formulary, increasing access to lower cost generic drugs.*

**\*\*If purchasing an HSA eligible family plan, the Silver and Bronze options offer benefits to each individual after the single deductible has been met.**

**\*Preventive exams are covered in accordance with the recommended preventive services as required by the Patient Protection and Affordable Care Act (PPACA).**