

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 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	SSM Health Express E-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		\$30 copay	\$325 copay before policy deductible and coinsurance	20% after deductible	
Silver Copay Plus 4850	\$4,850 / \$9,700	30%	\$8,700 / \$17,400							30% after deductible	
Bronze Copay Plus 8700	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	\$60 copay	\$120 copay			\$60 copay	\$500 copay before policy deductible and coinsurance	No charge after deductible	

Copay Plus Prescription Drug Benefits – Gold and Silver offer \$15 Generics, \$50 Preferred Brand, 50% Non-Preferred Brand, 50% Specialty. Bronze offers \$15 Generics and 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	SSM Health Express E-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 after deductible	\$325 copay before policy deductible and coinsurance	No charge after deductible		
Silver Value Copay 5050	\$5,050 / \$10,100	30%	\$8,700 / \$17,400	\$25 copay for 3 visits then 30% coinsurance after deductible	30% after deductible			30% after deductible		30% after deductible	30% after deductible	
Bronze Value Copay 8700	\$8,700 / \$17,400	0%	\$8,700 / \$17,400	\$100 copay for 3 visits then no charge after deductible	No charge after deductible			No charge after deductible		No charge after deductible	No charge after deductible	

Value Copay Prescription Drug Benefits – Gold and 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	SSM Health Express E-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			No charge	20% after deductible			
Silver HSA-E 4550	\$4,550 / \$9,100		\$7,000 / \$14,000								
Bronze HSA-E 7000	\$7,000 / \$14,000	0%	\$7,000 / \$14,000	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).*