

	Coinsurance <i>(Plan pays after deductible)</i>	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse Office Visit	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single / Family Deductible
HMO VALUE												
AdventHealth Gold VALUE RX 75 1825**	75%	\$4,000 / \$8,000	\$8,650 / \$17,300	No	Yes	\$0	\$25	\$50	\$50	\$30	25% of cost after deductible	\$3-\$15-\$30-\$55-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Silver VALUE RX 80 1821**	80%	\$7,100 / \$14,200	\$8,700 / \$17,400	No	Yes	\$0	\$45	\$110	\$110	\$80	20% of cost after deductible	\$3-\$15-\$30-\$55-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Bronze VALUE RX 50 1820	50%	\$8,300 / \$16,600	\$8,700 / \$17,400	No	Yes	\$0	Visit 1-5, \$45, Visits 6+, 50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	\$3-\$15-35%-45%-50% of cost \$200/\$400 Rx deductible for Tiers 3-5
HMO-CSR VALUE <i>Cost-Share Reduction Variations</i>												
AdventHealth Silver VALUE RX 80 1821**												
AdventHealth Silver VALUE RX AV94 80 1824**	80%	\$0	\$950 / \$1,900	No	Yes	\$0	\$10	\$30	\$30	\$30	20% of cost after deductible	\$3-\$15-\$30-\$55-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Silver VALUE RX AV87 80 1823**	80%	\$1,100 / \$2,200	\$2,900 / \$5,800	No	Yes	\$0	\$15	\$40	\$40	\$40	20% of cost after deductible	\$3-\$15-\$30-\$55-25% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Silver VALUE RX AV73 80 1822**	80%	\$4,300 / \$8,600	\$6,850 / \$13,700	No	Yes	\$0	\$40	\$90	\$90	\$80	20% of cost after deductible	\$3-\$15-\$30-\$55-25% of cost \$200/\$400 Rx deductible for Tiers 3-5

	Coinsurance <i>(Plan pays after deductible)</i>	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse Office Visit	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasonounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single / Family Deductible
HMO												
AdventHealth GYM ACCESS Gold HMO 100 1738	100%	\$2,650 / \$5,300	\$6,800 / \$13,600	Yes	Yes	\$0	\$25	\$45	\$45	\$40	0% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth Gold HMO 80 1772	80%	\$1,600 / \$3,200	\$8,700 / \$17,400	No	Yes	\$0	\$20	\$50	\$20	\$60	20% of cost after deductible	\$2-\$10-\$40-\$75-30% of cost after MEDICAL deductible Tier 5 only
AdventHealth GYM ACCESS Gold HMO 80 1741	80%	\$2,900 / \$5,800	\$8,700 / \$17,400	Yes	Yes	\$0	\$15	\$30	\$30	\$30	<ul style="list-style-type: none"> ▪ \$0 for Diagnostic Labs ▪ 20% of cost after deductible 	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Gold HMO 70 1743	70%	\$1,500 / \$3,000	\$7,250 / \$14,500	Yes	Yes	\$0	\$40	\$80	\$80	\$80	<ul style="list-style-type: none"> ▪ \$0 for Diagnostic Lab Services ▪ Radiology Service \$50 ▪ Advanced Imaging \$0 ▪ ER visits 1-2 \$250, visits 3+ \$600 after deductible ▪ Inpatient Service \$700 ▪ Outpatient Surgery 30% of cost after deductible 	\$2-\$15-\$30-\$50-30% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 100 1668	100%	\$5,750 / \$11,500	\$8,700 / \$17,400	Yes	Yes	\$0	\$50	\$100	\$100	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200/\$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver HMO 80 1696	80%	\$4,950 / \$9,900	\$8,700 / \$17,400	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
AdventHealth Silver HMO 65 1810	65%	\$2,900 / \$5,800	\$8,700 / \$17,400	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Bronze HMO 100 1776	100%	\$8,700 / \$17,400	\$8,700 / \$17,400	No	Yes	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated \$0 of cost after deductible
AdventHealth GYM ACCESS Bronze HMO 60 1657	60%	\$7,550 / \$15,100	\$8,700 / \$17,400	Yes	Yes	\$0	\$70	\$120	\$120	\$80	<ul style="list-style-type: none"> ▪ \$30 for Diagnostic Lab Services ▪ 40% of cost after deductible 	\$2-\$35-35%-40%-45% of cost \$1,000/\$2,000 Rx deductible for tiers 3-5
AdventHealth Bronze HMO 60 1752	60%	\$8,500 / \$17,000	\$8,700 / \$17,400	No	Yes	\$0	\$45	\$85	\$45	\$75	40% of cost after deductible	\$2-\$35-35%-40%-45% of cost Tiers 3-5 after MEDICAL deductible
AdventHealth GYM ACCESS Bronze HMO 50 1797	50%	\$6,900 / \$13,800	\$8,700 / \$17,400	Yes	Yes	\$0	Visits 1-3, \$45; Visits 4+, 50% of cost after deductible	Visits 1-3, \$60; Visits 4+, 50% of cost after deductible	Visits 1 – 3, \$60; Visits 4+, 50% of cost after deductible	50% of cost after deductible	50% of cost after deductible	\$2-\$35-35%-40%-45% of cost Tiers 3-5 after MEDICAL deductible
AdventHealth GYM ACCESS Catastrophic HMO 1748	100%	\$8,700 / \$17,400	\$8,700/\$17,400	Yes	\$0 after deductible	\$0	Visits 1-3, \$35; Visits 4+, 0% of cost after deductible	0% cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
HSA Plans (HSA Qualified)												
AdventHealth GYM ACCESS Gold HMO 90 HSA 1745	90%	\$1,700 / \$3,400	\$4,000 / \$8,000	Yes	\$0 after deductible	\$0	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	10% of cost after deductible	Integrated 10% of cost after deductible
AdventHealth GYM ACCESS Bronze HMO 100 HSA 1660	100%	\$6,900* / \$13,800	\$6,900 / \$13,800	Yes	\$0 after deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible
AdventHealth Bronze HMO 100 HSA 1795	100%	\$6,900* / \$13,800	\$6,900 / \$13,800	No	\$0 after deductible	\$0	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	0% of cost after deductible	Integrated 0% of cost after deductible

Coinsurance <i>(Plan pays after deductible)</i>	Calendar Year Deductible Single / Family	Maximum Out of Pocket Single / Family	Gym Membership	Pediatric Dental and Vision (Up to age 19)	Preventive Services (including 15 Routine Maternity Office Visits) (Deductible waived)	PCP Office Visit	Specialist Visit	Outpatient Mental Health & Substance Abuse Office Visit	Urgent Care	OP Diagnostic Labs, OP Surgery, X-rays/ Ultrasounds, Inpatient Care, Emergency Room Services (ER), Advanced Imaging	Prescriptions 5-tier Formulary, Single/ Family Deductible
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HMO-CSR Cost-Share Reduction Variations

AdventHealth GYM ACCESS Silver HMO 100 1668

AdventHealth GYM ACCESS Silver AV94 HMO 100 1671 (100-150% FPL)	100%	\$150 / \$300	\$1,100/\$2,200	Yes	Yes	\$0	\$5	\$40	\$40	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 100 1670 (151-200% FPL)	100%	\$1,150 / \$2,300	\$2,900/\$5,800	Yes	Yes	\$0	\$5	\$40	\$40	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5
AdventHealth GYM ACCESS Silver AV73 HMO 100 1669 (201-250% FPL)	100%	\$4,700 / \$9,400	\$6,950/\$13,900	Yes	Yes	\$0	\$50	\$100	\$100	0% of cost after deductible	0% of cost after deductible	\$2-\$15-\$30-\$50-20% of cost \$200 / \$400 Rx deductible for Tiers 3-5

AdventHealth GYM ACCESS Silver HMO 80 1696

AdventHealth GYM ACCESS Silver AV94 HMO 80 1699 (100-150% FPL)	80%	\$200 / \$400	\$700 / \$1,400	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 80 1698 (151-200% FPL)	80%	\$500 / \$1,000	\$2,900 / \$5,800	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$250 / \$500 Rx deductible Tiers 3-5
AdventHealth GYM ACCESS Silver AV87 HMO 80 1697 (201-250% FPL)	80%	\$2,500 / \$5,000	\$6,950 / \$13,900	Yes	Yes	\$0	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	20% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500 / \$1,000 Rx deductible Tiers 3-5

AdventHealth Silver HMO 65 1810

AdventHealth Silver AV94 HMO 65 1813	65%	\$0 / \$0	\$850 / \$1,700	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Silver AV87 HMO 65 1812	65%	\$500 / \$1000	\$2,400 / \$4,800	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible
AdventHealth Silver AV73 HMO 65 1811	65%	\$1,200 / \$2,400	\$6,950 / \$13,900	No	Yes	\$0	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	35% of cost after deductible	Integrated 30% of cost after deductible

Non QHP Silver Plans

AdventHealth GYM ACCESS Silver HMO 70 3712	70%	\$3,850 / \$7,700	\$8,300 / \$16,600	Yes	Yes	\$0	\$35	\$50	\$50	\$50	30% of cost after deductible	\$2-\$15-\$30-\$50-30% of cost \$500/\$1,000 Rx deductible for Tiers 3-5
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* Individual deductible amount does not apply if policy covers two or more people.

** There are two separate deductibles but the Maximum Out of Pocket is shared.

■ Catastrophic plans are available for people younger than 30 or older than 30 who qualify for a "hardship exemption" from the Marketplace (requires confirmation of eligibility from Marketplace if being quoted or purchased off-Marketplace).

■ **This Comparison of Benefits is for illustrative purposes only as exclusions and limitations may apply. Health First Commercial Plans, Inc. is doing business under the name of AdventHealth Advantage Plans. AdventHealth Advantage Plans does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. Please see the approved member documents for complete benefit details.**