

Comparison of Benefits

for Large Groups

HMO ■ POS

AdventHealth Advantage Plan - Large Group HMO

	Coinsurance applies after deductible has been satisfied	Calendar Year Deductible (Single / Family)	Maximum Out of Pocket (Single / Family)	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit per type)	Urgent Care (In and Out of Network)	Emergency Room (In and Out of Network)	Inpatient Admission (per admission)	Outpatient Surgery (Facility)
AdventHealth HF15 HMO 6041	0%	\$0	\$1,500 / \$3,000	\$15	\$25	Routine labs \$0 X-rays \$0	\$50	\$30	\$75	\$200 per day, \$1,000 max. per calendar year	\$150
AdventHealth HF1 HMO 6027	10%	\$0	\$2,000 / \$4,000	\$10	\$20	Routine labs \$0 X-rays 10%	\$50	\$30	\$100	\$200	\$150
AdventHealth Value 5 HMO 6049	20%	\$0	\$2,000 / \$4,000	\$20	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
AdventHealth Value 6 HMO 6053	25%	\$0	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
AdventHealth HF2 HMO 6029	15%	\$0	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays 15%	\$75	\$30	\$150	\$250	\$200
AdventHealth Value 7 HMO 6057	30%	\$0	\$3,000 / \$6,000	\$20	\$50	Routine labs \$0 X-rays 30%	30%	\$50	\$250 1st Visit; \$400 Visits 2+	30%	\$500
AdventHealth HF4 HMO 6031	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100	\$30	\$200	\$200 per day 1-5 \$0 days 6+	\$250
AdventHealth C3 HMO 6025	50%	\$0	\$5,000 / \$10,000	\$25	\$50	Routine labs 50% X-rays 50%	50%	\$50	50%	\$1,500	50%
AdventHealth HF5 HMO 6033	10%	\$0	\$5,000 / \$10,000	\$20	\$40	Routine labs \$0 X-rays 10%	\$200	\$30	\$300	\$1,000	\$250
AdventHealth Value 8 HMO 6061	35%	\$0	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
AdventHealth HF6 HMO 6035	15%	\$0	\$6,000 / \$12,000	\$30	\$50	Routine labs \$0 X-rays 15%	\$200	\$30	\$400	\$1,500	\$300
AdventHealth Value 5D HMO 6051	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	\$30	\$150	20%	20%
AdventHealth Value 10D HMO 6067	20%	\$250 / \$500	\$3,000 / \$6,000	\$15	\$30	Routine labs \$0 X-rays \$30	\$100	\$30	\$150	\$500	\$300
AdventHealth 250D HMO 6045	20%	\$250 / \$500	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$100	\$30	\$200	\$200 per day 1-5 \$0 days 6+	\$250
AdventHealth Value 6D HMO 6055	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$40	Routine labs \$0 X-rays 25%	25%	\$30	\$200	25%	\$250
AdventHealth 500D HMO 6154	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650

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AdventHealth 750D HMO 6047	10%	\$750 / \$1,500	\$1,500 / \$3,000	\$20	\$30	Routine labs \$0 X-rays \$50	10%	\$20	\$150	10%	10%
AdventHealth Value 7D HMO 6059	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	\$40	\$250	30%	30%
AdventHealth 1000/80 HMO 6069	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
AdventHealth 1000/80 HMO 6076	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
AdventHealth Value 8D HMO 6063	35%	\$1,000 / \$2,000	\$5,000 / \$10,000	\$30	\$60	Routine labs \$0 X-rays 35%	35%	\$40	\$300	35%	35%
AdventHealth 1500/80 HMO 6071	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
AdventHealth 1500/80 HMO 6077	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
AdventHealth Value 9D HMO 6065	20%	\$1,500 / \$4,500	\$5,000 / \$10,000	\$25	\$50	Routine labs \$0 X-rays \$50	\$100	\$50	\$150	20%	\$200
AdventHealth 2500/80 HMO 6073	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
AdventHealth 2500/80 HMO 6078	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
AdventHealth HF16 HMO 6043	20%	\$3,000 / \$6,000	\$5,000 / \$10,000	\$20	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
AdventHealth 3500/80 6182	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	\$1,650	\$650
AdventHealth 4000/80 HMO 6187	20%	\$4,000 / \$8,000	\$6,600 / \$13,200	\$20	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
AdventHealth 4500/80 6184	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$20	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$250 1st Visit; \$400 Visits 2+	20%	\$500
AdventHealth 5000/80 HMO 6075	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$50	\$200	20%	\$250
AdventHealth 5000/80 HMO 6079	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	\$75	\$300 1st Visit; \$500 Visits 2+	20%	\$650
AdventHealth 5000/65 HMO 6151	35%	\$5,000 / \$10,000	\$6,600 / \$13,200	\$30	\$60	Routine labs \$0 X-rays 35%	35%	35%	35%	35%	35%
AdventHealth 6600/100 HMO 6080	0%	\$6,600 / \$13,200	\$6,600 / \$13,200	\$50	0%	Routine labs 0% X-rays 0%	0%	\$75	0%	0%	0%

AdventHealth Advantage Plan - Large Group HMO - HSA Qualified

	Coinsurance applies after deductible has been satisfied	Calendar Year Deductible (Single / Family)	Maximum Out of Pocket (Single / Family)	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit per type)	Urgent Care (In and Out of Network)	Emergency Room (In and Out of Network)	Inpatient Admission (per admission)	Outpatient Surgery (Facility)
AdventHealth HDHMO 1500 HSA 6082	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20%	20%
AdventHealth HDHMO 2500 HSA 6084	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
AdventHealth HDHMO 3500 HSA 6193	20%	\$3,500* / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20%	20%
AdventHealth HDHMO 4500 HSA 6195	20%	\$4,500* / \$9,000	\$6,350 / \$12,700	20%	20%	20%	20%	20%	20%	20%	20%
AdventHealth HDHMO 5000 HSA 6197	20%	\$5,000* / \$10,000	\$6,650 / \$13,300	20%	20%	20%	20%	20%	20%	20%	20%
AdventHealth HDHMO 6350 HSA 6088	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%

*Individual deductible does not apply if policy covers 2 or more people.
Includes medical and pharmacy expenses per calendar year

Eye exams are included in well-child exams for all plans.

This Benefit Grid is intended only to highlight certain Benefits and should not be relied upon to fully determine coverage. If this Benefit Grid conflicts in any way with the Schedule of Benefits, the Schedule shall prevail.

(9/22/20) This is a summary of benefits only. It is intended only to highlight some benefits and should not be relied upon to fully determine coverage. If this summary conflicts in any way with the Certificate of Coverage (contract), the contract shall prevail. Please review your contract for a description of services, supplies, terms and conditions of coverage. AdventHealth Advantage Plans is underwritten by Health First Commercial Plans, Inc. Health First Commercial Plans, Inc. 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.

AdventHealth Advantage Plan - Large Group POS

	In-Network									In- and Out-of-Network (IN / OON)		Out-of-Network		
	Coinsurance applies after deductible has been satisfied	Calendar Year Deductible (Single / Family)	Out-of-Pocket Max. Individual / Family	PCP Office Visit	Specialist Office Visit	Diagnostic Testing (Routine Labs & X-rays)	Advanced Imaging Services (per visit per type)	Inpatient Admission (per admission)	Outpatient Surgery (Facility)	Urgent Care	Emergency Room	Coinsurance applies after deductible has been satisfied	Calendar Year Deductible (Single / Family)	Out-of-Pocket Max. Individual / Family
AdventHealth PS2 POS 6102	10%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 10%	\$150	\$250	\$200	\$50	\$100	20%	\$500 / \$1,500	\$4,000 / \$8,000
AdventHealth Value 5 POS 6106	20%	\$0	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
AdventHealth Value 9 POS 6124	10%	\$0	\$2,000 / \$4,000	\$15	10%	Routine lab \$0 X-rays: \$0	10%	10%	10%	\$15 IN \$40 OON	\$100	30%	\$500 / \$1,000	\$4,000 / \$8,000
AdventHealth PS4 POS 6104	20%	\$0	\$4,000 / \$8,000	\$20	\$40	Routine labs \$0 X-rays 20%	\$150	\$200 per day 1-5 \$0 days 6+	\$250	\$50	\$200	30%	\$500 / \$1,000	\$8,000 / \$16,000
AdventHealth Value 5D POS 6108	20%	\$250 / \$500	\$2,000 / \$4,000	\$15	\$30	Routine labs \$0 X-rays 20%	20%	20%	20%	\$40	\$150	40%	\$500 / \$1,000	\$4,000 / \$8,000
AdventHealth Value 6D POS 6112	25%	\$500 / \$1,000	\$2,500 / \$5,000	\$20	\$50	Routine labs \$0 X-rays 25%	25%	25%	\$500	\$50	\$250 1st Visit \$400 Visits 2+	40%	\$1,000 / \$2,000	\$6,000 / \$12,000
AdventHealth 500D POS 6155	20%	\$500 / \$1,000	\$3,500 / \$7,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	\$1,650	\$650	\$75 IN 40% OON	\$300 1st Visit \$500 Visits 2+	40%	\$1,000 / \$2,000	\$7,000 / \$14,000
AdventHealth Value 7D POS 6116	30%	\$750 / \$1,500	\$3,000 / \$6,000	\$25	\$50	Routine labs \$0 X-rays 30%	30%	30%	30%	\$40	\$250	50%	\$1,500 / \$3,000	\$6,000 / \$12,000
AdventHealth 1000/80 POS 6090	20%	\$1,000 / \$2,000	\$3,000 / \$6,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$2,000 / \$4,000	\$6,000 / \$12,000
AdventHealth 1000/80 POS 6119	20%	\$1,000 / \$2,000	\$4,000 / \$8,000	\$25	\$40	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit \$500 Visits 2+	40%	\$2,000 / \$4,000	\$8,000 / \$16,000
AdventHealth 1250D POS 6100	20%	\$1,250 / \$2,500	\$2,000 / \$4,000	\$30	\$40	Routine labs \$0 X-rays 20%	20%	20%	20%	\$30	\$300	40%	\$2,000 / \$4,000	\$4,000 / \$8,000
AdventHealth 1500/80 POS 6092	20%	\$1,500 / \$3,000	\$3,500 / \$7,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$3,000 / \$6,000	\$7,000 / \$14,000
AdventHealth 1500/80 POS 6120	20%	\$1,500 / \$3,000	\$4,500 / \$9,000	\$30	\$45	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit \$500 Visits 2+	40%	\$3,000 / \$6,000	\$9,000 / \$18,000
AdventHealth 2500/80 POS 6094	20%	\$2,500 / \$5,000	\$4,500 / \$9,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$5,000 / \$15,000	\$9,000 / \$18,000
AdventHealth 2500/80 POS 6121	20%	\$2,500 / \$5,000	\$5,500 / \$11,000	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit \$500 Visits 2+	40%	\$5,000 / \$10,000	\$11,000 / \$22,000
AdventHealth 3500/80 POS 6189	20%	\$3,500 / \$7,000	\$5,500 / \$11,000	\$20	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$500	\$50 IN 40% OON	\$250 1st Visit \$400 Visits 2+	40%	\$7,000 / \$14,000	\$11,000 / \$22,000
AdventHealth 4500/80 POS 6191	20%	\$4,500 / \$9,000	\$7,350 / \$14,700	\$20	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$500	\$50 IN 40% OON	\$250 1st Visit \$400 Visits 2+	40%	\$9,000 / \$18,000	\$14,700 / \$29,400
AdventHealth 5000/80 POS 6096	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 X-rays 20%	20%	20%	\$250	\$50 IN 40% OON	\$200	40%	\$10,000 / \$20,000	\$14,000 / \$28,000
AdventHealth 5000/80 POS 6122	20%	\$5,000 / \$10,000	\$6,350 / \$12,700	\$35	\$50	Routine labs \$0 & X-rays 20%	20%	20%	\$650	\$75 IN 40% OON	\$300 1st Visit \$500 Visits 2+	40%	\$10,000 / \$20,000	\$14,000 / \$28,000

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AdventHealth HDPOS 1500 HSA 6117	20%	\$1,500* / \$3,000	\$3,000 / \$6,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$3,000* / \$6,000	\$6,000 / \$12,000
AdventHealth HDPOS 2500 HSA 6118	20%	\$2,500* / \$5,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$5,000* / \$10,000	\$10,000 / \$20,000
AdventHealth HDPOS 3500 HSA 6199	20%	\$3,500 / \$7,000	\$5,000 / \$10,000	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$7,000* / \$14,000	\$10,000 / \$20,000
AdventHealth HDPOS 4500 HSA 6201	20%	\$4,500 / \$9,000	\$6,350 / \$12,700	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$9,000* / \$18,000	\$12,700 / \$25,400
AdventHealth HDPOS 5000 HSA 6203	20%	\$5,000* / \$10,000	\$6,650 / \$13,300	20%	20%	20%	20%	20%	20%	20% IN 40% OON	20%	40%	\$10,000 / \$20,000	\$13,300 / \$26,600
AdventHealth HDPOS 6350 HSA 6140	0%	\$6,350* / \$12,700	\$6,350 / \$12,700	0%	0%	0%	0%	0%	0%	0%	0%	0%	\$12,700* / \$25,400	\$12,700 / \$25,400

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