

INNOVATIVE
PLANS



Employer Groups - PPO



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Plan Comparison Chart - PPO Effective 4/01/11



HNE also offers a PHCS PPO version of these plans. PHCS is a national PPO network of over 450,000 providers and 4,000 facilities to choose from. **ASK YOUR SALES REPRESENTATIVE.**

HNE PPO PLANS	Basic PPO				Value PPO						Premium PPO	
	Wise PPO* (HDHP) <i>This plan only available with PHCS PPO</i>		PPO Essential ²⁰⁰⁰		PPO Essential ¹⁰⁰⁰		PPO Essential ⁵⁰⁰		PPO Focus		PPO Complete	
	In-Plan <small>(HNE & PHCS Providers)</small>	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
Deductible	\$2,000 per Individual \$4,000 per Family per calendar year	\$2,000 per Individual \$4,000 per Family per calendar year	\$2,000 per Individual \$4,000 per Family per policy or calendar year	\$2,000 per Individual \$4,000 per Family per policy or calendar year	\$1,000 per Individual \$2,000 per Family per policy or calendar year	\$1,000 per Individual \$2,000 per Family per policy or calendar year	\$500 per Individual \$1,000 per Family per policy or calendar year	\$500 per Individual \$1,000 per Family per policy or calendar year	N/A	\$1,000 per Individual \$2,000 per Family per calendar year	N/A	\$1,000 per Individual \$2,000 per Family per calendar year
Doctor's Office	\$0 Preventive Services \$0 after deductible all other office visits	20% after deductible	\$0 Preventive Services \$20 All other office visits	20% after deductible	\$0 Preventive Services \$20 All other office visits	20% after deductible	\$0 Preventive Services \$20 All other office visits	20% after deductible	\$0 Preventive Services \$25 All other office visits	20% after deductible	\$0 Preventive Services \$20 All other office visits	20% after deductible
Emergency Room (Waived if admitted directly from ER)	\$0 after deductible	\$0 after deductible	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$100 per visit	\$100 per visit
High Cost Diagnostics: Diagnostic Imaging: CT Scans, MRI, PET Scans	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$100	20% after deductible	\$75	20% after deductible
Sleep Studies	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$100	20% after deductible	\$75	20% after deductible
Genetic Testing: BRCA & Colaris	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$100	20% after deductible	\$75	20% after deductible
Outpatient Surgery	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$500	20% after deductible	\$250	20% after deductible
Hospital Admission	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$1,000	20% after deductible	\$500	20% after deductible
Out-of-Pocket Maximum	\$5,000 per Individual \$10,000 per Family	\$7,500 per Individual \$15,000 per Family	\$4,000 per Individual \$8,000 per Family	\$4,000 per Individual \$8,000 per Family	\$2,000 per Individual \$4,000 per Family	\$2,000 per Individual \$4,000 per Family	\$2,000 per Individual \$4,000 per Family	\$2,000 per Individual \$4,000 per Family	\$2,000 per Individual \$4,000 per Family	\$4,000 per Individual \$8,000 per Family	\$1,000 per Individual \$2,000 per Family	\$3,000 per Individual \$6,000 per Family
Out-of-Pocket Maximum Includes:	Deductible and copayment	Deductible and coinsurance	Deductible and services with a copayment of \$100 or greater	Deductible and coinsurance	Deductible and services with a copayment of \$100 or greater	Deductible and coinsurance	Deductible and services with a copayment of \$100 or greater	Deductible and coinsurance	Services with a copayment of \$100 or greater	Deductible and coinsurance	Services with a copayment of \$100 or greater	Deductible and coinsurance
PHARMACY RIDERS	*HDHP ONLY: Prescription drugs are subject to the combined Medical/Pharmacy deductible for Wise PPO		\$10/\$25/\$45	\$10/\$30/\$60	\$10/\$30/\$60	\$15/\$30/\$50	<p><i>NOTE: If you already have a rate proposal, the rate is based on the Pharmacy Rider selected when the proposal was generated. Please check your rate proposal for the Pharmacy Rider listed.</i></p> <p><i>Copayments for prescriptions filled at a Plan Pharmacy reflect up to a 30-day supply. Copayments for prescriptions filled through mail order reflect up to a 90-day supply of maintenance medication. Please Call Member Services or visit hne.com for a copy of the HNE Formulary.</i></p>					
Prescription Drugs - PPO <small>(Listed as Generic/Formulary NonFormulary)</small>	Deductible then: \$10/\$25/\$45	Deductible then: \$10/\$30/\$60	Mail Order \$20/\$50/\$135	Mail Order \$20/\$60/\$180	Mail Order \$30/\$60/\$150							
	Out-of-Plan Retail Only Copay + 20%	Out-of-Plan Retail Only Copay + 20%	Out-of-Plan Retail Only Copay + 20%	Out-of-Plan Retail Only Copay + 20%	Out-of-Plan Retail Only Copay + 20%							