



## NationalONE<sup>SM</sup> Deductible/Copay Plans 2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$500 – 75%		\$500 – 50%	
	In Network	Out of Network	In Network	Out of Network
<b>Lifetime maximum</b>	\$3,000,000 combined in and out of network		\$3,000,000 combined in and out of network	
<b>Annual deductible</b>	\$500 per person; \$1,500 per family	\$1,500 per person; \$3,000 per family	\$500 per person; \$1,500 per family	\$2,000 per person; \$4,000 per family
<b>Annual out-of-pocket maximum</b>	\$2,500 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family	\$3,000 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family
<b>Preventive health care</b>	100% coverage	50% coverage after deductible	100% coverage	50% coverage after deductible
<b>Office visits*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Inpatient hospital care</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Outpatient care</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Outpatient MRI and CT</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Emergency care</b>				
<b>Urgent care center*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Hospital ER</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Prescriptions</b>	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible
<b>HealthPartners Mail Order Pharmacy</b>	\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply		\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply	
<b>Pre-existing condition limitation</b>	Pre-existing condition limitation applies in the first 12 months of coverage (18 months for late entrants) on all conditions existing within 6 months prior to the effective date of coverage under this plan.			
<p>*Each family member may receive up to a combined total of three office and urgent care visits each year where the physician's services are covered at 100%. Charges for laboratory, radiology, day treatment services, group visits and other ancillary services are subject to the deductible and coinsurance.</p> <p>This is a general product comparison for employer use only; it is not intended for employee presentation. For a complete summary of benefits, contact your sales representative. The products listed may not cover all of your employees' health care expenses. For exact terms and conditions, refer to a Group Certificate to determine which expenses are covered.</p> <p>Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.</p>				



## NationalONE<sup>SM</sup> Deductible/Copay Plans

### 2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$750 – 75%		\$750 – 50%	
	In Network	Out of Network	In Network	Out of Network
<b>Lifetime maximum</b>	\$3,000,000 combined in and out of network			
<b>Annual deductible</b>	\$750 per person; \$2,250 per family	\$2,750 per person; \$5,500 per family	\$750 per person; \$2,250 per family	\$2,250 per person; \$4,000 per family
<b>Annual out-of-pocket maximum</b>	\$2,750 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family	\$3,250 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family
<b>Preventive health care</b>	100% coverage	50% coverage after deductible	100% coverage	50% coverage after deductible
<b>Office visits*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Inpatient hospital care</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Outpatient care</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Outpatient MRI and CT</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Emergency care</b>				
<b>Urgent care center*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Hospital ER</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Prescriptions</b>	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible
<b>HealthPartners Mail Order Pharmacy</b>	\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply		\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply	
<b>Pre-existing condition limitation</b>	Pre-existing condition limitation applies in the first 12 months of coverage (18 months for late entrants) on all conditions existing within 6 months prior to the effective date of coverage under this plan.			

\*Each family member may receive up to a combined total of three office and urgent care visits each year where the physician's services are covered at 100%. Charges for laboratory, radiology, day treatment services, group visits and other ancillary services are subject to the deductible and coinsurance.

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HEALTH SERVICE	\$1,000 – 75%		\$1,000 – 50%	
	In Network	Out of Network	In Network	Out of Network
<b>Lifetime maximum</b>	\$3,000,000 combined in and out of network		\$3,000,000 combined in and out of network	
<b>Annual deductible</b>	\$1,000 per person; \$2,000 per family	\$2,000 per person; \$4,000 per family	\$1,000 per person; \$2,000 per family	\$2,000 per person; \$4,000 per family
<b>Annual out-of-pocket maximum</b>	\$2,750 per person; \$5,500 per family	\$5,500 per person; \$11,000 per family	\$3,500 per person; \$7,000 per family	\$6,500 per person; \$13,000 per family
<b>Preventive health care</b>	100% coverage	50% coverage after deductible	100% coverage	50% coverage after deductible
<b>Office visits*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Inpatient hospital care</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
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<b>Urgent care center*</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Hospital ER</b>	75% coverage after deductible	50% coverage after deductible	50% coverage after deductible	50% coverage after deductible
<b>Prescriptions</b>	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription	50% coverage after deductible
<b>HealthPartners Mail Order Pharmacy</b>	\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply		\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply	
<b>Pre-existing condition limitation</b>	Pre-existing condition limitation applies in the first 12 months of coverage (18 months for late entrants) on all conditions existing within 6 months prior to the effective date of coverage under this plan.			

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