



Empower NationalONESM Plans

2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$1,150-100%, \$1,500-100%, \$2,300-100%, \$3,000-100% and \$5,600-100% Plans	
	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network	
Annual deductible		
Choice \$1,150	\$1,150 single contract; \$2,300 family contract	\$2,300 single contract; \$ 4,600 family contract
Choice \$1,500	\$1,500 single contract; \$3,000 family contract	\$3,000 single contract; \$6,000 family contract
Choice \$2,300	\$2,300 single contract; \$4,600 family contract	\$4,600 single contract; \$9,200 family contract
Choice \$3,000	\$3,000 single contract; \$6,000 family contract	\$6,000 single contract; \$12,000 family contract
Choice \$5,600	\$5,600 single contract; \$11,200 family contract	\$6,000 single contract; \$12,000 family contract
Annual out-of-pocket maximum		
Choice \$1,150	\$1,150 single contract; \$2,300 family contract	\$4,600 single contract; \$9,200 family contract
Choice \$1,500	\$1,500 single contract; \$3,000 family contract	\$6,000 single contract; \$9,000 family contract
Choice \$2,300	\$2,300 single contract; \$4,600 family contract	\$9,200 single contract; \$18,400 family contract
Choice \$3,000	\$3,000 single contract; \$6,000 family contract	\$12,000 single contract; \$24,000 family contract
Choice \$5,600	\$5,600 single contract; \$11,200 family contract	\$12,000 single contract; \$24,000 family contract
Preventive health care	100% coverage	60% coverage after deductible
Office visits	100% coverage after deductible	60% coverage after deductible
Inpatient hospital care	100% coverage after deductible	60% coverage after deductible
Outpatient care	100% coverage after deductible	60% coverage after deductible
Outpatient MRI and CT	100% coverage after deductible	60% coverage after deductible
Emergency care		
Urgent care center	100% coverage after deductible	60% coverage after deductible
Hospital ER	100% coverage after deductible	60% coverage after deductible
Prescriptions	100% coverage after deductible; Infertility: \$3,000 annual maximum	60% coverage after deductible
HealthPartners Mail Order Pharmacy	100% coverage after deductible	
Pre-existing condition limitation	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>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. These plans are intended to qualify as high deductible health plans that may be paired with an HSA; however, you should check with your tax advisor for guidance on your particular situation.</p>		



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2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$1,500-80%, and \$3,000-80% Plans	
	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network	
Annual deductible		
Choice \$1,500	\$1,500 single contract; \$3,000 family contract	\$3,000 single contract; \$6,000 family contract
Choice \$3,000	\$3,000 single contract; \$6,000 family contract	\$6,000 single contract; \$12,000 family contract
Annual out-of-pocket maximum		
Choice \$1,500	\$3,000 single contract; \$6,000 family contract	\$9,000 single contract; \$18,000 family contract
Choice \$3,000	\$5,600 single contract; \$11,200 family contract	\$12,000 single contract; \$24,000 family contract
Preventive health care	100% coverage	60% coverage after deductible
Office visits	80% coverage after deductible	60% coverage after deductible
Inpatient hospital care	80% coverage after deductible	60% coverage after deductible
Outpatient care	80% coverage after deductible	60% coverage after deductible
Outpatient MRI and CT	80% coverage after deductible	60% coverage after deductible
Emergency care		
Urgent care center	80% coverage after deductible	60% coverage after deductible
Hospital ER	80% coverage after deductible	60% coverage after deductible
Prescriptions	80% coverage after deductible; Specialty: 80% coverage up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible
HealthPartners Mail Order Pharmacy	80% coverage after deductible	
Pre-existing condition limitation	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>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. These plans are intended to qualify as high deductible health plans that may be paired with an HSA; however, you should check with your tax advisor for guidance on your particular situation.</p> <p>Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.</p>		