



NationalONESM Deductible/Copay Plans 2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$1,500 - 40/60		\$2,000 - \$40	
	In Network	Out of Network	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network		\$3,000,000 combined in and out of network	
Annual deductible	\$1,500 per person; \$3,000 per family	\$3,000 per person; \$6,000 per family	\$2,000 per person; \$4,000 per family	\$4,000 per person; \$8,000 per family
Annual out-of-pocket maximum	\$3,250 per person; \$6,000 per family	\$6,500 per person; \$13,000 per family	\$3,500 per person; \$7,000 per family	\$6,500 per person; \$13,000 per family
Preventive health care	\$40 Primary; \$60 Specialty	60% coverage after deductible	\$40 copayment	60% coverage after deductible
Office visits	\$40 Primary; \$60 Specialty	60% coverage after deductible	\$40 copayment	60% coverage after deductible
Convenience Care	\$20 copayment	60% coverage after deductible	\$20 copayment	60% coverage after deductible
Inpatient hospital care	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Outpatient care	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Outpatient MRI and CT	80% coverage after deductible	60% coverage after deductible	80% coverage after deductible	60% coverage after deductible
Emergency care				
Urgent care center	\$60 copayment	60% coverage after deductible	\$40 copayment	60% coverage after deductible
Hospital ER	\$100 copayment	60% coverage after deductible	\$100 copayment	60% coverage after deductible
Prescriptions	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible
HealthPartners Mail Order Pharmacy	\$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	
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.</p> <p>Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.</p>				



NationalONESM Deductible/Copay Plans 2009 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$2,500 - \$40	
	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network	
Annual deductible	\$2,500 per person; \$5,000 per family	\$5,000 per person; \$10,000 per family
Annual out-of-pocket maximum	\$4,000 per person; \$8,000 per family	\$7,500 per person; \$15,000 per family
Preventive health care	\$40 copayment	60% coverage after deductible
Office visits	\$40 copayment	60% coverage after deductible
Convenience Care	\$20 copayment	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	\$ 40 copayment	60% coverage after deductible
Hospital ER	\$100 copayment	60% coverage after deductible
Prescriptions	\$12 Generic Preferred \$35 Brand Preferred \$50 Nonpreferred Specialty: 80% up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible
HealthPartners Mail Order Pharmacy	\$24 Generic Preferred / \$70 Brand Preferred / \$100 Nonpreferred; up to a 93 day supply	
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.	
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