



NationalONESM 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 |
| Lifetime maximum | \$3,000,000 combined in and out of network | | \$3,000,000 combined in and out of network | |
| Annual deductible | \$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 |
| Annual out-of-pocket maximum | \$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 |
| Preventive health care | 100% coverage | 50% coverage after deductible | 100% coverage | 50% coverage after deductible |
| Office visits* | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Inpatient hospital care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient MRI and CT | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Emergency care | | | | |
| Urgent care center* | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Hospital ER | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% 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 | 50% 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 | 50% 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>*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> | | | | |



NationalONESM 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 |
| Lifetime maximum | \$3,000,000 combined in and out of network | | \$3,000,000 combined in and out of network | |
| Annual deductible | \$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 |
| Annual out-of-pocket maximum | \$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 |
| Preventive health care | 100% coverage | 50% coverage after deductible | 100% coverage | 50% coverage after deductible |
| Office visits* | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Inpatient hospital care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient MRI and CT | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Emergency care | | | | |
| Urgent care center* | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Hospital ER | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% 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 | 50% 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 | 50% 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>*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> | | | | |



NationalONESM Deductible/Copay Plans 2009 Wisconsin Small Employer Product Comparisons

| HEALTH SERVICE | \$1,000 – 75% | | \$1,000 – 50% | |
|---|--|---|--|---|
| | In Network | Out of Network | In Network | Out of Network |
| Lifetime maximum | \$3,000,000 combined in and out of network | | | |
| Annual deductible | \$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 |
| Annual out-of-pocket maximum | \$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 |
| Preventive health care | 100% coverage | 50% coverage after deductible | 100% coverage | 50% coverage after deductible |
| Office visits* | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Inpatient hospital care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient care | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
| Outpatient MRI and CT | 75% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible | 50% coverage after deductible |
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| 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. | | | |
| *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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| Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company. | | | | |