



Empower NationalONESM Embedded Deductible Plans

2010 Wisconsin Small Employer Product Comparisons

HEALTH SERVICE	\$2,400-100% and \$3,000-100% Embedded Deductible Plans	
	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network	
Annual deductible		
Choice \$2,400	\$2,400 per person; \$4,800 per family	\$4,800 per person; \$9,600 per family
Choice \$3,000	\$3,000 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family
Annual out-of-pocket maximum		
Choice \$2,300	\$2,400 per person; \$4,800 per family	\$9,600 per person; \$19,200 per family
Choice \$3,000	\$3,000 per person; \$6,000 per family	\$12,000 per person; \$24,000 per family
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
Preferred Prescriptions	100% coverage after deductible; Infertility: \$3,000 annual maximum	60% coverage after deductible
NonPreferred Prescriptions	Not Covered	
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>		
Fully insured Wisconsin plans are underwritten and administered by HealthPartners Insurance Company.		



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HEALTH SERVICE	\$2500-80% Embedded Deductible Plan	
	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	\$5,000 per person; \$10,000 per family	\$10,000 per person; \$20,000 per family
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
Preferred Prescriptions	80% coverage after deductible; Specialty: 80% coverage up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible
NonPreferred Prescriptions	Not Covered	
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.	
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HEALTH SERVICE	\$3000-80% Embedded Deductible Plan	
	In Network	Out of Network
Lifetime maximum	\$3,000,000 combined in and out of network	
Annual deductible	\$3,000 per person; \$6,000 per family	\$6,000 per person; \$12,000 per family
Annual out-of-pocket maximum	\$5,600 per person; \$11,200 per family	\$12,000 per person; \$24,000 per family
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
Preferred Prescriptions	80% coverage after deductible; Specialty: 80% coverage up to \$200 OOP max per prescription; Infertility: \$3,000 annual maximum	60% coverage after deductible
NonPreferred Prescriptions	Not Covered	
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>		