

2013 Plan Name	Renewal plan name	Overview of Plan Benefits
HNE Health Max / Option 3 HNE Health	HNE Health Max - \$15/\$30/\$50 RX	Deductible None PCP Copay \$0 for preventive, \$10 for all other visits Spec Copay \$10 ER \$100 High-Cost Imaging \$0 Lab \$0 Out Patient Surgery \$0 IP Hospital ~SNF \$0 Out of Pocket Max \$1500 / \$3,000
HNE Health Plus / Option 3.5 HNE Principle / Option 4 HNE Complete Max / Option 5 HNE Complete / Option 6 HNE Complete Plus / Option 7H HNE Choice Plus / Option 7M	HNE Choice Plus - \$15/\$30/\$50 RX	Deductible None PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$40 ER \$100 High-Cost Imaging \$75 Lab \$0 Out Patient Surgery \$0 IP Hospital ~SNF \$500 Out of Pocket Max \$2,000 / \$4,000
HNE Focus / Option 8H	HNE Focus - \$15/\$30/\$50 RX	Deductible None PCP Copay \$0 for preventive, \$25 for all other visits Spec Copay \$25 ER \$150 High-Cost Imaging \$150 Lab \$0 Out Patient Surgery \$0 IP Hospital ~SNF \$1,000 Out of Pocket Max \$2,000 / \$4,000
HNE Wise Max 10/25/45 / HDHP-H	HNE Wise Max - \$10/\$45/\$75 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$0 for all other visits after deductible Spec Copay \$0 after ded ER \$0 after ded High-Cost Imaging \$0 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Wise Plus 10/25/45 / HDHP-M	HNE Wise Plus - \$15/\$30/\$50 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$25 for all other visits Spec Copay \$25 after ded ER \$100 after ded High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$500 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Essential 500	HNE Essential 500 - \$15/\$50/\$75 RX	Deductible \$500 / \$1,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Essential Max / Option 9H HNE Essential 1000	HNE Essential 1000 - \$15/\$30/\$50 RX	Deductible \$1,000 / \$2,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Essential 1500	HNE Essential 1500 - \$15/\$30/\$50 RX	Deductible \$1,500 / \$3,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$100 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Essential 2000	HNE Essential 2000 - \$15/\$30/\$50 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$100 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Wise Max 10/30/60 / HDHP-H	HNE Wise Max - \$15/\$50/\$75 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$0 for all other visits after deductible Spec Copay \$0 after ded ER \$0 after ded High-Cost Imaging \$0 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Wise Plus 10/30/60 / HDHP-M	HNE Wise Plus - \$15/\$50/\$75 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$25 for all other visits Spec Copay \$25 after ded ER \$100 after ded High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$500 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Wise PPO National 10/25/45 / HDHP-PPO	HNE Wise PPO - National \$10/\$45/\$75 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$0 for all other visits after deductible Spec Copay \$0 after ded ER \$0 after ded High-Cost Imaging \$0 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE Wise PPO National 10/30/60 / HDHP-PPO	HNE Wise PPO - National - \$15/\$50/\$75 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$0 for all other visits after deductible Spec Copay \$0 after ded ER \$0 after ded High-Cost Imaging \$0 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE PPO Premium HNE PPO Max HNE PPO Essential 500 HNE PPO Essential 500	HNE PPO Essential 500 - National \$15/\$50/\$75 RX	Deductible \$500 / \$1,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE PPO Low HNE PPO Essential 1000 HNE PPO Essential 1000	HNE PPO Essential 1000 - National - \$15/\$30/\$50 RX	Deductible \$1,000 / \$2,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$75 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000
HNE PPO Essential 1500 HNE PPO Essential 2000	HNE PPO Essential 2000 - National - \$15/\$30/\$50 RX	Deductible \$2,000 / \$4,000 PCP Copay \$0 for preventive, \$20 for all other visits Spec Copay \$20 ER \$150 High-Cost Imaging \$100 after ded Lab \$0 Out Patient Surgery \$0 after ded IP Hospital ~SNF \$0 after ded Out of Pocket Max \$5,000 / \$10,000