

INNOVATIVE
PLANS



Large Employer Groups

HMO



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Large Group Plan Comparison Chart - HMO

Effective 1/01/14



HNE HMO PLANS	Basic HMO				Value HMO			Premium HMO
	Bronze A HDHP	Wise ^{Plus} HDHP M HMO	Wise ^{Max} HDHP H HMO	Essential ²⁰⁰⁰	Essential ¹⁰⁰⁰	Essential ⁵⁰⁰	Focus Option 8H	Choice ^{Plus} Option 7M
Deductible	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$1,000 per Individual \$2,000 per family	\$500 per individual \$1,000 per family	N/A	N/A
Doctor's Office	\$0 preventive services PCP \$50 after deductible Specialist \$75 after deductible	\$0 preventive services \$25 after deductible for all other office visits	\$0 preventive services \$0 after deductible for all other office visits	\$0 preventive services \$20 all other office visits	\$0 preventive services \$20 all other office visits	\$0 preventive services \$20 all other office visits	\$0 preventive services \$25 all other office visits	\$0 preventive services \$20 PCP \$40 Specialist
Emergency Room (Waived if admitted directly from ER)	\$750 after deductible	\$100 after deductible	\$0 after deductible	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$100 per visit
High Cost Diagnostic Testing: (Diagnostic Imaging: CT Scans, MRI, PET Scans and Nuclear Cardiac)	\$1,000 after deductible	\$75 after deductible	\$0 after deductible	\$100 after deductible	\$75 after deductible	\$75 after deductible	\$150	\$75
Sleep Studies	\$1,000 after deductible	\$75 after deductible	\$0 after deductible	\$100 after deductible	\$75 after deductible	\$75 after deductible	\$150	\$75
Outpatient Surgical Services	\$1,000 after deductible	\$250 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$500	\$250
Hospital Stay	\$1,000 after deductible	\$500 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$1,000	\$500
Out-of-Pocket Maximum	\$6,350 per individual \$12,700 per family	\$5,000 per individual \$10,000 per family	\$5,000 per individual \$10,000 per family	\$5,000 per individual \$10,000 per family	\$5,000 per individual \$10,000 per family	\$5,000 per individual \$10,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family

The out of pocket maximum is the most you pay for cost sharing for Essential Health Benefits during a year, then your plan begins to pay 100% of the allowed amount for those Essential Health Benefits.

RX Options Please speak to your HNE Sales Account Representative for Pharmacy Options available to you.