

INNOVATIVE
PLANS



Small Employer Groups

HMO



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Small 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	Silver A	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	\$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 PCP \$30 Specialist \$50	\$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 PCP \$20 Specialist \$40
Emergency Room (Waived if admitted directly from ER)	\$750 after deductible	\$100 after deductible	\$0 after deductible	\$350 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	\$400 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	\$400 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	\$750 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	\$1,000 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	\$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	\$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.									
PHARMACY									
RX Option 1	Deductible then \$30/50%/50% Mail order deductible then \$60/50%/50%	Deductible then \$15/50/75 Mail order deductible then \$30/100/225	Deductible then \$10/45/75 Mail order deductible then \$20/90/225	\$20/40/70 Mail order \$40/80/210	\$15/30/50 Mail order \$30/60/150	\$15/30/50 Mail order \$30/60/150	\$15/50/75 Mail order \$30/100/225	\$15/30/50 Mail order \$30/60/150	\$15/30/50 Mail order \$30/60/150
RX Option 2	N/A	Deductible then \$15/30/50 Mail order deductible then \$30/60/150	Deductible then \$15/50/75 Mail order deductible then \$30/100/225	N/A	\$15/50/75 Mail order \$30/100/225	\$15/50/75 Mail order \$30/100/225	\$10/50/100 Mail order \$20/100/300	\$15/50/75 Mail order \$30/100/225	\$15/50/75 Mail order \$30/100/225