

INNOVATIVE
PLANS



Small Employer Groups

PPO



One Monarch Place · Suite 1500
Springfield, MA 01144-1500
413.787.4000 · 800.842.4464 · hne.com



Small Group Plan Comparison Chart - PPO

Effective 1/01/14



HNE also offers a **PHCS PPO** version of these plans. **PHCS** is a **national network** with over 4500 hospitals, 70,000 ancillary care facilities and 700,000 healthcare providers to choose from.

HNE PPO Plans	Basic PPO				Value PPO			
	Wise PPO* (HDHP) <i>This plan only available with PHCS PPO</i>		PPO Essential ²⁰⁰⁰		PPO Essential ¹⁰⁰⁰		PPO Essential ⁵⁰⁰	
	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan	In-Plan	Out-of-Plan
Deductible	\$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	
Doctor's Office	\$0 preventive services \$0 after deductible for all other office visits	20% after deductible	\$0 preventive services \$20 for all other office visits	20% after deductible	\$0 preventive services \$20 for all other office visits	20% after deductible	\$0 preventive services \$20 for all other office visits	20% after deductible
Emergency Room <small>(Waived if admitted directly from ER)</small>	\$0 after deductible	\$0 after deductible	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit	\$150 per visit
High Cost Diagnostic Testing: <small>(Diagnostic Imaging: CT Scans, MRI, PET Scans and Nuclear Cardiac)</small>	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible
Sleep Studies	\$0 after deductible	20% after deductible	\$100 after deductible	20% after deductible	\$75 after deductible	20% after deductible	\$75 after deductible	20% after deductible
Outpatient Surgical Services	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible
Hospital Stay	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible	\$0 after deductible	20% after deductible
Out-of-Pocket Maximum	\$5,000 per individual \$10,000 per family	\$7,500 per individual \$15,000 per family	\$5,000 per individual \$10,000 per family	\$6,000 per individual \$12,000 per family	\$5,000 per individual \$10,000 per family	\$6,000 per individual \$12,000 per family	\$5,000 per individual \$10,000 per family	\$6,000 per individual \$12,000 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 \$10/45/75 Mail order deductible then \$20/90/225		\$15/30/50 Mail order \$30/60/150		\$15/30/50 Mail order \$30/60/150		\$15/50/75 Mail order \$30/100/225	
RX Option 2	Deductible then \$15/50/75 Mail order deductible then \$30/100/225		\$15/50/75 Mail order \$30/100/225		\$15/50/75 Mail order \$30/100/225		\$10/50/100 Mail order \$20/100/300	