



HMO Plan Comparison

Plans	Basic HMO Programs	
	HNE Essential1500	HNE Essential500
Up-front deductible	\$1,500 per individual \$3,000 per family per policy or calendar year	\$500 per individual \$1,000 per family per policy OR calendar year
Doctor's Office	\$0 Preventive Services \$20 All other office visits	\$0 Preventive Services \$20 All other office visits
Emergency (waived if admitted directly from ER)	\$100 per visit	\$100 per visit
Diagnostic Imaging: CT Scans, MRI, PET Scans	\$0 after deductible	\$0 after deductible
Outpatient Surgical	\$0 after deductible	\$0 after deductible
Hospital Stay	\$0 after deductible	\$0 after deductible
Out-of-Pocket Maximum	\$3,000 per individual \$6,000 per family	\$2,000 per individual \$4,000 per family
Out-of-Pocket Maximum Includes:	Deductible and services with a copayment of \$100 or greater	Deductible and services with a copayment of \$100 or greater