



Plan Overview Chart

HNE MEDICARE SECURE (HMO)

Employer Group Waiver Plan

Calendar Year 2013

Benefit	HNE Medicare Secure (HMO)
MEDICAL	
Out-of-Pocket Maximum	\$3,400
Office Visits (\$0 annual preventive exam)	\$15
Specialist Office Visits	\$15
Inpatient Hospital (3 copayment maximum)	\$300 per admission
Outpatient Surgery	\$150 *
Skilled Nursing Facility (SNF) (per day)	Days 1-5: \$0 copay *; Days 6-50: \$75 copay Days 51-100: \$0 copay
World Wide Emergency Room (ER)	\$65
Ambulance	\$75 *
Outpatient Rehabilitation	\$15
High Cost Imaging	\$50 *
Durable Medical Equipment/Prosthetics	\$0 *
ADDITIONAL BENEFITS	
Preventive Hearing Exam ⁺	\$15
Preventive Vision Exam ⁺	\$0
Vision Eye Wear Allowance ⁺	\$100 every two years
Dental Services Allowance ⁺	\$150 per year
Fitness/Weight Watchers [®] /Safety Allowance ⁺	\$150 per year
Wig Allowance (if on chemotherapy)	\$350 per year
Prescription Drugs - Listed as Generic, Brand and Brand Non-Preferred	Retail \$10/\$25/\$45 Mail Order \$20/\$50/\$135

* Some services require prior authorization. Our network providers know what we cover under your benefit plan. They also know what requires prior authorization and will request approval from HNE on your behalf.

+ HNE additional benefits include allowances that must be used within the one or two calendar year period, as well as other additional benefits including compression stockings. If you have questions about what items and services are covered, refer to the Summary of Benefits or call Member Services at one of the numbers listed below.