

# eHealthInsurance

Over 1 Million Customers Insured

\*Please read legal disclaimers at the end of this printout.

**Talk to a live representative at 1-800-977-8860 Monday-Friday 5am-9pm PT.  
Sat & Sun 7am-4pm PT**

**Live chat is also available at our website at [www.ehealthinsurance.com](http://www.ehealthinsurance.com) 24x7.**

## Your Quote Summary

Coverage for: Applicant (M/44), Spouse (F/41), Child (M/12)

State / Zip Code: WI/ 53704

County: DANE

Coverage Start Date: 9/15/2009

## Quotes generated on 8/19/2009



Autograph Total/5200 HSA

Customer Reviews & Ratings ★★☆☆



**\$236.27**

Monthly Cost

**APPLY**

**Overview**

Optional Benefits

Customer Reviews

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Information below describes the in-network coverage for this plan. The amounts shown are your share of the costs for covered benefits.

### Details at a Glance

|  |  |
|--|--|
| <b><u>Plan Type</u></b>                              | PPO  |
| <b><u>Office Visit for Primary Doctor</u></b>        | No charge after deductible   |
| <b><u>Office Visit for Specialist</u></b>            | No charge after deductible   |
| <b><u>Coinsurance</u></b>                            | No charge after deductible   |
| <b><u>Annual Deductible</u></b>                      | Family:\$10,400  |
| <b><u>Separate Prescription Drugs Deductible</u></b> | None   |
| <b><u>Prescription Drugs</u></b>                     | Discount Card Included<br>This added value feature is not insurance  |
| <b><u>Annual Out-of-Pocket Limit</u></b>             | Family:\$10,400<br>Includes deductible   |
| <b><u>Lifetime Maximum</u></b>                       | \$2 Million per person   |
| <b><u>Health Savings Account (HSA) Eligible</u></b>  | Yes (See HSA Administrators)   |
| <b><u>Out-of-Network Coverage</u></b>                | Yes (Details in plan brochure below)   |
| <b><u>Out of Country Coverage</u></b>                | Emergency Care Only. Paid as out-of-network, and member must submit an itemized bill with services rendered and a diagnosis in order to be reimbursed. |

[Find Doctors](#) (Search to see if your doctors are part of this plan's network.)

**Physicians****Primary Care Physician (PCP) Required** No**Specialist Referrals Required** No**Preventive Care Coverage****Periodic Health Exam** No charge/No Deductible to \$300/Calendar Year Preventive Care Maximum; 90 Day Waiting Period.**Periodic OB-GYN Exam** Exam/Pap Smear: No charge/No Deductible to \$300/Calendar Year Preventive Care Maximum; 90 Day Waiting Period; Mammogram: No charge/No Ded; Does not apply to \$300/Calendar Year Maximum; No Waiting Period.**Well Baby Care** No charge/No Deductible to \$300/Calendar Year Preventive Care Maximum. 90 Day Waiting Period. Immunization: birth to age 6.No charge/ No deductible, no waiting period, no maximum.**Prescription Drug Coverage****Prescription Drugs Other Coverage** Discount Card Included  
This added value feature is not insurance**Mail Order for Prescription Drugs** Not Available**Separate Prescription Drugs Deductible** None**Hospital Services Coverage****Emergency Room** No charge after deductible**Outpatient Lab/X-Ray** No charge after deductible**Outpatient Surgery** No charge after deductible**Hospitalization** No charge after deductible**Maternity Coverage****Pre & Postnatal Office Visit** Not Covered**Labor & Delivery Hospital Stay** Not Covered**Additional Coverage****Chiropractic Coverage** No charge after deductible**Mental Health Coverage** Not Covered

**Additional Information**

**A.M. Best Rating** A- as of 06/05/2008

**Application Fee** No

**Electronic Signature for Application Available** Yes

**Will insurance company obtain and pay for medical records?** Yes

Additional information about this health insurance plan is available in the documents below.

[Plan Brochure \(PDF\)](#)

[Exclusions and Limitations \(PDF\)](#)

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**APPLY**

**IMPORTANT NOTICES AND DISCLAIMERS**

- **THE BENEFITS MATRIX IS A SUMMARY FOR INFORMATIONAL PURPOSES ONLY. REVIEW THE EVIDENCE OF COVERAGE AND INSURANCE POLICY (PLAN CONTRACT) FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS, LIMITATIONS, AND EXCLUSIONS. ONLY THE TERMS AND CONDITIONS OF COVERAGE BENEFITS LISTED IN THE POLICY ARE BINDING.**
- The benefits listed may be contingent on your use of physicians, hospitals, and services within the specific insurance company's provider network.
- The Copayment, Deductible, and Coinsurance amounts are your share of the costs for covered benefits. These amounts are subject to change.
- The quotes or rates shown above are estimates only. Your premium is subject to change based on your medical history, the underwriting practices of the insurance company, the optional benefits you selected, if any, and other relevant factors, such as changes in rates which take effect before your requested effective date. The insurance company always determines your actual premium. Insurance companies reserve the right to change the terms of a policy upon proper notification.

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