



Guide to Federal Employees Health Benefits Plans

For TCC and Former Spouse Enrollees
Individuals Eligible To Enroll For:

- Temporary Continuation of Coverage (TCC)
- Coverage under the spouse equity law or similar statutes providing coverage to former spouses.





UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, DC 20415-0001

OFFICE OF THE DIRECTOR

Dear Federal Employees Health Benefits Program Participant:

Welcome to the 2005 Open Season! By continuing to introduce pro-consumer health care ideas, the Office of Personnel Management (OPM) team has given you greater, cost effective choices. This year several national and local health plans are offering new options strengthening the Federal Employees Health Benefits (FEHB) Program and once again highlighting its strength as one of the best benefits systems among employers anywhere. I am firm in my belief that you, when fully informed as a Federal subscriber, are in the best position to make the decisions that meet your needs and those of your family. I am pleased to present the *2005 Guide to Federal Employees Health Benefits Plans* to assist you in making an informed decision.

Exciting new features this year give you additional opportunities to save and better manage your hard-earned dollars. For 2005, I am very pleased and enthusiastic about the new High Deductible Health Plans (HDHP) with Health Savings Account (HSA) and Health Reimbursement Arrangements (HRA) components. This combination of health plan and savings vehicle provides a new opportunity to save and better manage your money.

If an HDHP/HSA is not for you and you are not retired, I encourage you to consider a Flexible Spending Account (FSA) for health care. FSAs allow you to reduce your out-of-pocket health care costs by 20 to more than 40 percent by paying for certain health care expenses with tax-free dollars, instead of after-tax dollars.

Since prevention remains a major factor in the cost of health care, last year OPM launched the *HealthierFeds* campaign. Through this effort we are encouraging Federal team members to take greater responsibility for living a healthier lifestyle. The positive effect of a healthier life style brings dividends for you and reduces the demands and costs within the health care system. This campaign embraces four key "actions" that can lead to a healthy America: be physically active every day, eat a nutritious diet, seek out preventative screenings, and make healthy lifestyle choices. Be sure to visit *HealthierFeds* at www.healthierfeds.opm.gov for more details on this important initiative. I also encourage you to visit the Department of Health and Human Services website on Wellness and Safety, www.hhs.gov/safety/index.shtml, which complements and broadens healthier lifestyle resources. The site provides extensive information from health care experts and organizations to support your personal interest in staying healthy.

The FEHB Program offers the Federal team the widest array of cost-effective health care options and the information needed to make the best choice for you and your family. You will find comprehensive health plan information in this guide, in the brochures of the various health plans, and on the OPM Website at www.opm.gov/insure. I hope you find these resources helpful, and thank you once again for your service to the nation.

Sincerely,

A handwritten signature in blue ink that reads "Kay C. James".

Kay Coles James
Director

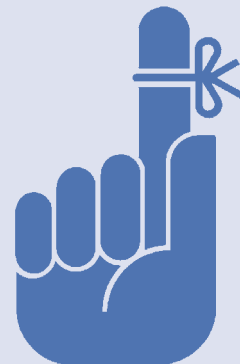
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Things to Remember

- The plan you choose can make a difference in your health.
- Be aware of benefit changes for 2005.
- Check the premium for 2005.
- Look for new choices.



The information in this Guide gives you an overview of the FEHB Program and its participating plans. Read the plan brochures before you make any final decisions about health plans.

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Eligibility Requirements

These individuals are eligible to enroll in the FEHB Program but do not receive a Government contribution toward the cost of their enrollment.

Individuals eligible for temporary continuation of coverage (TCC), including:

- former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct, including employees who cannot carry FEHB into retirement,
- children who lose FEHB coverage under a family enrollment, and
- former (divorced) spouses who are not eligible for FEHB coverage under the Spouse Equity provisions of FEHB law because they have remarried before age 55 or are not entitled to a portion of the Federal employee's annuity or a former spouse survivor annuity.

You may voluntarily cancel your enrollment at any time. However, once your cancellation takes effect, you **cannot reenroll**. You will **not** be entitled to a 31-day extension of coverage for conversion to a non-group (private) policy. Family members may enroll only if they are eligible in their own right as Federal employees or annuitants.

TCC enrollees whose enrollments terminate because they acquire other FEHB coverage, and that coverage ends before the period of temporary continuation of coverage ends, may reenroll.

Strict time limits for electing TCC apply. As early as possible before (or after) the event causing the need for TCC happens, contact the employee's Human Resources office or the annuitant's retirement system to get more facts about the requirements for electing coverage.

Former (divorced) spouses eligible to enroll under the spouse equity law or similar statutes. If you are the spouse of a Federal employee or an annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage – under certain circumstances. Contact

the employee's Human Resources office or the annuitant's retirement system for the requirements for electing coverage.

Former spouses enrolled under the spouse equity law or similar statute who canceled **cannot** reenroll as a former spouse unless they cancel because they acquire other coverage under the FEHB Program and that coverage ends.

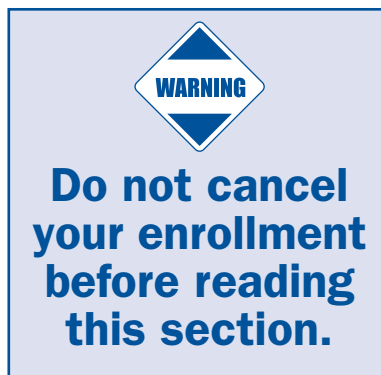
You may suspend your FEHB enrollment because you are enrolling in one of the following programs:

- A Medicare Advantage health plan,
- Medicaid or similar State-sponsored program of medical assistance for the needy,
- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life), or
- CHAMPVA

For more information on how to suspend your FEHB enrollment, contact the Human Resources office or retirement system that handles your account.

Time limitations and other restrictions apply. For instance, you must submit documentation that you are suspending FEHB for one of the reasons stated above in case you wish to reenroll in the FEHB Program at a later time.

If you had suspended FEHB coverage for one of these reasons (and had submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside Open Season only if you move out of the Medicare Advantage health plan's service area, the Medicare Advantage health plan is discontinued, or you involuntarily lose coverage under the Medicaid program or similar State-sponsored program of medical assistance for the needy.



Picking a Health Plan

Step 1: What type of health plan is best for you? You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

| | Choice of doctors, hospitals, pharmacies, and other providers | Specialty care | Out-of-pocket costs | Paperwork |
|--|---|---|--|---|
| Fee-for-Service w/PPO | You must use the plan's network for full benefits. Not using PPO providers means only some or none of your benefits will be paid. | Referral not required to get benefits. | You pay fewer costs if you use a PPO provider than if you don't. | Some if you don't use network providers. |
| Health Maintenance Organization | You generally must use the network. You pay all costs for care outside the network. | Referral generally required from primary care doctor to get benefits. | Your out-of-pocket costs are generally limited to copayments. | Little, if any. |
| Point-of-Service | You must use the network for full benefits. You may go outside the network but it will cost you more. | Referral generally required to get full benefits. | You pay less if you use a network provider than if you don't. | Little if you use the network. You have to file your own claims if you don't use the network. |
| Consumer-Driven Plans | You may use network and non-network providers. Not using the network will cost you more. | Referral not required to get full benefits. | You will pay an annual deductible and cost-sharing. You pay less if you use the network. | Some if you don't use network providers. |
| High Deductible Health Plans w/HSA or HRA | Some plans are network only, others pay something even if you do not use a network provider. | Referral not required to get full benefits. | You will pay an annual deductible and cost-sharing. You pay less if you use the network. | If you have an HSA account, you may have to file a claim to obtain reimbursement. |

See Definitions starting on page 9 for a more detailed description of each type of plan.

Picking a Health Plan

Step 2: Medical care services. Are preventive care services important to you? What about the freedom to choose your own doctors? Do you prefer to pay a higher deductible in return for a lower premium? Estimate what you might spend on your health care for deductibles, coinsurance/copayments, and services that are not covered. What is the maximum you will have to pay out-of-pocket each year?

An easy-to-use tool allowing you to compare plans is available on the web at www.opm.gov/insure/04/spmt/plansearch.aspx. If you do not have Internet access, use the chart below by consulting the health plans' brochures to review your costs, including premiums, and estimate what you might spend on health care next year. Plan brochures can be obtained from your Human Resources office or on the OPM web site at www.opm.gov/insure/health.

| | Health Plan _____ | Health Plan _____ | Health Plan _____ |
|---|-------------------|-------------------|-------------------|
| Annual premium | | | |
| Annual deductible | | | |
| Office visit to primary care doctor | | | |
| Office visit to specialist | | | |
| Hospital inpatient deductible/copayment/ coinsurance | | | |
| Hospital room & board charges | | | |
| Generic drug (local pharmacy) | | | |
| Brand name drug (local pharmacy) | | | |
| Catastrophic protection limit | | | |
| Home health care visits | | | |
| Durable medical equipment | | | |
| Maternity care | | | |
| Well-child care | | | |
| Routine physicals | | | |
| Accreditation | | | |
| The following information can be found in the Member Survey Results section in the benefit charts. | | | |
| Overall member satisfaction with plan | | | |
| Getting needed care | | | |
| Getting care quickly | | | |
| How well doctors communicate | | | |
| Customer service | | | |
| Claims processing | | | |

Picking a Health Plan

Step 3: Consider quality. How well do health plans keep their members healthy? How well do health plans treat members when they are sick? Good quality health care means doing the right thing at the right time, in the right way, for a person to achieve the best possible results. Good quality doesn't always mean receiving more care. We provide two types of quality information: accreditation (independent evaluations from private organizations) and member survey opinions (by enrollees).

HMO Accreditation. The evaluations shown in this Guide are performed by the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and URAC. The following are the accreditation levels used by each organization. Check your health plan's brochure for its accreditation level.

| | | | | | |
|--|--|---|--|--|--|
| National Committee for Quality Assurance (www.ncqa.org) | Excellent – Levels of service and clinical quality that meet or exceed NCQA's requirements for consumer protection and quality improvement AND achieve health plan performance results that are in the highest range of national or regional performance. | Commendable – Meets or exceeds NCQA's requirements for consumer protection and quality improvement. | Accredited – Meets most of NCQA's requirements for consumer protection and quality improvement. | Provisional – Meets some but not all of NCQA's requirements for consumer protection and quality improvement. | New Health Plan – Applies to health plans that are less than two years old. |
| Joint Commission on Accreditation of Healthcare Organizations (www.jcaho.org) | Accreditation with Full Compliance – Demonstrates satisfactory compliance with JCAHO standards in all performance areas. | Accreditation with Requirements for Improvement – Demonstrates satisfactory compliance with JCAHO standards in most performance areas. | Provisional – Demonstrates a previously unaccredited plan's satisfactory compliance with a subset of standards. | Conditional – Demonstrates failure to meet standard(s) or specific policy requirement(s) but is believed capable to do so in a specified time period. | |
| URAC (www.urac.org) | Full Accreditation – Demonstrates full compliance with standards. | Conditional – Meets most of the standards but needs some improvement before achieving full compliance. | Provisional – A plan that has otherwise complied with all standards but has been in operation for less than 6 months. | | |

Note: This chart shows the accreditation levels available under each accrediting organization listed. It is not intended to draw comparisons among the different accrediting organizations.

Member Survey. The results shown in the plan comparison sections are collected, scored, and reported by an independent organization – not by the health plans. For each survey measure, individual plan scores are compared to a national average for all plans of the same type. Plan scores are reported as at, above, or below the national average. Here is a brief explanation of each survey category.

| | |
|-------------------------------------|---|
| Overall Plan Satisfaction | <ul style="list-style-type: none"> • How would you rate your overall experience with your health plan? |
| Getting Needed Care | <ul style="list-style-type: none"> • Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist? |
| Getting Care Quickly | <ul style="list-style-type: none"> • Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted? |
| How Well Doctors Communicate | <ul style="list-style-type: none"> • Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you? |
| Customer Service | <ul style="list-style-type: none"> • Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable? |
| Claims Processing | <ul style="list-style-type: none"> • Did your plan pay your claims correctly and in a reasonable time? |

Picking a Health Plan

Fee-for-Service (FFS) plans and their Preferred Provider Organizations (PPO) are organized much differently and perform different functions than Health Maintenance Organizations (HMO) and Point-of-Service (POS) plans. Consequently, the accreditation of these plans is different from HMOs and POS plans. The following chart shows activities common to FFS/PPO plans and the X indicates that your FFS/PPO plan (or a vendor with which it contracts) has achieved accreditation in these areas.

| | Behavioral Health | Case Management | Disease Management | Health Utilization Management | Health Network Accreditation | Health Plan Accreditation |
|-----------------------------|--------------------------|------------------------|---------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| APWU Health Plan | X | X | X | X | X | |
| Blue Cross and Blue Shield | | X | | | | |
| GEHA | | X | X | X | X | |
| Mail Handlers | | | X | X | | |
| NALC | X | | | X | | |
| PBP Health Plan Association | | | | X | X | |
| Foreign Service | X | | X | X | X | |
| Panama Canal | | | | | | X |
| Rural Carrier | | | | X | X | |
| SAMBA | | | | X | | |

Behavioral Health – a utilization management program that specializes in mental health and substance abuse or chemical dependency services.

Case Management – identifying plan members with special healthcare needs, developing a strategy that meets those needs, and coordinating and monitoring the ongoing care.

Disease Management – intensively managing a particular disease. Disease management encompasses all settings of care and places a heavy emphasis on prevention and maintenance. Similar to case management but more focused on a defined set of diseases.

Health Utilization Management – managing the use of medical services so that a patient receives necessary, appropriate, high-quality care in a cost-effective manner. It requires plans to use clinical personnel to make decisions.

Health Network Accreditation – this standard includes key quality benchmarks for network management, provider credentialing, utilization management, quality management and improvement and consumer protection.

Health Plan Accreditation – a comprehensive assessment of a plan’s performance in key areas including network management, provider credentialing, utilization management, quality management and improvement, and consumer protection.

Preventing Medical Mistakes

An influential report from the Institute of Medicine estimates that up to 98,000 Americans die every year from medical mistakes in hospitals alone. That's about 3,230 preventable deaths in the FEHB Program a year. While death is the most tragic outcome, medical mistakes cause other problems, such as permanent disabilities, extended hospital stays, longer recoveries, and additional treatments. By asking questions, learning more, and understanding your risks, you can improve the safety of your health care, and that of your family. Take these simple steps:

1. Ask questions if you have doubts or concerns.

- Ask questions and make sure you understand the answers.
- Choose a doctor with whom you feel comfortable talking.
- Take a relative or friend with you to help you ask questions and understand answers.

2. Keep and bring a list of all the medicines you take.

- Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines.
- Tell them about any drug allergies you have.
- Ask about side effects and what to avoid while taking the medicine.
- Read the label when you get your medicine, including all warnings.
- Make sure your medicine is what the doctor ordered and know how to use it.
- Ask the pharmacist about your medicine if it looks different than you expected.

3. Get the results of any test or procedure.

- Ask when and how you will get the results of tests or procedures.
- Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail.
- Call your doctor and ask for your results.
- Ask what the results mean for your care.

4. Talk to your doctor about which hospital is best for your health needs.

- Ask your doctor which hospital has the best care and results for your condition if you have more than one hospital to choose from to get the health care you need.
- Be sure you understand the instructions you get about follow-up care when you leave the hospital.

5. Make sure you understand what will happen if you need surgery.

- Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.
- Ask your doctor, "Who will manage my care when I am in the hospital?"
- Ask your surgeon:
 - Exactly what will you be doing?
 - About how long will it take?
 - What will happen after surgery?
 - How can I expect to feel during recovery?
- Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Want more information on patient safety?

- ➔ www.ahrq.gov/consumer/pathqpack.htm. The Agency for Healthcare Research and Quality makes available a wide-ranging list of topics not only to inform consumers about patient safety but to help choose quality healthcare providers and improve the quality of care you receive.
- ➔ www.patientsafety.gov. The VA National Center for Patient Safety is dedicated to improving the care of America's veterans and offering patients and health care providers, as well as the general public, information on what can be done to improve patient safety.
- ➔ www.npsf.org. The National Patient Safety Foundation has information on how to ensure safer healthcare for you and your family.
- ➔ www.leapfroggroup.org. The Leapfrog Group is active in promoting safe practices in hospital care.
- ➔ www.ahqa.org. The American Health Quality Association represents organizations and healthcare professionals working to improve patient safety.

FEHB Web Resources

Use the FEHB web site for additional help in choosing the health plan that is right for you.

The FEHB web site at www.opm.gov/insure/health can help you to choose your health plan and enroll. In addition to the information found in this Guide you will find:

- An interactive tool that allows you to make side-by-side comparisons of the costs, benefits, and quality indicators of the plans in your area.
- All health plan brochures.
- A comparison of how FEHB plans perform in important medical areas under the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of standardized performance measures that allows users to reliably compare managed care health plan performance across specific clinical areas. The performance measures are related to many significant diseases such as cancer, heart disease, asthma, and diabetes. Compare plan results at www.opm.gov/insure/health/hedis2004.
- Information on enrolling, including online enrollment for employees of selected agencies.
- Information on how plans in the FEHB Program coordinate benefit payments with Medicare.
- A comprehensive set of Frequently Asked Questions and answers on all aspects of the Program.
- An online version of the FEHB Handbook for more information on FEHB policies and procedures.

Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- **A Choice of Coverage.** Choose between Self Only or Self and Family.
- **Group Benefits.** Under spouse equity coverage, you pay the total monthly premium. Under TCC, you pay the total monthly premium plus a 2 percent administrative charge.
- **A Choice of Plans and Options.** Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven plans, or High Deductible Health Plans.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment. This year the Open Season runs from November 8, 2004, through December 13, 2004.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce or death. See your Human Resources office for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible for conversion to non-group (private) coverage when FEHB coverage ends. See your Human Resources office for more information.
- **Consumer Protections.** Go to www.opm.gov/insure/health/consumers to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program and; learn about your privacy protections when it comes to your medical information.



Federal Employees
Health Benefits Program

Better Information
Better Choices
Better Health

Definitions

Accreditation - The status granted to a health care organization following a rigorous, comprehensive, and independent evaluation. The evaluation includes an assessment of the care and service being delivered in important areas of public concern, such as immunization rates, mammography rates, and member satisfaction.

Brand name drug – A prescription drug that is protected by a patent, supplied by a single company, and marketed under the manufacturer’s brand name.

Coinsurance - The amount you pay as your share for the medical services you receive, such as a doctor’s visit. Coinsurance is a percentage of the cost of the service (you pay 20%, for example).

Consumer-Driven Health Plans (CDHP)- Describes a wide range of approaches to give you more incentive to control the cost of either your health benefits or health care. You have greater freedom in spending health care dollars up to a designated amount, and you receive full coverage for in-network preventive care. In return, you pay significantly higher costs after you have used up the designated amount. The catastrophic limit is usually higher than those in other plans.

Copayment - The amount you pay as your share for the medical services you receive, such as a doctor’s visit. A copayment is a fixed dollar amount (you pay \$15, for example).

Fee-for-Service (FFS) - Health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, or procedure. The health plan will either pay the medical provider directly or

reimburse you for covered services after you have paid the bill and filed an insurance claim. When you need medical attention, you visit the doctor or hospital of your choice.

Formulary – A list of both generic and brand name drugs that are preferred by your health plan. Health plans choose formulary drugs that are medically safe and cost effective. A team including pharmacists and physicians meet to review the formulary and make changes as necessary.

Generic drug – A generic medication is a copy of the brand name drug. A generic drug provides the same effectiveness and safety as a brand name drug and usually costs less. A generic drug may have a different color or shape than its brand name counterpart, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection).

Health Maintenance Organization (HMO) - A health plan that provides care through contracted or employed physicians and hospitals located in particular geographic or service areas. HMOs emphasize prevention and early detection of illness. Your eligibility to enroll in an HMO is determined by where you live or, in some plans, where you work.

Health Reimbursement Arrangements (HRA) - Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as Personal Care Account. They are also available to enrollees in High Deductible Health Plans who are ineligible for an HSA. HRAs are similar to HSAs except an enrollee cannot make deposits into an HRA, a health plan may impose a ceiling on the value of an HRA, interest is not earned on an HRA, and the amount in an HRA is not transferable if the enrollee leaves the health plan.

Definitions

Health Savings Account (HSA) - A Health Savings Account allows individuals to pay for current health expenses and save for future qualified medical expenses on a tax-free basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax free, and that amount is available on a tax-free basis to pay medical costs. To open an HSA you must be covered under a High Deductible Health Plan and cannot be eligible for Medicare or covered by another plan that is not a High Deductible Health Plan or a dependent on another person's tax return. HSAs are subject to a number of rules and limitations established by the Department of the Treasury. Visit www.ustreas.gov/offices/public-affairs/hsa for more information.

High Deductible Health Plan (HDHP) - A High Deductible Health Plan is a health insurance plan in which the enrollee pays a deductible of at least \$1,050 (self-only coverage) or \$2,100 (family coverage). The annual out-of-pocket amount (including deductibles and copayments) the enrollee pays cannot exceed \$5,000 (self-only coverage) or \$10,000 (family coverage). HDHPs can have first dollar coverage (no deductible) for preventive care and higher out-of-pocket copayments and coinsurance for services received from non-network providers. HDHPs offered by the FEHB Program establish and partially fund HSAs for all eligible enrollees and provide a comparable HRA for enrollees who are ineligible for an HSA. The HSA premium funding or HRA credit amounts vary by plan.

In-Network - You receive treatment from the doctors, clinics, health centers, hospitals, medical practices, and other providers with whom your plan has an agreement to care for its members. Examples include a Fee-For-Service plan's PPO or a Health Maintenance Organization. Members have fewer out-of-pocket costs when they use in-network providers.

Out-of-Network - You receive treatment from doctors, hospitals, and medical practitioners other than those with whom the plan has an agreement, and pay more to do so. Members in a PPO-only option who receive services outside the PPO network generally pay all charges.

Point-of-Service (POS) - A product offered by a health plan that has both in-network and out-of-network features. In a POS you don't have to use the plan's network of providers for every service but you generally pay more out of network.

Preferred Provider Organization (PPO) - FFS Plans and many HDHPs use PPOs which are a network of providers. PPOs give you the choice of using doctors and other providers in the network or using non-network providers. You don't have to use the PPO, but there are advantages if you do. (Be aware, however, that some of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but anesthesia and radiology, for instance, may be covered under non-PPO benefits.) Note that some FFS plans may offer an enrollment option that is "PPO-only." You **must** use network providers to receive benefits from a PPO-only plan.

Provider - A doctor, hospital, health care practitioner, pharmacy, or health care facility.

The Federal Flexible Spending Account Program

Two Federal Programs Complement FEHB Benefits

Important information OPM wants to make sure you are aware of two Federal programs that complement the FEHB Program. First, the Federal Flexible Spending Account (FSA) Program, also known as FSAFEDS, lets you set aside pre-tax money to pay for health and dependent care expenses. The result can be a discount of 20% to more than 40% on services you routinely pay for out-of-pocket. Second, the Federal Long Term Care Insurance Program (FLTCIP) helps cover long term care costs, which are not covered under the FEHB.

The Federal Flexible Spending Account Program – FSAFEDS

• **What is an FSA?** It is a tax-favored benefit that allows you to set aside pre-tax money from your paychecks to pay for a variety of eligible expenses. *By using an FSA, you can reduce your taxes while paying for services you would have to pay for anyway, producing a discount that can be over 40%.*

There are two types of FSAs offered by FSAFEDS:

Health Care Flexible Spending Account (HCFSAs)

- Covers eligible health care expenses not reimbursed by your FEHB Plan, or any other medical, dental, or vision care plan you or your dependents may have.
- Eligible dependents for this account include anyone you claim on your Federal Income Tax return as a qualified dependent under the U.S. Internal Revenue Service (IRS) definition and/or with whom you jointly file your Federal Income Tax Return, even if you don't have self and family health benefits coverage. *Note:* The IRS has a broader definition of a "family member" than is used under the FEHB Program to provide benefits by your FEHB Plan.
- The maximum annual amount that can be allotted for the HCFSAs is \$4,000. *Note:* The Federal workforce includes a number of employees married to each other. If each spouse/employee is eligible for FEHB coverage, both may enroll for a HCFSAs up to the maximum of \$4,000 each (\$8,000 total). Both are covered under each other's HCFSAs. The minimum annual amount is \$250.

Dependent Care Flexible Spending Account (DCFSA)

- Covers eligible dependent care expenses incurred so you, or your spouse, if married, can work, look for work, or attend school full-time.
- Qualifying dependents for this account include your dependent children under age 13, or any person of any age whom you claim as a dependent on your Federal Income Tax return (and who is mentally or physically incapable of self care).
- The maximum annual amount that can be allotted for the DCFSA is \$5,000. The minimum annual amount is \$250. *Note:* The IRS limits contributions to a DCFSA. For single taxpayers and taxpayers filing a joint return, the maximum is \$5,000 per year. For taxpayers who file their taxes separately with a spouse, the maximum is \$2,500 per year. The limit includes any child care subsidy you may receive.

The Federal Flexible Spending Account Program

• **Enroll during Open Season**

You **must make an election** to enroll in an FSA during the 2005 FEHB Open Season. Even if you enrolled during 2004, you must make a new election to continue participating in 2005. Enrollment is easy!

- Online: visit www.FSAFEDS.com and click on **Enroll**
- Telephone : call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (372-3337), Monday through Friday, from 9 a.m. until 9 p.m., Eastern time. TTY: 1-800-952-0450.

• **What is SHPS?**

SHPS is a Third Party Administrator hired by OPM to manage the FSAFEDS program. SHPS is the largest FSA administrator in the nation and is responsible for the enrollment, claims processing, customer service, and day-to-day operations of FSAFEDS.

• **Who is eligible to enroll?**

If you are a Federal employee eligible for FEHB – even if you're not enrolled in FEHB – you can choose to participate in either, or both, of the FSAs. *However, if you enroll in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are not eligible to participate in a HCFSA.*

Almost all Federal employees are eligible to enroll for a DCFSAs. The only exception is intermittent (also called "when actually employed" [WAE]) employees expected to work fewer than 180 days during the year.

Note: FSAFEDS is the FSA Program established for all Executive Branch and Legislative Branch employees whose employers have signed on to participate. Under IRS law, FSAs are not available to annuitants. Also, the U.S. Postal Service and the Judicial Branch, among others, have their own plans with slightly different rules. However, the advantages of an FSA are identical regardless of the agency for which you work.

• **How much should I contribute to my FSA?**

Plan carefully when deciding how much to contribute to an FSA. Because of the tax benefits an FSA provides, the IRS places strict guidelines on how the money can be used. Under current IRS tax rules, you are required to forfeit any money for which you did not incur an eligible expense under your FSA account(s) during the Plan Year. This is known as the "Use-it-or-Lose-it" rule. You will have until April 30 following the end of the Plan Year to submit claims for your eligible expenses incurred from January 1 through December 31. For example, if you enroll in FSAFEDS for the 2005 Plan Year, you will have until April 30, 2006 to submit claims for eligible expenses.

The **FSAFEDS Calculator** at www.FSAFEDS.com will help you plan your FSA allotments and provide an estimate of your tax savings based on your individual situation.

• **What can my HCFSA pay for?**

Every FEHB Plan includes cost sharing features, such as deductibles you must meet before the Plan provides benefits, coinsurance or copayments that you pay when you and the Plan share costs, and medical services and supplies that are not covered by the Plan and for which you must pay. Your HCFSA will reimburse you when those costs are for medical care that you, your spouse and/or your dependents receive that is NOT covered or reimbursed by your FEHB Plan or any other coverage that you have.

The Federal Flexible Spending Account Program

The IRS governs expenses reimbursable by a HCFSAs. See Publication 502 for a comprehensive list of tax-deductible medical expenses. *Note: While you will see insurance premiums listed in Publication 502, they are NOT a reimbursable expense for FSA purposes.* Publication 502 can be found on the IRS Web site at www.irs.gov/pub/irs-pdf/p502.pdf. The FSAFEDS web site also has a comprehensive list of eligible expenses at www.FSAFEDS.com/fsafeds/eligibleexpenses.asp. If you do not see your service or expense listed please call an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), who will be able to answer your specific questions.

• Tax savings with an FSA

An FSA allows you to allot money for eligible expenses *before* your agency deducts taxes from your paycheck. This means the amount of income that your taxes are based on will be lower, so your tax liability will be less. Without an FSA, you would still pay for these expenses, but you would do so using money remaining in your paycheck after Federal (and often state and local) taxes are deducted. The following chart illustrates a typical tax savings example:

| Annual Tax Savings Example | With FSA | Without FSA |
|--|--------------|--------------|
| If your taxable income is: | \$50,000 | \$50,000 |
| And you deposit this amount into an FSA: | \$2,000 | -\$0- |
| Your taxable income is now: | \$48,000 | \$50,000 |
| Subtract Federal & Social Security taxes: | \$13,807 | \$14,383 |
| If you spend after-tax dollars for expenses: | -\$0- | \$2,000 |
| Your real spendable income is: | \$34,193 | \$33,617 |
| Your tax savings: | \$576 | -\$0- |

Note: This example is intended to demonstrate a typical tax savings based on 27% Federal and 7.65% FICA taxes. Actual savings will vary based upon the retirement system in which you are enrolled (CSRS or FERS), your state of residence, and your individual tax situation. In this example, the individual received \$2,000 in services for \$1,424 - a discount of almost 36%. You may also wish to consult a tax professional for more information on the tax implications of an FSA.

• Tax credits and deductions

You *cannot* claim expenses on your Federal Income Tax return if you receive reimbursement for them from your HCFSAs or DCFSAs. Below are some guidelines that may help you decide whether to participate in FSAFEDS.

Health care expenses

The HCFSAs is Federal Income tax-free from the first dollar. In addition, you may be reimbursed from the HCFSAs at any time during the year for expenses up to the annual amount you've elected to contribute.

The Federal Flexible Spending Account Program

Only health care expenses exceeding 7.5% of your adjusted gross income are eligible to be deducted on your Federal Income Tax return. Using the example listed on the prior page, only health care expenses exceeding \$3,750 (7.5% of \$50,000) would be eligible to be deducted on your Federal Income Tax return. In addition, money set aside through an HCFSAs is also exempt from FICA taxes. This exemption is not available on your Federal Income Tax return.

Paperless Reimbursement – Some health plans participate in the FSAFEDS paperless reimbursement program. When you enroll for your HCFSAs, you may have the opportunity to enroll for paperless reimbursement. If you do, your Plan will send FSAFEDS the information they need to reimburse you for your out-of-pocket costs so you can avoid filing paper claims.

Dependent care expenses

The DCFSAs generally allows many families to save more than they would with the Federal Tax Credit for dependent care expenses. Note that you may only be reimbursed from the DCFSAs up to your current account balance. If you file a claim for more than your current balance, it will be held until additional payroll allotments have been added to your account.

Visit www.FSAFEDS.com and download the **Dependent Care Tax Credit Worksheet** from the Forms and Literature page to help you determine what is best for your situation. You may also wish to consult a tax professional for more details.

• Does it cost me anything to participate in FSAFEDS?

No. Section 1127 of The National Defense Authorization Act (Public Law 108-136, enacted November 24, 2003) requires agencies that offer FSAFEDS to employees to cover the administrative fee(s) on behalf of their employees. However, remember that participating in FSAFEDS can cost you money if you don't spend your entire account balance by the end of the Plan Year, resulting in the forfeiture of funds remaining in your account (the IRS "use-it-or-lose-it" rule).

• Contact us

To learn more, or to enroll, please visit the **FSAFEDS web site** at www.FSAFEDS.com, or contact SHPS directly via email or phone. FSAFEDS Benefits Counselors are available Monday through Friday, from 9:00 a.m. until 9:00 p.m., Eastern Time.

- E-mail: FSAFEDS@shps.net
- Telephone: 1-877-FSAFEDS (372-3337)
- TTY: 1-800-952-0450

The Federal Long Term Care Insurance Program

It's important protection.

Here's why you should consider applying for coverage under the Federal Long Term Care Insurance Program (FLTCIP):

- **FEHB plans do not cover the cost of long term care.** Also called "custodial care," long term care is help you receive to perform activities of daily living – such as bathing or dressing yourself—or supervision you receive because of a severe cognitive impairment. The need for long term care can strike anyone at any age and the cost of care can be substantial.
- **The Federal Long Term Care Insurance Program can help protect you from the potentially high cost of long term care.** This coverage gives you options regarding the type of care you receive and where you receive it. With FLTCIP coverage, you won't have to worry about relying on your loved ones to provide or pay for your care.
- **It's to your advantage to apply sooner rather than later.** To qualify for coverage under the FLTCIP, you must apply and pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you're in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your premiums.
- **You don't have to wait for an open season to apply.** The Federal Long Term Care Insurance Program accepts applications from eligible persons at any time. You will have to complete a full underwriting application, which asks a number of questions about your health. However, if you are a new or newly eligible employee, you (and your spouse, if applicable) have a limited opportunity to apply using the abbreviated underwriting application, which asks fewer questions. If you marry, your new spouse will also have a limited opportunity to apply using abbreviated underwriting.
- **Qualified relatives are also eligible to apply.** Qualified relatives include spouses and adult children of employees and annuitants, and parents, parents-in-law, and stepparents of employees.

To find out more and to request an application. Call 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557) or visit www.ltcfeds.com.

Stop Health Care Fraud

Fraud increases the cost of health care for everyone and increases your Federal Employees Health Benefits (FEHB) Program premium. OPM's Office of the Inspector General investigates allegations of fraud, waste, and abuse in the FEHB Program regardless of the agency that employs you or from which you retired.

Protect Yourself From Fraud - Here are some things you can do to prevent fraud:

- Be wary of giving your health plan identification number over the telephone or to people you do not know, except to your doctor, other provider, or authorized plan or OPM representative.
- Let only the appropriate medical professionals review your medical record or recommend services.
- Avoid health care providers who say that an item or service is not usually covered, but they know how to bill your health plan to get it paid.
- Carefully review explanations of benefits (EOBs) that you receive from your health plan.
- Do not ask your doctor to make false entries on certificates, bills or records in order to get your health plan to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call your health plan and explain the situation.
 - If they do not resolve the issue:

CALL – THE HEALTH CARE FRAUD HOTLINE

202-418-3300

OR WRITE TO:

The United States Office of Personnel Management
Office of the Inspector General Fraud Hotline
1900 E Street, NW, Room 6400
Washington, DC 20415

- Remember, FEHB covered family members may not include:
 - your former spouse after a divorce decree or annulment is final (even if a court orders it); or
 - your child over age 22 unless he/she became incapable of self support before age 22.
- If you have any questions about the eligibility of a dependent, check with your Human Resources office if you are employed or with OPM if you are retired.
- You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEHB benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the Plan.

Plan Comparisons

Nationwide Fee-for-Service Plans Open to All

(Pages 18 through 21)

Fee-for-Service (FFS) Plans with a Preferred Provider Organization (PPO) – A Fee-for-Service plan provides flexibility in using medical providers of your choice. You may choose medical providers who have a contract with the health plan to offer discounted charges. You can also choose medical providers who are not contracted with the plan, but you will pay more of the cost.

Medical providers who have contracts with the health plan (Preferred Provider Organization or PPO) offer discounted charges. You usually pay a copayment or a coinsurance charge and do not file claims or other paperwork. Going to a PPO hospital does not guarantee PPO benefits for all services received in the hospital. Lab work and radiology services from independent practitioners within the hospital are frequently not covered by a PPO agreement. If you receive treatment from medical providers who are not contracted with the health plan, you either pay them directly and submit a claim for reimbursement to the health plan or the health plan pays the provider directly according to plan coverage, and you pay a deductible and coinsurance. You pay a greater amount of the out-of-pocket cost.

PPO-only – A PPO-only plan provides medical services only through medical providers that have contracts. There is no medical coverage if you or your family members receive care from providers not contracted with the plan.

Nationwide Fee-for-Service Plans Open to All

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* The chart does not show all of your possible out-of-pocket costs.

The **Deductibles** shown are the amount of covered expenses that you pay before your health plan begins to pay.

Calendar Year deductibles for families are two or more times the per person amount shown.

In some plans your combined **Prescription Drug** purchases from Mail Order and local pharmacies count toward the deductible. In other plans, only purchases from local pharmacies count. Some plans require each family member to meet a per person deductible.

The **Hospital Inpatient** deductible is what you pay each time you are admitted to a hospital.

Doctors shows what you pay for inpatient surgical services and for office visits.

Your share of **Hospital Inpatient Room and Board** covered charges is shown.

The **Generic** drug figure is the copayment or coinsurance most commonly paid by members of this health plan for a Generic formulary drug.

| Plan name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| APWU Health Plan-High (APWU) | 800/222-2798 | 471 | 472 | 413.40 | 907.27 | 421.67 | 925.42 |
| Blue Cross and Blue Shield Service Benefit Plan-Std (BCBS) | Local phone # | 104 | 105 | 393.88 | 901.96 | 401.76 | 920.00 |
| Blue Cross and Blue Shield Service Benefit Plan-Basic (BCBS) | Local phone # | 111 | 112 | 329.29 | 771.29 | 335.88 | 786.72 |
| GEHA Benefit Plan-High (GEHA) | 800/821-6136 | 311 | 312 | 477.47 | 1039.16 | 487.02 | 1059.94 |
| GEHA Benefit Plan-Std (GEHA) | 800/821-6136 | 314 | 315 | 288.41 | 655.40 | 294.18 | 668.51 |
| Mail Handlers-High (MH) | 800/410-7778 | 451 | 452 | 611.20 | 1289.21 | 623.42 | 1314.99 |
| Mail Handlers-Std (MH) | 800/410-7778 | 454 | 455 | 381.85 | 828.90 | 389.49 | 845.48 |
| NALC | 888/636-6252 | 321 | 322 | 410.35 | 876.92 | 418.56 | 894.46 |
| PBP Health Plan-High (PBP) | 800-544-7111 | 361 | 362 | 659.66 | 1423.22 | 672.85 | 1451.68 |
| PBP Health Plan-Std (PBP) | 800-544-7111 | 364 | 365 | 442.95 | 1003.36 | 451.81 | 1023.43 |

Brand Name/Non-formulary is what you pay for a manufacturer's Brand name drug on this health plan's formulary. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in this column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a Non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

The prescription drug copayments or coinsurances described in this chart do not represent the complete range of cost-sharing under these plans. Many plans have variations in their prescription drug benefits (e.g., you pay the greater of a dollar amount or a percentage, or you pay one amount for your first prescription and then a different amount for refills). The prescription drug figures in this chart show what most plan members pay for their medications under each plan. **You must read the plan brochure for a complete description of prescription drug and all other benefits.**

| Plan | Benefit Type | Medical-Surgical – You Pay | | | | | | | | |
|-------------|--------------|----------------------------|-------------------|--------------------|----------------------------|-----------------------------|------------------------|--------------------|----------------------------|----------------------|
| | | Deductible | | | Copay (\$)/Coinsurance (%) | | | | | |
| | | Per Person | | Hospital Inpatient | Doctors | | Hospital Inpatient R&B | Prescription Drugs | | |
| | | Calendar Year | Prescription Drug | | Office Visits | Inpatient Surgical Services | | Generic | Brand Name / Non-formulary | Mail Order Discounts |
| APWU -High | PPO | \$275 | None | None | \$18 | 10% | 10% | \$8 | 25%/25% | Yes |
| | Non-PPO | \$500 | None | \$300 | 30% | 30% | 30% | 50% | 50%/50% | No |
| BCBS -Std | PPO | \$250 | None | \$100 | \$15 | 10% | Nothing | 25% | 25%/25% | Yes |
| | Non-PPO | \$250 | None | \$300 | 25% | 25% | 30% | 45%+ | 45%/45%+ | No |
| BCBS -Basic | PPO Only | None | None | \$100/day x 5 | \$20 | \$100 | Nothing | \$10 | \$25/\$35 or 50% | No |
| GEHA -High | PPO | \$350 | None | \$100 | \$20 | 10% | Nothing | \$5 | \$25/N/A | Yes |
| | Non-PPO | \$350 | None | \$300 | 25% | 25% | Nothing | \$5 | \$25+/N/A | Yes |
| GEHA -Std | PPO | \$450 | None | None | \$10 | 15% | 15% | \$5 | 50%/N/A | No |
| | Non-PPO | \$450 | None | None | 35% | 35% | 35% | \$5 | 50%/N/A | No |
| MH -High | PPO | \$250 | \$200 | \$100 | \$20/\$10 | 10% | Nothing | \$10 | \$25/\$40 | Yes |
| | Non-PPO | \$300 | \$200 | \$300 | 30% | 30% | 30% | 50% | 50%/50% | Yes |
| MH -Std | PPO | \$300 | \$350 | \$200 | \$20/\$10 | 10% | Nothing | \$10 | \$30/\$45 | Yes |
| | Non-PPO | \$350 | \$350 | \$400 | 30% | 30% | 30% | 50% | 50%/50% | Yes |
| NALC | PPO | \$250 | None | None | \$20 | 10% | 10% | 25% | 25%/25% | Yes |
| | Non-PPO | \$300 | \$25 | \$100 | 30% | 30% | 30% | 50% | 50%/50%+ | No |
| PBP -High | PPO | \$200 | \$90 | None | 10% | 10% | 10% | \$3 | \$25 or 20%/ \$40 or 20% | Yes |
| | Non-PPO | \$500 | \$90 | \$150 | 25% | 25% | 25% | 20%+ | 20%/20%+ | Yes |
| PBP -Std | PPO | \$250 | \$90 | None | \$8 | 9% | 10% | \$4 | \$30 or 20%/ \$40 or 20% | Yes |
| | Non-PPO | \$600 | \$90 | \$250 | 30% | 30% | 30% | 30%+ | 30%/30%+ | Yes |

Nationwide Fee-for-Service Plans Open to All

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. Here is a brief explanation of each survey category.

| | |
|-------------------------------------|---|
| Overall Plan Satisfaction | <ul style="list-style-type: none"> How would you rate your overall experience with your health plan? |
| Getting Needed Care | <ul style="list-style-type: none"> Were you satisfied with the choices your health plan gave you to select a personal doctor? Were you satisfied with the time it takes to get a referral to a specialist? |
| Getting Care Quickly | <ul style="list-style-type: none"> Did you get the advice or help you needed when you called your doctor during regular office hours? Could you get an appointment for regular or routine care when you wanted? |
| How Well Doctors Communicate | <ul style="list-style-type: none"> Did your doctor listen carefully to you and explain things in a way you could understand? Did your doctor spend enough time with you? |
| Customer Service | <ul style="list-style-type: none"> Was your plan helpful when you called its customer service department? Did you have paperwork problems? Were the plan's written materials understandable? |
| Claims Processing | <ul style="list-style-type: none"> Did your plan pay your claims correctly and in a reasonable time? |

| Plan Name | Plan Code | Member Survey Results | | | | | |
|---|-----------|---------------------------|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| APWU Health Plan-High | 47 | ● | ◐ | ● | ◐ | ● | ● |
| Blue Cross and Blue Shield Service Benefit Plan-Std | 10 | ◐ | ● | ◐ | ◐ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan-Basic | 11 | ○ | ○ | ○ | ◐ | ○ | ○ |
| GEHA Benefit Plan-High | 31 | ◐ | ○ | ○ | ○ | ● | ● |
| GEHA Benefit Plan-Std | 31 | ◐ | ○ | ○ | ○ | ● | ● |
| Mail Handlers Benefit Plan-High | 45 | ◐ | ● | ◐ | ◐ | ● | ◐ |
| Mail Handlers Benefit Plan-Std | 45 | ◐ | ● | ◐ | ◐ | ● | ◐ |
| NALC | 32 | ● | ◐ | ◐ | ◐ | ● | ● |
| PBP Health Plan-High | 36 | ◐ | ◐ | ● | ● | ○ | ○ |
| PBP Health Plan-Std | 36 | ◐ | ◐ | ● | ● | ○ | ○ |

Fee-for-Service Plans – Blue Cross and Blue Shield Service Benefit Plan – Member Survey Results for Select States

Again this year we are providing more detailed information regarding the quality of services provided by our health plans. We are including the results of the Member Satisfaction survey at the *state level* for eight local Blue Cross Blue Shield (BCBS) Plans. Prior to 2003, BCBS conducted a single survey representing all of its members *nationwide*. We now provide local member satisfaction results for both the Standard Option plan and the Basic Option plan.

In the future, we expect to increase the number of plans conducting local or regional Member Satisfaction surveys. We look forward to making those results available to help you select quality health plans.

Below are Member Survey ratings for local BCBS plans by location.

| | | Member Survey Results | | | | | | |
|--|----------------------|---|---------------------------|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | ● above average, ◐ average, ○ below average | | | | | | |
| Plan Name | Location | Plan Code | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Arizona | 1011 | ◐ | ○ | ○ | ○ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | California | 1011 | ◐ | ◐ | ◐ | ◐ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | District of Columbia | 1011 | ◐ | ◐ | ○ | ○ | ○ | ○ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Florida | 1011 | ● | ◐ | ○ | ○ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Illinois | 1011 | ● | ◐ | ◐ | ◐ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Maryland | 1011 | ◐ | ◐ | ○ | ◐ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Texas | 1011 | ● | ◐ | ○ | ◐ | ◐ | ◐ |
| Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic | Virginia | 1011 | ● | ◐ | ◐ | ◐ | ● | ● |

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Plan Comparisons

Nationwide Fee-for-Service Plans Open Only to Specific Groups

(Pages 24 through 26)

Fee-For-Service (FFS) Plans with a Preferred Provider Organization (PPO) – A Fee-for-Service plan provides flexibility in using medical providers of your choice. You may choose medical providers who have a contract with the health plan to offer discounted charges. You can also choose medical providers who are not contracted with the plan, but you will pay more of the cost.

Medical providers who have contracts with the health plan (Preferred Provider Organization or PPO) offer discounted charges. You usually pay a copayment or a coinsurance charge and do not file claims or other paperwork. Going to a PPO hospital does not guarantee PPO benefits for all services received in the hospital. Lab work and radiology services from independent practitioners within the hospital are frequently not covered by a PPO agreement. If you receive treatment from medical providers who are not contracted with the health plan, you either pay them directly and submit a claim for reimbursement to the health plan or the health plan pays the provider directly according to plan coverage, and you pay a deductible and coinsurance. You pay a greater amount of the out-of-pocket cost.

Nationwide Fee-for-Service Plans Open Only to Specific Groups

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* The chart does not show all of your possible out-of-pocket costs.

The **Deductibles** shown are the amount of covered expenses that you pay before your health plan begins to pay.

Calendar Year deductibles for families are two or more times the per person amount shown.

In some plans your combined **Prescription Drug** purchases from Mail Order and local pharmacies count toward the deductible. In other plans, only purchases from local pharmacies count. Some plans require each family member to meet a per person deductible.

The **Hospital Inpatient** deductible is what you pay each time you are admitted to a hospital.

Doctors shows what you pay for inpatient surgical services and for office visits.

Your share of **Hospital Inpatient Room and Board** covered charges is shown.

The **Generic** drug figure is the copayment or coinsurance most commonly paid by members of this health plan for a Generic formulary drug.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Association Benefit Plan (ABP) | 800/634-0069 | 421 | 422 | 414.94 | 955.85 | 423.24 | 974.97 |
| Foreign Service Benefit Plan (FSBP) | 202/833-4910 | 401 | 402 | 380.66 | 909.18 | 388.27 | 927.36 |
| Panama Canal Area Benefit Plan (PCABP) | 800/548-8969 | 431 | 432 | 346.30 | 722.82 | 353.23 | 737.28 |
| Rural Carrier Benefit Plan (Rural) | 800/638-8432 | 381 | 382 | 451.92 | 919.51 | 460.96 | 937.90 |
| SAMBA-High | 800/638-6589 | 441 | 442 | 447.44 | 1053.78 | 456.39 | 1074.86 |
| SAMBA-Std | 800/638-6589 | 444 | 445 | 361.73 | 857.31 | 368.96 | 874.46 |

Brand Name/Non-formulary is what you pay for a manufacturer's Brand name drug on this health plan's formulary. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in this column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a Non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

The prescription drug copayments or coinsurances described in this chart do not represent the complete range of cost-sharing under these plans. Many plans have variations in their prescription drug benefits (e.g., you pay the greater of a dollar amount or a percentage, or you pay one amount for your first prescription and then a different amount for refills). The prescription drug figures in this chart show what most plan members pay for their medications under each plan. **You must read the plan brochure for a complete description of prescription drug and all other benefits.**

| Plan | Benefit Type | Medical-Surgical – You Pay | | | | | | | | |
|------------|--------------|----------------------------|-------------------|--------------------|----------------------------|-----------------------------|---------------------------|--------------------|----------------------------|----------------------|
| | | Deductible | | | Copay (\$)/Coinsurance (%) | | | | | |
| | | Per Person | | Hospital Inpatient | Doctors | | Hospital Inpatient R&B | Prescription drugs | | |
| | | Calendar Year | Prescription Drug | | Office Visits | Inpatient Surgical Services | | Generic | Brand Name / Non-formulary | Mail Order Discounts |
| ABP | PPO | \$300 | None | \$100 | \$10 | 10% | Nothing | \$5 | \$25/\$40 | Yes |
| | Non-PPO | \$300 | None | \$300 | 30% | 30% | 30% | \$5 | \$25/\$40 | Yes |
| FSBP | PPO | \$300 | None | Nothing | 10% | 10% | Nothing | \$10/25% | \$20/25% | Yes |
| | Non-PPO | \$300 | None | \$200 | 30% | 30% | 20% | \$10/25% | \$20/25% | Yes |
| PCABP | POS | None | \$400 | \$50 | \$10 | Nothing | Nothing | 50% | 50%/50% | N/A |
| | FFS | None | \$400 | \$125 | 50% | 50% | 50% | 50% | 50%/50% | N/A |
| Rural | PPO | \$350 | \$200 | \$100 | \$20 | 10% | Nothing | 30% | 30%/30% | Yes |
| | Non-PPO | \$400 | \$200 | \$300 | 25% | 20% | 20% | 30% | 30%/30% | Yes |
| SAMBA-High | PPO | \$250 | None | \$200 | \$20/\$0 | 10% | Nothing | \$10 | \$25/\$40 | Yes |
| | Non-PPO | \$250 | None | \$300 | 30% | 30% | 30% | \$10 | \$25/\$40 | Yes |
| SAMBA-Std | PPO | \$250 | None | \$200 | \$20/\$0 | 15% | Nothing | \$10 | \$30/\$45 + 1 refill | Yes |
| | Non-PPO | \$250 | None | \$300 | 30% | 30% | 30% | \$10 | \$30/\$45 + 1 refill | Yes |

*The Panama Canal Area Plan provides a Point-of-Service product within the Republic of Panama.

Nationwide Fee-for-Service Plans Open Only to Specific Groups

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. Here is a brief explanation of each survey category.

| | |
|-------------------------------------|---|
| Overall Plan Satisfaction | • How would you rate your overall experience with your health plan? |
| Getting Needed Care | <ul style="list-style-type: none"> • Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist? |
| Getting Care Quickly | <ul style="list-style-type: none"> • Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted? |
| How Well Doctors Communicate | <ul style="list-style-type: none"> • Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you? |
| Customer Service | <ul style="list-style-type: none"> • Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable? |
| Claims Processing | • Did your plan pay your claims correctly and in a reasonable time? |

| Plan Name | Plan Code | Member Survey Results | | | | | |
|--------------------------------|-----------|---------------------------|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| Association Benefit Plan | 42 | ● | ◐ | ◐ | ◐ | ● | ● |
| Foreign Service Benefit Plan | 40 | ◐ | ○ | ◐ | ○ | ○ | ○ |
| Panama Canal Area Benefit Plan | 43 | | | | | | |
| Rural Carrier Benefit Plan | 38 | ● | ● | ● | ◐ | ● | ◐ |
| SAMBA-High | 44 | ● | ◐ | ◐ | ◐ | ● | ◐ |
| SAMBA-Std | 44 | | | | | | |

Plan Comparisons

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product.

(Pages 28 through 55)

Health Maintenance Organization (HMO) – A Health Maintenance Organization provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs coordinate the health care service you receive and free you from completing paperwork or being billed for covered services. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work. If you travel or are away from home for extended periods, some HMOs are affiliated with or have arrangements with HMOs in other service areas for non-emergency care (reciprocity). Plans that offer reciprocity discuss it in their brochure.

- The HMO provides a comprehensive set of services – as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and generally no coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group as your primary care physician (PCP). Your PCP provides your general medical care. In many HMOs, you must get authorization or a “referral” from your PCP to see other providers. The referral is a recommendation by your physician for you to be evaluated and/or treated by a different physician or medical professional. The referral ensures that you see the right provider for the care most appropriate to your condition.
- Medical Care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

Plans Offering a Point-of-Service (POS) Product – A Point-of-Service (POS) plan is like having two plans in one – an HMO and a FFS plan. A POS allows you and your family members to choose between using, (1) a network of providers in a designated service area (like an HMO), or (2) out-of-network providers (like a FFS plan). When you use the POS network of providers, you usually pay a copayment for services and do not have to file claims or other paperwork. If you use out-of-network providers, you pay a deductible then coinsurance. Your out-of-pocket costs are higher and you file your own claims for reimbursement.

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Arizona | | | | | | | | |
| Aetna - Phoenix/Tucson Areas | 800/537-9384 | WQ1 | WQ2 | 305.15 | 762.82 | 311.25 | 778.08 | NCQA |
| Health Net of Arizona, Inc. - Maricopa/Pima/Other AZ counties | 800/289-2818 | A71 | A72 | 328.08 | 831.33 | 334.64 | 847.96 | NCQA |
| PacifiCare of Arizona - Maricopa, Pima County & Apache Junction | 800-531-3341 | A31 | A32 | 347.25 | 864.70 | 354.20 | 881.99 | NCQA |
| California | | | | | | | | |
| Aetna - Los Angeles and San Diego Areas | 800/537-9384 | 2X1 | 2X2 | 249.21 | 614.01 | 254.19 | 626.29 | NCQA |
| Blue Cross- HMO - Most of California | 800/235-8631 | M51 | M52 | 334.79 | 858.78 | 341.49 | 875.96 | NCQA |
| Blue Shield of CA Access+ - Most of California | 800/880-8086 | SI1 | SI2 | 344.80 | 855.31 | 351.70 | 872.42 | NCQA |
| Health Net of California - Most of California | 800/522-0088 | LB1 | LB2 | 333.13 | 788.65 | 339.79 | 804.42 | NCQA |
| Kaiser Foundation Health Plan, Inc.-High -Northern California | 800/464-4000 | 591 | 592 | 369.18 | 881.29 | 376.56 | 898.92 | NCQA |
| Kaiser Foundation Health Plan, Inc.-Std - Northern California | 800/464-4000 | 594 | 595 | 284.38 | 678.82 | 290.07 | 692.40 | NCQA |
| Kaiser Foundation Health Plan, Inc.-High -Southern California | 800/464-4000 | 621 | 622 | 337.50 | 780.02 | 344.25 | 795.62 | NCQA |
| Kaiser Foundation Health Plan, Inc.-Std - Southern California | 800/464-4000 | 624 | 625 | 264.16 | 610.52 | 269.44 | 622.73 | NCQA |
| PacifiCare of California - Most of California | 800-531-3341 | CY1 | CY2 | 305.44 | 708.63 | 311.55 | 722.80 | NCQA |
| UHP Healthcare - LA/Orange/San Bernardino Counties | 800/544-0088 | C41 | C42 | 213.83 | 459.14 | 218.11 | 468.32 | JCAHO |
| Universal Care-High -Southern California | 800/635-6668 | 6Q1 | 6Q2 | 281.23 | 742.45 | 286.85 | 757.30 | NCQA |
| Colorado | | | | | | | | |
| Aetna - Denver Area | 800/537-9384 | 9E1 | 9E2 | 343.09 | 883.16 | 349.95 | 900.82 | NCQA |
| Kaiser Permanente-High -Denver/Colorado Springs areas | 800/632-9700 | 651 | 652 | 348.57 | 840.00 | 355.54 | 856.80 | NCQA |
| Kaiser Permanente-Std - Denver/Colorado Springs areas | 800/632-9700 | 654 | 655 | 264.62 | 637.69 | 269.91 | 650.44 | NCQA |
| PacifiCare of Colorado - Denver/Colorado Springs/Ft.Collins | 800/877-9777 | D61 | D62 | 375.92 | 889.48 | 383.44 | 907.27 | NCQA |
| Connecticut | | | | | | | | |
| ConnectiCare - All of Connecticut | 800/251-7722 | TE1 | TE2 | 364.63 | 922.55 | 371.92 | 941.00 | NCQA |
| Delaware | | | | | | | | |
| Coventry Health Care of Delaware -High -Most of Delaware | 800/833-7423 | 2J1 | 2J2 | 418.86 | 1057.62 | 427.24 | 1078.77 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Arizona | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ● | ● | ● |
| Health Net of Arizona, Inc. | \$15/\$30 | \$200/day x 3 | \$15 | \$30/\$50 | Yes | ○ | ● | ○ | ● | ○ | ○ |
| PacifiCare of Arizona | \$15/\$30 | \$150/day x 3 | \$10 | \$30/\$50 | Yes | ○ | ○ | ○ | ○ | ○ | ● |
| California | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ○ | ● |
| Blue Cross- HMO | \$10/\$10 | None | \$5 | \$10/50% | Yes | ● | ○ | ○ | ○ | ○ | ● |
| Blue Shield of CA Access+ | \$10/\$10 | None | \$5 | \$10/\$25 | Yes | ● | ○ | ○ | ● | ● | ● |
| Health Net of California | \$15/\$15 | \$250 | \$15 | \$35/\$50 | Yes | ● | ○ | ○ | ● | ● | ● |
| Kaiser Foundation Health Plan, Inc.-High | \$15/\$15 | \$100 | \$10 | \$25/\$25 | No | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Foundation Health Plan, Inc.-Std | \$30/\$30 | \$500 | \$10 | \$30/\$30 | No | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Foundation Health Plan, Inc.-High | \$15/\$15 | \$100 | \$10 | \$25/\$25 | No | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Foundation Health Plan, Inc.-Std | \$30/\$30 | \$500 | \$10 | \$30/\$30 | No | ● | ○ | ○ | ○ | ● | ● |
| PacifiCare of California | \$10/\$30 | \$100/day x 3 | \$10 | \$30/\$50 | Yes | ● | ○ | ○ | ○ | ● | ● |
| UHP Healthcare | \$10/\$10 | \$300 | \$10 | \$30/\$50 | No | | | | | | |
| Universal Care-High | \$10/\$10 | \$300 | \$10 | \$20/\$30 | Yes | ○ | ○ | ○ | ● | ● | ● |
| Colorado | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Kaiser Permanente-High | \$15/\$30 | \$250 | \$10 | \$25/\$25 | No | ● | ● | ● | ○ | ● | ● |
| Kaiser Permanente-Std | \$20+20%/\$40+20% | \$250/dayx3 | \$15 | \$35/\$35 | No | ● | ● | ● | ○ | ● | ● |
| PacifiCare of Colorado | \$20/\$40 | \$400/day x 5 | \$10 | \$40/\$50 | Yes | ○ | ● | ● | ● | ● | ● |
| Connecticut | | | | | | | | | | | |
| ConnectiCare | \$15/\$20 | \$50/day x 5 | \$15 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Delaware | | | | | | | | | | | |
| Coventry Health Care of Delaware -High | \$10/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| District of Columbia | | | | | | | | |
| Aetna Open Access-High -Washington, DC Area | 800/537-9384 | JN1 | JN2 | 381.33 | 854.17 | 388.96 | 871.25 | NCQA |
| Aetna Open Access-Basic - Washington, DC Area | 800/537-9384 | JN4 | JN5 | 251.07 | 587.54 | 256.09 | 599.29 | NCQA |
| CareFirst BlueChoice - Washington, D.C. Metro Area | 866/520-6099 | 2G1 | 2G2 | 393.55 | 885.37 | 401.42 | 903.08 | NCQA |
| Kaiser Permanente-High -Washington, DC area | 301/468-6000 | E31 | E32 | 344.98 | 821.08 | 351.88 | 837.50 | NCQA |
| Kaiser Permanente-Std - Washington, DC area | 301/468-6000 | E34 | E35 | 277.66 | 660.83 | 283.21 | 674.05 | NCQA |
| M.D. IPA - Washington, DC area | 800/251-0956 | JP1 | JP2 | 349.05 | 837.83 | 356.03 | 854.59 | NCQA |
| Florida | | | | | | | | |
| Av-Med Health Plan-High -Broward, Dade and Palm Beach | 800/882-8633 | ML1 | ML2 | 340.34 | 884.85 | 347.15 | 902.55 | NCQA |
| Av-Med Health Plan-Std - Broward, Dade and Palm Beach | 800/882-8633 | ML4 | ML5 | 271.96 | 707.05 | 277.40 | 721.19 | NCQA |
| Capital Health Plan - Tallahassee area | 850/383-3311 | EA1 | EA2 | 353.21 | 936.00 | 360.27 | 954.72 | NCQA |
| Humana Medical Plan - South Florida | 888/393-6765 | EE1 | EE2 | 329.03 | 756.77 | 335.61 | 771.91 | URAC |
| JMH Health Plan - Broward-Dade counties | 800/721-2993 | J81 | J82 | 318.33 | 787.63 | 324.70 | 803.38 | |
| Total Health Choice - Broward/Dade/Palm Beach Counties | 800/213-1133 | 4A1 | 4A2 | 287.39 | 716.04 | 293.14 | 730.36 | |
| Vista Healthplan - South Florida | 866/847-8235 | 3N1 | 3N2 | 389.22 | 1070.07 | 397.00 | 1091.47 | |
| Vista Healthplan - Gainesville | 866/847-8235 | UL1 | UL2 | 341.49 | 911.80 | 348.32 | 930.04 | |
| Vista Healthplan - Tallahassee | 866/847-8235 | Y91 | Y92 | 286.41 | 764.83 | 292.14 | 780.13 | |
| Vista Healthplan of South Florida - Southern Florida | 800/441-5501 | 5E1 | 5E2 | 290.51 | 798.92 | 296.32 | 814.90 | |
| Georgia | | | | | | | | |
| Aetna - Atlanta and Athens Areas | 800/537-9384 | 2U1 | 2U2 | 331.00 | 798.46 | 337.62 | 814.43 | NCQA |
| Kaiser Permanente-High -Atlanta area | 800/611-1811 | F81 | F82 | 305.44 | 775.45 | 311.55 | 790.96 | NCQA |
| Kaiser Permanente-Std - Atlanta area | 800/611-1811 | F84 | F85 | 229.91 | 583.68 | 234.51 | 595.35 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|-----------------------------------|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| District of Columbia | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$20 | \$150/day x 3 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| Aetna Open Access-Basic | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| CareFirst BlueChoice | \$20/\$30 | \$100 per adm | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ● | ○ | ○ |
| Kaiser Permanente-High | \$10/\$20 | \$100 | \$10/\$20Net | \$20/\$55 | Yes | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$30/\$30 | \$250/dayx3 | \$15 | \$25/\$40 | Yes | ● | ○ | ○ | ○ | ● | ● |
| M.D. IPA | \$10/\$20 | \$100 | \$8 | \$20/\$35 | No | ● | ● | ○ | ● | ● | ● |
| Florida | | | | | | | | | | | |
| Av-Med Health Plan-High | \$15/\$25 | \$100/dayx5 | \$15 | \$30/\$50 | No | ● | ○ | ○ | ○ | ● | ● |
| Av-Med Health Plan-Std | \$25/\$40 | \$125/dayx5 | \$20 | \$40/\$60 | No | ● | ○ | ○ | ○ | ● | ● |
| Capital Health Plan | \$15/\$25 | \$250 | \$15 | \$30/\$50 | No | ● | ● | ● | ● | ● | ● |
| Humana Medical Plan | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ● | ○ | ○ | ● | ● | ○ |
| JMH Health Plan | \$10/\$10 | None | \$5 | 50%/50% | Yes | | | | | | |
| Total Health Choice | \$10/\$10 | \$100 | \$5 | \$15/\$15 | No | | | | | | |
| Vista Healthplan | \$15/\$25 | \$100/day x 3 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ○ | ○ |
| Vista Healthplan | \$15/\$25 | \$100/day x 3 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ○ | ○ |
| Vista Healthplan | \$15/\$25 | \$100/day x 3 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ○ | ○ |
| Vista Healthplan of South Florida | \$20/\$30 | \$200 | \$15 | \$30/\$50 | Yes | ○ | ○ | ○ | ○ | ○ | ○ |
| Georgia | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ○ | ○ |
| Kaiser Permanente-High | \$15/\$15 | \$250 | \$10/\$16 Com | \$20/\$26 | No | ● | ● | ● | ● | ● | ● |
| Kaiser Permanente-Std | \$20/\$30 | \$250/dayx3 | \$15/\$21 Com | \$25/\$31 | No | ● | ● | ● | ● | ● | ● |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs. The **Premium** shown is not for part-time employees. See your Human Resources office for details.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Guam | | | | | | | | |
| PacifiCare Asia Pacific-High -Guam/N.Mariana Islands/Belau | 671/647-3526 | JK1 | JK2 | 418.51 | 1000.74 | 426.88 | 1020.75 | |
| PacifiCare Asia Pacific-Std - Guam/N.Mariana Islands/Belau | 671/647-3526 | JK4 | JK5 | 296.51 | 782.99 | 302.44 | 798.65 | |
| Hawaii | | | | | | | | |
| HMSA - All of Hawaii | 808/948-6499 | 871 | 872 | 320.13 | 712.60 | 326.53 | 726.85 | NCQA |
| Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu | 808/432-5955 | 631 | 632 | 369.98 | 795.45 | 377.38 | 811.36 | NCQA |
| Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu | 808/432-5955 | 634 | 635 | 287.24 | 617.57 | 292.98 | 629.92 | NCQA |
| Idaho | | | | | | | | |
| Group Health Cooperative-High -Kootenai and Latah | 888/901-4636 | VR1 | VR2 | 376.81 | 918.71 | 384.35 | 937.08 | NCQA |
| Group Health Cooperative-Std - Kootenai and Latah | 888/901-4636 | VR4 | VR5 | 318.76 | 733.11 | 325.14 | 747.77 | NCQA |
| Illinois | | | | | | | | |
| Aetna - Chicago Area | 800/537-9384 | IK1 | IK2 | 329.57 | 813.41 | 336.16 | 829.68 | NCQA |
| BlueCHOICE - Madison and St. Clair counties | 800/634-4395 | 9G1 | 9G2 | 384.58 | 832.65 | 392.27 | 849.30 | NCQA |
| Group Health Plan-High -Southern/Cental | 800/755-3901 | MM1 | MM2 | 445.92 | 963.15 | 454.84 | 982.41 | URAC |
| Health Alliance HMO - Central/E.Central/N.West/South/West IL | 800/851-3379 | FX1 | FX2 | 392.95 | 917.04 | 400.81 | 935.38 | NCQA |
| Humana Health Plan Inc.-High -Chicago area | 888/393-6765 | 751 | 752 | 372.19 | 856.07 | 379.63 | 873.19 | URAC |
| Humana Health Plan Inc.-Std - Chicago area | 888/393-6765 | 754 | 755 | 263.99 | 607.14 | 269.27 | 619.28 | URAC |
| John Deere Health Plan - Bloomington/Moline/Peoria/RockIsld | 800/247-9110 | YH1 | YH2 | 328.27 | 804.25 | 334.84 | 820.34 | NCQA |
| Mercy Health Plans/Premier Health Plans - Southwest Illinois | 800/327-0763 | 7M1 | 7M2 | 469.67 | 1014.50 | 479.06 | 1034.79 | |
| OSF HealthPlans-High -Central/Central-Northwestern Illinois | 800/673-5222 | 9F1 | 9F2 | 356.35 | 937.13 | 363.48 | 955.87 | NCQA |
| PersonalCare's HMO - Central Illinois | 800/431-1211 | GE1 | GE2 | 286.82 | 737.17 | 292.56 | 751.91 | NCQA |
| Unicare HMO - Chicagoland Area | 888/234-8855 | 171 | 172 | 362.94 | 931.71 | 370.20 | 950.34 | NCQA |
| Union Health Service - Chicago area | 312/829-4224 | 761 | 762 | 284.25 | 704.95 | 289.94 | 719.05 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Guam | | | | | | | | | | | |
| PacifiCare Asia Pacific-High | \$10/\$25 | \$100 | \$5 | \$10/\$20 | No | ● | ○ | ● | ● | ● | ● |
| PacifiCare Asia Pacific-Std | \$15/\$25 | \$250 | \$10 | \$20/\$30 | No | ● | ○ | ● | ● | ● | ● |
| Hawaii | | | | | | | | | | | |
| HMSA - In-Network | \$15/\$15 | None | \$5 | \$20/50% | Yes | ● | ● | ● | ● | ● | ● |
| HMSA - Out-of-Network | 30% sch +/30% sch + | 30% sch + | \$5+20%+ | \$20+20%+/50%+ | No | ● | ● | ● | ● | ● | ● |
| Kaiser Permanente-High | \$12/\$12 | None | \$10 | \$10/\$10 | Yes | ● | ● | ● | ● | ● | ● |
| Kaiser Permanente-Std | \$20/\$20 | 10% | \$10 | \$10/\$10 | Yes | ● | ● | ● | ● | ● | ● |
| Idaho | | | | | | | | | | | |
| Group Health Cooperative-High | \$15/\$15 | \$200/day x 3 | \$15 | \$25/\$50 | Yes | ○ | ● | ● | ● | ● | ● |
| Group Health Cooperative-Std | \$20+20%/20+20% | \$200/day x 3 | \$20 | \$30/\$60 | Yes | ○ | ● | ● | ● | ● | ● |
| Illinois | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| BlueCHOICE | \$10/\$10 | None | \$7 | \$12/\$25 | Yes | ● | ● | ● | ● | ● | ● |
| Group Health Plan-High | \$10/\$20 | \$100 | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Health Alliance HMO | \$15/\$15 | \$250 | \$10 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● |
| Humana Health Plan Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$15 | \$15/\$35 | No | ○ | ● | ○ | ● | ○ | ○ |
| Humana Health Plan Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ○ | ● | ○ | ○ |
| John Deere Health Plan | \$15/\$25 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - In-Network | \$10/\$20 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - Out-of-Network | 30%/30% | 30% | N/A | N/A | N/A | ● | ● | ● | ● | ● | ● |
| OSF HealthPlans-High | \$20/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| PersonalCare's HMO | \$20/\$20 | \$100/day x 5 | \$10 | \$20/\$50 | No | ● | ● | ● | ● | ○ | ● |
| Unicare HMO | \$15/\$15 | None | \$5 | \$15/\$25 | Yes | ● | ● | ● | ● | ● | ○ |
| Union Health Service | \$10/\$10 | None | \$15 | \$15/\$15 | No | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Indiana | | | | | | | | |
| Advantage Health Solutions, Inc.-High -Most of Indiana | 800/553-8933 | 6Y1 | 6Y2 | 397.97 | 934.44 | 405.93 | 953.13 | NCQA |
| Aetna - Northern Indiana | 800/537-9384 | IK1 | IK2 | 329.57 | 813.41 | 336.16 | 829.68 | NCQA |
| Aetna - Southeastern Indiana | 800/537-9384 | RD1 | RD2 | 351.07 | 853.10 | 358.09 | 870.16 | NCQA |
| Arnett HMO - Lafayette area | 765/448-7440 | G21 | G22 | 312.82 | 813.37 | 319.08 | 829.64 | NCQA |
| Health Alliance HMO - Fountain/Vermillion/Warren Counties | 800/851-3379 | FX1 | FX2 | 392.95 | 917.04 | 400.81 | 935.38 | NCQA |
| Humana Health Plan - Southern Indiana | 888/393-6765 | D21 | D22 | 430.91 | 991.08 | 439.53 | 1010.90 | NCQA |
| Humana Health Plan Inc.-High -Lake/Porter/LaPorte Counties | 888/393-6765 | 751 | 752 | 372.19 | 856.07 | 379.63 | 873.19 | URAC |
| Humana Health Plan Inc.-Std - Lake/Porter/LaPorte Counties | 888/393-6765 | 754 | 755 | 263.99 | 607.14 | 269.27 | 619.28 | URAC |
| M*Plan - Indiana Metropolitan areas | 317/571-5320 | IN1 | IN2 | 443.84 | 1018.59 | 452.72 | 1038.96 | NCQA |
| Physicians Health Plan of Northern Indiana - Northeast Indiana | 260/432-6690 | DQ1 | DQ2 | 468.20 | 1051.33 | 477.56 | 1072.36 | |
| Unicare HMO - Lake/Porter Counties | 888/234-8855 | 171 | 172 | 362.94 | 931.71 | 370.20 | 950.34 | NCQA |
| Iowa | | | | | | | | |
| Avera Health Plans - Northwestern Iowa | 888/322-2115 | AV1 | AV2 | 421.94 | 985.36 | 430.38 | 1005.07 | |
| Coventry Health Care of Iowa-High -Central Iowa/Cedar Rapids/Sioux City | 800/257-4692 | SV1 | SV2 | 327.95 | 885.67 | 334.51 | 903.38 | |
| Health Alliance HMO - Central and Eastern Iowa | 800/851-3379 | FX1 | FX2 | 392.95 | 917.04 | 400.81 | 935.38 | NCQA |
| John Deere Health Plan - Eastern Iowa | 800/247-9110 | YH1 | YH2 | 328.27 | 804.25 | 334.84 | 820.34 | NCQA |
| Sioux Valley Health Plan-High -Northwestern Iowa | 800/752-5863 | AU1 | AU2 | 481.46 | 1107.88 | 491.09 | 1130.04 | NCQA |
| Sioux Valley Health Plan-Std - Northwestern Iowa | 800/752-5863 | AU4 | AU5 | 432.16 | 993.46 | 440.80 | 1013.33 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Indiana | | | | | | | | | | | |
| Advantage Health Solutions, Inc.-High | \$15/\$30 | \$400x2/Yr | \$10 | \$30/\$50 | Yes | ○ | ● | ● | ● | ● | ○ |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ● | ● | ● | ○ | ○ |
| Arnett HMO | \$10/\$10 | \$100 | \$10 | \$20/\$40 | N/A | ● | ● | ● | ● | ● | ● |
| Health Alliance HMO | \$15/\$15 | \$250 | \$10 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● |
| Humana Health Plan | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ○ | ○ |
| Humana Health Plan Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$15 | \$15/\$35 | No | ○ | ● | ○ | ● | ○ | ○ |
| Humana Health Plan Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ○ | ● | ○ | ○ |
| M*Plan | \$15/\$30 | \$250 | \$10/\$20 | \$30/\$50 | Yes | ● | ● | ● | ● | ○ | ○ |
| Physicians Health Plan of Northern Indiana | \$15/\$15 | 20% | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Unicare HMO | \$15/\$15 | None | \$5 | \$15/\$25 | N/A | ● | ● | ● | ● | ● | ○ |
| Iowa | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/dayx3 | \$10 | \$20 | Yes | | | | | | |
| Coventry Health Care of Iowa-High | \$15/\$15 | \$100/day x 3 | \$5 | \$15/\$30 | Yes | ● | ● | ● | ● | ● | ● |
| Health Alliance HMO | \$15/\$15 | \$250 | \$10 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● |
| John Deere Health Plan | \$15/\$25 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Sioux Valley Health Plan - In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ○ | ● | ● | ● | ● | ○ |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|--------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Kansas | | | | | | | | |
| Aetna - Kansas City Area | 800/537-9384 | KS1 | KS2 | 312.72 | 803.42 | 318.97 | 819.49 | NCQA |
| Coventry Health Care of Kansas-Wichita/Salinas-High - Wichita/Salina areas | 800/664-9251 | 7W1 | 7W2 | 340.25 | 867.64 | 347.06 | 884.99 | |
| Coventry Health Care of Kansas-Wichita/Salinas-Std - Wichita/Salina areas | 800/664-9251 | 7W4 | 7W5 | 322.18 | 821.54 | 328.62 | 837.97 | |
| Coventry Health Care of Kansas-Kansas City-High - Kansas City area | 800/969-3343 | HA1 | HA2 | 322.49 | 832.24 | 328.94 | 848.88 | |
| Coventry Health Care of Kansas-Kansas City-Std - Kansas City area | 800/969-3343 | HA4 | HA5 | 305.44 | 788.21 | 311.55 | 803.97 | |
| Humana Health Plan, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 417.84 | 961.03 | 426.20 | 980.25 | NCQA |
| Humana Health Plan, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 275.47 | 633.62 | 280.98 | 646.29 | NCQA |
| Preferred Plus of Kansas - S. Central Area | 800/660-8114 | VA1 | VA2 | 475.63 | 1265.20 | 485.14 | 1290.50 | JCAHO |
| Kentucky | | | | | | | | |
| Aetna - Northern Kentucky | 800/537-9384 | RD1 | RD2 | 351.07 | 853.10 | 358.09 | 870.16 | NCQA |
| Humana Health Plan - Louisville area | 888/393-6765 | D21 | D22 | 430.91 | 991.08 | 439.53 | 1010.90 | NCQA |
| United Healthcare of Ohio, Inc.-High -Northern Kentucky | 800/231-2918 | 3U1 | 3U2 | 544.42 | 1202.28 | 555.31 | 1226.33 | NCQA |
| United Healthcare of Ohio, Inc.-Std - Northern Kentucky | 800/231-2918 | 3U4 | 3U5 | 438.08 | 955.02 | 446.84 | 974.12 | NCQA NCQA |
| Louisiana | | | | | | | | |
| Coventry Healthcare Louisiana-High -New Orleans area | 800/341-6613 | BJ1 | BJ2 | 336.09 | 780.56 | 342.81 | 796.17 | |
| Coventry Healthcare Louisiana-High -Baton Rouge area | 800/341-6613 | JA1 | JA2 | 352.28 | 818.18 | 359.33 | 834.54 | |
| Vantage Health Plan - Monroe/Shreveport/Alexandria Areas | 888/823-1910 | MV1 | MV2 | 406.36 | 934.66 | 414.49 | 953.35 | |
| Maryland | | | | | | | | |
| Aetna Open Access-High -Northern/Central/Southern Maryland | 800/537-9384 | JN1 | JN2 | 381.33 | 854.17 | 388.96 | 871.25 | NCQA |
| Aetna Open Access-Basic - Northern/Central/Southern Maryland | 800/537-9384 | JN4 | JN5 | 251.07 | 587.54 | 256.09 | 599.29 | NCQA |
| CareFirst BlueChoice - All of Maryland | 866/520-6099 | 2G1 | 2G2 | 393.55 | 885.37 | 401.42 | 903.08 | NCQA |
| Coventry Health Care of Delaware -High -Most of Maryland | 800/833-7423 | IG1 | IG2 | 417.63 | 1054.47 | 425.98 | 1075.56 | |
| Kaiser Permanente-High -Baltimore/Washington, DC areas | 301/468-6000 | E31 | E32 | 344.98 | 821.08 | 351.88 | 837.50 | NCQA |
| Kaiser Permanente-Std - Baltimore/Washington, DC areas | 301/468-6000 | E34 | E35 | 277.66 | 660.83 | 283.21 | 674.05 | NCQA |
| M.D. IPA - All of Maryland | 800/251-0956 | JP1 | JP2 | 349.05 | 837.83 | 356.03 | 854.59 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

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Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Kansas | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Coventry Health Care of Kansas-Wichita/Salinas-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Coventry Health Care of Kansas-Wichita/Salinas-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Coventry Health Care of Kansas-Kansas City-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Coventry Health Care of Kansas-Kansas City-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Humana Health Plan, Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ○ | ● | ● | ○ | ○ | ○ |
| Humana Health Plan, Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ● | ○ | ○ | ○ |
| Preferred Plus of Kansas | \$20/\$25 | \$150 X 5 days per yr | \$10 | \$30/\$50 | Yes | | | | | | |
| Kentucky | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Humana Health Plan | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ○ | ○ |
| United Healthcare of Ohio, Inc.-High | \$15/\$15 | \$250 | \$10 | \$15/\$30 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - In-Network | \$20/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - Out-of-Network | 30%/30% | 30% | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| Louisiana | | | | | | | | | | | |
| Coventry Healthcare Louisiana-High | \$15/\$15 | \$100/day x 3 | \$10 | \$20/\$45 | Yes | ● | ● | ○ | ● | ● | ● |
| Coventry Healthcare Louisiana-High | \$15/\$15 | \$100/day x 3 | \$10 | \$20/\$45 | Yes | ● | ● | ○ | ● | ● | ● |
| Vantage Health Plan | \$15/\$15 | \$250 | \$10 | \$20/\$35 | Yes | | | | | | |
| Maryland | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$20 | \$150/day x 3 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| Aetna Open Access-Basic | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| CareFirst BlueChoice | \$20/\$30 | \$100 per adm | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ● | ○ | ○ |
| Coventry Health Care of Delaware -High | \$10/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |
| Kaiser Permanente-High | \$10/\$20 | \$100 | \$10/\$20Net | \$20/\$55 | Yes | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$30/\$30 | \$250/dayx3 | \$15 | \$25/\$40 | Yes | ● | ○ | ○ | ○ | ● | ● |
| M.D. IPA | \$10/\$20 | \$100 | \$8 | \$20/\$35 | No | ● | ● | ○ | ● | ● | ● |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Massachusetts | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - Southeastern Massachusetts | 401/459-5500 | DA1 | DA2 | 408.20 | 1081.67 | 416.36 | 1103.30 | NCQA |
| ConnectiCare - Counties Hampden, Hampshire, Franklin | 800/251-7722 | TE1 | TE2 | 364.63 | 922.55 | 371.92 | 941.00 | NCQA |
| Fallon Community Health Plan-High -Central/Eastern Massachusetts | 800/868-5200 | JV1 | JV2 | 407.44 | 990.30 | 415.59 | 1010.11 | NCQA |
| Fallon Community Health Plan-Std - Central/Eastern Massachusetts | 800/868-5200 | JV4 | JV5 | 351.52 | 854.34 | 358.55 | 871.43 | NCQA |
| Michigan | | | | | | | | |
| Bluecare Network of MI - Midland County Area | 800/662-6667 | K51 | K52 | 337.05 | 943.26 | 343.79 | 962.13 | NCQA |
| Bluecare Network of MI - Kent County Area | 800/662-6667 | KR1 | KR2 | 452.57 | 1307.84 | 461.62 | 1334.00 | NCQA |
| Bluecare Network of MI - Mid Michigan | 800/662-6667 | LN1 | LN2 | 460.33 | 1108.53 | 469.54 | 1130.70 | NCQA |
| Bluecare Network of MI - Southeast MI | 800/662-6667 | LX1 | LX2 | 283.70 | 848.97 | 289.37 | 865.95 | NCQA |
| Grand Valley Health Plan - Grand Rapids area | 616/949-2410 | RL1 | RL2 | 361.34 | 1016.28 | 368.57 | 1036.61 | NCQA |
| Health Alliance Plan - Southeastern Michigan/Flint area | 800/422-4641 | 521 | 522 | 305.18 | 808.69 | 311.28 | 824.86 | NCQA |
| HealthPlus MI - Flint/Saginaw areas | 800/332-9161 | X51 | X52 | 436.80 | 997.51 | 445.54 | 1017.46 | NCQA |
| M-Care - Southeastern Michigan and Flint area | 800/658-8878 | EG1 | EG2 | 291.05 | 771.27 | 296.87 | 786.70 | NCQA |
| Total Health Care - Greater Detroit/Flint areas | 800/826-2862 | N21 | N22 | 268.49 | 659.53 | 273.86 | 672.72 | JCAHO |
| Minnesota | | | | | | | | |
| Avera Health Plans - Southwestern Minnesota | 888/322-2115 | AV1 | AV2 | 421.94 | 985.36 | 430.38 | 1005.07 | |
| HealthPartners Classic-High -Minneapolis/St. Paul/St.Cloud | 952-883-5000 | 531 | 532 | 502.93 | 1206.99 | 512.99 | 1231.13 | NCQA |
| HealthPartners Open Access Deductible - Minneapolis/St. Paul/St.Cloud | 952-883-5000 | 534 | 535 | 390.78 | 937.84 | 398.60 | 956.60 | NCQA |
| HealthPartners Primary Clinic Plan - Minneapolis/St. Paul/St. Cloud | 952-883-5000 | HQ1 | HQ2 | 624.07 | 1497.75 | 636.55 | 1527.71 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ◐ average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Massachusetts | | | | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - In-Network | \$15/\$25 | \$500 | \$7 | \$30/\$50 | Yes | ○ | ● | ● | ◐ | ◐ | ◐ |
| BlueChip, Coordinated Health Partners, Inc. - Out-of-Network | 30%/30% | None | \$50+20% | \$50+20% | N/A | ○ | ● | ● | ◐ | ◐ | ◐ |
| ConnectiCare | \$15/\$20 | \$50/day/ x 5 | \$15 | \$20/\$35 | Yes | ◐ | ◐ | ● | ◐ | ● | ◐ |
| Fallon Community Health Plan-High | \$15/\$25 | \$250 | \$5 | \$25/\$50 | Yes | ◐ | ● | ● | ● | ● | ◐ |
| Fallon Community Health Plan-Std | \$20/\$20 | Nothing after Deduct | \$10 | \$30/\$60 | Yes | ◐ | ● | ● | ● | ● | ◐ |
| Michigan | | | | | | | | | | | |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ◐ | ○ | ◐ | ◐ | ○ | ◐ |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ◐ | ○ | ◐ | ◐ | ○ | ◐ |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ◐ | ○ | ◐ | ◐ | ○ | ◐ |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ◐ | ○ | ◐ | ◐ | ○ | ◐ |
| Grand Valley Health Plan | \$10/\$10 | None | \$5 | \$5/\$5 | No | ● | ◐ | ● | ○ | ● | ◐ |
| Health Alliance Plan | \$10/\$10 | None | \$10 | \$20/\$20 | Yes | ● | ◐ | ◐ | ◐ | ◐ | ◐ |
| HealthPlus MI | \$10/\$10 | None | \$10 | \$20/\$20 | Yes | ● | ◐ | ● | ◐ | ● | ● |
| M-Care | \$10/\$10 | None | \$10 | \$20/\$30 | No | ● | ◐ | ◐ | ◐ | ● | ● |
| Total Health Care | \$10/\$10 | None | Nothing | Nothing | No | ◐ | ○ | ○ | ○ | ◐ | ○ |
| Minnesota | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/days3 | \$10 | \$20 | Yes | | | | | | |
| HealthPartners Classic-High | \$15/\$15 | \$100 | \$12 | \$12/\$24 | No | ◐ | ● | ◐ | ◐ | ◐ | ◐ |
| HealthPartners Open Access Deductible | \$15/\$15 | \$100 | \$10 | \$10/\$35 | No | ◐ | ● | ◐ | ◐ | ◐ | ◐ |
| HealthPartners Primary Clinic Plan | \$20/\$20 | \$200 | \$12 | \$12/\$24 | No | ◐ | ● | ◐ | ◐ | ◐ | ◐ |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Missouri | | | | | | | | |
| Aetna - Kansas City Area | 800/537-9384 | KS1 | KS2 | 312.72 | 803.42 | 318.97 | 819.49 | NCQA |
| BlueCHOICE - StLouis/Central/SW areas | 800/634-4395 | 9G1 | 9G2 | 384.58 | 832.65 | 392.27 | 849.30 | NCQA |
| Community Health Plan - MISSOURI | 800-990-9247 | IC1 | IC2 | 300.41 | 827.04 | 306.42 | 843.58 | |
| Coventry Health Care of Kansas-Kansas City-High -Kansas City area | 800/969-3343 | HA1 | HA2 | 322.49 | 832.24 | 328.94 | 848.88 | |
| Coventry Health Care of Kansas-Kansas City-Std - Kansas City area | 800/969-3343 | HA4 | HA5 | 305.44 | 788.21 | 311.55 | 803.97 | |
| Group Health Plan-High -St. Louis area | 800/755-3901 | MM1 | MM2 | 445.92 | 963.15 | 454.84 | 982.41 | URAC |
| Humana Health Plan, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 417.84 | 961.03 | 426.20 | 980.25 | NCQA |
| Humana Health Plan, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 275.47 | 633.62 | 280.98 | 646.29 | NCQA |
| Mercy Health Plans/Premier Health Plans - East/Central/Southwest Missouri | 800/327-0763 | 7M1 | 7M2 | 469.67 | 1014.50 | 479.06 | 1034.79 | |
| Montana | | | | | | | | |
| New West Health Services - Most of Montana | 800/290-3657 | NV1 | NV2 | 365.47 | 780.65 | 372.78 | 796.26 | |
| Nebraska | | | | | | | | |
| Coventry Health Care of Nebraska - Omaha Metropolitan area | 800/471-0240 | IE1 | IE2 | 366.06 | 921.22 | 373.38 | 939.64 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Missouri | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| BlueCHOICE | \$10/\$10 | None | \$7 | \$12/\$25 | Yes | ● | ● | ● | ● | ● | ● |
| Community Health Plan | \$15/\$30 | \$100/day x 4 | \$10 | \$25/\$40 | Yes | | | | | | |
| Coventry Health Care of Kansas-Kansas City-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Coventry Health Care of Kansas-Kansas City-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Group Health Plan-High | \$10/\$20 | \$100 | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Humana Health Plan, Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ○ | ● | ● | ○ | ○ | ○ |
| Humana Health Plan, Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ● | ○ | ○ | ○ |
| Mercy Health Plans/Premier Health Plans - In-Network | \$10/\$20 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - Out-of-Network | 30%/30% | 30% | N/A | N/A | N/A | ● | ● | ● | ● | ● | ● |
| Montana | | | | | | | | | | | |
| New West Health Services - In-Network | \$15/\$15 | \$100 | \$10 | \$20/\$40 | Yes | | | | | | |
| New West Health Services - Out-of-Network | 30%/30% | 30% | N/A | N/A | N/A | | | | | | |
| Nebraska | | | | | | | | | | | |
| Coventry Health Care of Nebraska | \$20/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Nevada | | | | | | | | |
| Aetna - Las Vegas Area | 800/537-9384 | Y11 | Y12 | 335.12 | 834.45 | 341.82 | 851.14 | NCQA |
| Health Plan of Nevada - Northern Area | 702/242-7300 | 2L1 | 2L2 | 341.51 | 874.32 | 348.34 | 891.81 | NCQA |
| Health Plan of Nevada - Las Vegas area | 702/242-7300 | NM1 | NM2 | 200.66 | 513.76 | 204.67 | 524.04 | NCQA |
| NevadaCare - Clark County | 702/304-5500 | IF1 | IF2 | 358.50 | 872.60 | 365.67 | 890.05 | |
| Pacificare of Nevada - Las Vegas/Clark County | 800-531-3341 | K91 | K92 | 301.32 | 684.00 | 307.35 | 697.68 | NCQA |
| New Jersey | | | | | | | | |
| Aetna - All of New Jersey | 800/537-9384 | P31 | P32 | 401.14 | 967.94 | 409.16 | 987.30 | NCQA |
| AmeriHealth HMO - All of New Jersey | 800/454-7651 | FK1 | FK2 | 357.09 | 852.26 | 364.23 | 869.31 | NCQA |
| Coventry Health Care of Delaware -High -Southern New Jersey | 800/833-7423 | 2J1 | 2J2 | 418.86 | 1057.62 | 427.24 | 1078.77 | |
| GHI Health Plan-High -Northern New Jersey | 212/501-4444 | 801 | 802 | 435.31 | 1088.27 | 444.02 | 1110.04 | URAC |
| New Mexico | | | | | | | | |
| Lovelace Health Plan - All of New Mexico | 800/808-7363 | Q11 | Q12 | 333.47 | 818.33 | 340.14 | 834.70 | NCQA |
| Presbyterian Health Plan - All NM counties except Otero & S. Eddy | 800/356-2219 | P21 | P22 | 361.01 | 941.42 | 368.23 | 960.25 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Nevada | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Health Plan of Nevada | \$10/\$10 | \$100 | \$10 | \$25/\$40 | Yes | | | | | | |
| Health Plan of Nevada | \$10/\$10 | \$100 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ● | ● |
| NevadaCare - In-Network | \$20/\$20 | \$250/day x 3 | \$15 | \$25/\$60 | Yes | | | | | | |
| NevadaCare - Out-of-Network | \$20+30%sch | 30%sch + | N/A | N/A | N/A | | | | | | |
| Pacificare of Nevada | \$15/\$30 | \$200/day x 5 | \$15 | \$35/\$50 | Yes | ○ | ○ | ○ | ○ | ● | ● |
| New Jersey | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| AmeriHealth HMO | \$30/\$35 | \$200/day x 3 | \$10 | \$40/50% | Yes | ● | ● | ● | ● | ● | ○ |
| Coventry Health Care of Delaware -High | \$10/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |
| GHI Health Plan - In-Network | \$15/\$15 | \$100/adm x2 | \$15 | \$25/\$75 | Yes | ● | ● | ● | ○ | ○ | ○ |
| GHI Health Plan - Out-of-Network | + 50% of sch | + 50% of sch | N/A | N/A | N/A | ● | ● | ● | ○ | ○ | ○ |
| New Mexico | | | | | | | | | | | |
| Lovelace Health Plan | \$15/\$25 | \$250 | \$7 | \$15/\$35 | Yes | ● | ○ | ○ | ● | ○ | ○ |
| Presbyterian Health Plan | \$15/\$25 | \$100 | \$10 | \$20/\$40 | Yes | ● | ● | ○ | ● | ● | ● |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| New York | | | | | | | | |
| Aetna - NYC Area and Dutchess/Sullivan/Ulster | 800/537-9384 | JC1 | JC2 | 384.91 | 947.48 | 392.61 | 966.43 | NCQA |
| Blue Choice - Rochester area | 800/462-0108 | MK1 | MK2 | 281.82 | 706.05 | 287.46 | 720.17 | NCQA |
| CDPHP Universal Benefits, Inc. | 877/269-2134 | SG1 | SG2 | 336.55 | 848.12 | 343.28 | 865.08 | NCQA |
| GHI Health Plan-High -All of New York | 212/501-4444 | 801 | 802 | 435.31 | 1088.27 | 444.02 | 1110.04 | URAC |
| GHI Health Plan-Std - All of New York | 212/501-4444 | 804 | 805 | 368.66 | 860.60 | 376.03 | 877.81 | URAC |
| GHI HMO Select-High -Brnx/Brklyn/Manhat/Queen/Richmon/Westche | 877/244-4466 | 6V1 | 6V2 | 398.13 | 1013.52 | 406.09 | 1033.79 | NCQA |
| GHI HMO Select-Std - Brnx/Brklyn/Manhat/Queen/Richmon/Westche | 877/244-4466 | 6V4 | 6V5 | 341.68 | 869.83 | 348.51 | 887.23 | NCQA |
| GHI HMO Select-High -Capital/Hudson Valley Regions | 877/244-4466 | X41 | X42 | 367.79 | 947.90 | 375.15 | 966.86 | NCQA |
| GHI HMO Select-Std - Capital/Hudson Valley Regions | 877/244-4466 | X44 | X45 | 334.43 | 845.65 | 341.12 | 862.56 | NCQA |
| HIP of Greater New York-High -New York City area | 800/HIP-TALK | 511 | 512 | 345.39 | 967.09 | 352.30 | 986.43 | NCQA |
| HIP of Greater New York-Std - New York City area | 800/HIP-TALK | 514 | 515 | 284.94 | 797.83 | 290.64 | 813.79 | NCQA |
| HMO Blue - Utica/Rome/Central New York areas | 800/722-7884 | AH1 | AH2 | 376.94 | 958.64 | 384.48 | 977.81 | NCQA |
| HMOBlue-CNY - Syracuse/Binghamton/Elmira areas | 800/828-2887 | EB1 | EB2 | 373.73 | 956.00 | 381.20 | 975.12 | NCQA |
| Independent Health Assoc - Western New York | 800/453-1910 | QA1 | QA2 | 280.89 | 770.38 | 286.51 | 785.79 | NCQA |
| MVP Health Care - Eastern Region | 888/687-6277 | GA1 | GA2 | 320.73 | 828.27 | 327.14 | 844.84 | NCQA |
| MVP Health Care - Central Region | 888/687-6277 | M91 | M92 | 348.96 | 901.16 | 355.94 | 919.18 | NCQA |
| MVP Health Care - Mid-Hudson Region | 888/687-6277 | MX1 | MX2 | 359.75 | 929.07 | 366.95 | 947.65 | NCQA |
| Preferred Care - Rochester area | 800/950-3224 | GV1 | GV2 | 275.30 | 734.96 | 280.81 | 749.66 | NCQA |
| Univera Healthcare - Western New York (Southern Counties) | (800) 427-8490 | KQ1 | KQ2 | 318.05 | 842.57 | 324.41 | 859.42 | NCQA |
| Univera Healthcare - Western New York (Northern Counties) | (800) 427-8490 | Q81 | Q82 | 255.41 | 724.19 | 260.52 | 738.67 | NCQA |
| Vytra Health Plans - Queens/Nassau/Suffolk Counties | 800/406-0806 | J61 | J62 | 413.03 | 1083.51 | 421.29 | 1105.18 | NCQA |
| North Dakota | | | | | | | | |
| Heart of America Health Plan - Northcentral North Dakota | 800-525-5661 | RU1 | RU2 | 271.22 | 697.08 | 276.64 | 711.02 | |

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Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| New York | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Blue Choice | \$15/\$15 | None | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ● | ● |
| CDPHP Universal Benefits, Inc. | \$20/\$20 | \$100/day X5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| GHI Health Plan - In-Network | \$15/\$15 | \$100/adm x2 | \$15 | \$25/\$50 | Yes | ● | ● | ● | ○ | ○ | ○ |
| GHI Health Plan - Out-of-Network | + 50% of sch | + 50% of sch | N/A | N/A | N/A | ● | ● | ● | ○ | ○ | ○ |
| GHI Health Plan-Std | \$25/\$25 | \$250/day x 3 | \$10 | \$25/\$50 | Yes | ● | ● | ● | ○ | ○ | ○ |
| GHI HMO Select-High | \$10/\$10 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-Std | \$20/\$20 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-High | \$10/\$10 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-Std | \$20/\$20 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| HIP of Greater New York-High | \$10/\$10 | None | \$10 | \$15/\$40 | Yes | ● | ○ | ○ | ○ | ○ | ○ |
| HIP of Greater New York-Std | \$10/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ○ | ○ | ○ | ○ | ○ |
| HMO Blue | \$20/\$20 | \$240 | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ○ | ● |
| HMOBlue-CNY | \$20/\$20 | \$240 | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ○ | ● |
| Independent Health Assoc - In-Network | \$15/\$15 | None | \$10 | \$20/\$35 | No | ● | ● | ● | ● | ● | ● |
| Independent Health Assoc - Out-of-Network | Ded+25%/50%+ | Ded+25%/50%+ | Ded+25%/50%+ | Ded+25%/50%+ | No | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Preferred Care | \$15/\$15 | \$100 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Univera Healthcare | \$20/\$20 | None | \$10 | \$20/\$45 | No | ● | ● | ● | ● | ● | ● |
| Univera Healthcare | \$20/\$20 | None | \$10 | \$20/\$45 | No | ● | ● | ● | ● | ● | ● |
| Vytra Health Plans | \$10/\$10 | None | \$10 | \$15/\$15 | Yes | ● | ● | ● | ● | ● | ● |
| North Dakota | | | | | | | | | | | |
| Heart of America Health Plan | \$10/Nothing | None | 50% | 50%/50% | None | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Ohio | | | | | | | | |
| Aetna - Cleveland and Toledo Areas | 800/537-9384 | 7D1 | 7D2 | 321.43 | 764.99 | 327.86 | 780.29 | NCQA |
| Aetna - Columbus Area | 800/537-9384 | ND1 | ND2 | 356.59 | 931.93 | 363.72 | 950.57 | NCQA |
| Aetna - Greater Cincinnati Area | 800/537-9384 | RD1 | RD2 | 351.07 | 853.10 | 358.09 | 870.16 | NCQA |
| AultCare HMO-High -Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/363-6360 | 3A1 | 3A2 | 349.85 | 858.85 | 356.85 | 876.03 | |
| Blue HMO - Most of Ohio | 800/228-4375 | R51 | R52 | 421.53 | 981.50 | 429.96 | 1001.13 | |
| HMO Health Ohio - Northeast Ohio | 800/522-2066 | L41 | L42 | 359.45 | 919.51 | 366.64 | 937.90 | NCQA |
| Hometown Health Plan - Massillon | 800-426-9013 | MZ1 | MZ2 | 293.11 | 732.81 | 298.97 | 747.47 | |
| Kaiser Permanente - Cleveland/Akron areas | 800/686-7100 | 641 | 642 | 372.39 | 913.84 | 379.84 | 932.12 | NCQA |
| Paramount Health Care - Northwest/North Central Ohio | 800/462-3589 | U21 | U22 | 360.19 | 953.68 | 367.39 | 972.75 | NCQA |
| SummaCare Health Plan - Cleveland, Akron areas | 330/996-8700 | 5W1 | 5W2 | 395.48 | 909.65 | 403.39 | 927.84 | NCQA |
| SuperMed HMO - Northeast Ohio | 800/522-2066 | 5M1 | 5M2 | 485.40 | 1241.63 | 495.11 | 1266.46 | NCQA |
| The Health Plan of the Upper Ohio Valley - Eastern Ohio | 800/624-6961 | U41 | U42 | 314.86 | 724.14 | 321.16 | 738.62 | NCQA |
| United Healthcare of Ohio, Inc.-High -Cincinnati/Dayton/Springfield areas | 800/231-2918 | 3U1 | 3U2 | 544.42 | 1202.28 | 555.31 | 1226.33 | NCQA |
| United Healthcare of Ohio, Inc.-Std - Cincinnati/Dayton/Springfield areas | 800/231-2918 | 3U4 | 3U5 | 438.08 | 955.02 | 446.84 | 974.12 | NCQA |
| Oklahoma | | | | | | | | |
| Aetna - Oklahoma City/Tulsa Areas | 800/537-9384 | SL1 | SL2 | 371.37 | 861.64 | 378.80 | 878.87 | NCQA |
| Globalhealth, Inc. - OKLAHOMA | 405-280-5600 | IM1 | IM2 | 325.02 | 783.36 | 331.52 | 799.03 | |
| PacifiCare Southwest Region (OK & TX) - Central/Northeastern Oklahoma | 800-531-3341 | 2N1 | 2N2 | 369.18 | 883.00 | 376.56 | 900.66 | NCQA |
| Oregon | | | | | | | | |
| Kaiser Permanente-High -Portland/Salem areas | 800/813-2000 | 571 | 572 | 374.81 | 855.34 | 382.31 | 872.45 | NCQA |
| Kaiser Permanente-Std - Portland/Salem areas | 800/813-2000 | 574 | 575 | 344.26 | 785.59 | 351.15 | 801.30 | NCQA |
| PacifiCare Northwest Region (Oregon/Washington) - Metro Portland/Salem/Corvallis/Eugene | 800-531-3341 | 7Z1 | 7Z2 | 403.20 | 902.22 | 411.26 | 920.26 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Ohio | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ● | ● | ● | ○ | ○ |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ● | ● | ● | ○ | ○ |
| AultCare HMO-High | \$10/\$10 | None | \$10 | \$20/\$35 | N/A | ● | ● | ● | ● | ● | ● |
| Blue HMO | \$10/\$10 | None | \$10 | \$20/\$30 | Yes | ● | ● | ● | ● | ● | ● |
| HMO Health Ohio | \$15/\$15 | \$250 | \$10 | \$20/\$30 | Yes | ● | ● | ● | ● | ○ | ○ |
| Hometown Health Plan | \$15/\$20 | \$250 | \$15 | \$25/\$40 | No | ● | ● | ● | ● | ● | ● |
| Kaiser Permanente | \$10/\$10 | \$100 | \$10 | \$25/\$25 | No | ● | ● | ● | ● | ● | ● |
| Paramount Health Care | \$10/\$20 | \$300 | \$5 | \$15/\$25 | No | ● | ● | ● | ● | ● | ● |
| SummaCare Health Plan | \$15/\$20 | \$250 | \$12 | \$30/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| SuperMed HMO | \$15/\$15 | \$250 | \$10 | \$20/\$30 | Yes | ● | ● | ● | ● | ○ | ○ |
| The Health Plan of the Upper Ohio Valley | \$10/\$20 | \$250 | \$15 | \$30/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| United Healthcare of Ohio, Inc.-High | \$15/\$15 | \$250 | \$10 | \$15/\$30 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - In-Network | \$20/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - Out-of-Network | 30%/30% | 30% | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| Oklahoma | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ● | ● | ● | ● | ● |
| Globalhealth, Inc. | \$15/\$25 | \$250/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| PacifiCare Southwest Region (OK & TX) | \$20/\$40 | \$400/day x 5 | \$10 | \$40/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Oregon | | | | | | | | | | | |
| Kaiser Permanente-High | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | ● | ● | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | ● | ● | ○ | ○ | ● | ● |
| PacifiCare Northwest Region (Oregon/Washington) | \$15/\$45 | \$250/day x 3 | \$10 | \$30/\$50 | Yes | ○ | ○ | ● | ● | ○ | ● |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|--------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Pennsylvania | | | | | | | | |
| Aetna - Philadelphia and Southeastern PA | 800/537-9384 | P31 | P32 | 401.14 | 967.94 | 409.16 | 987.30 | NCQA |
| Aetna - Pittsburgh Area | 800/537-9384 | YE1 | YE2 | 290.83 | 801.97 | 296.65 | 818.01 | NCQA |
| Coventry Health Care of Delaware -High -Southeastern Pennsylvania | 800/833-7423 | 2J1 | 2J2 | 418.86 | 1057.62 | 427.24 | 1078.77 | |
| HealthAmerica Pennsylvania-High -Greater Pittsburgh area | 866/351-5946 | 261 | 262 | 369.03 | 941.07 | 376.41 | 959.89 | NCQA |
| HealthAmerica Pennsylvania-Std - Greater Pittsburgh area | 866/351-5946 | 264 | 265 | 344.46 | 878.39 | 351.35 | 895.96 | NCQA |
| HealthAmerica Pennsylvania-High -Northeast Pennsylvania | 866/351-5946 | 4N1 | 4N2 | 515.80 | 1186.34 | 526.12 | 1210.07 | NCQA |
| HealthAmerica Pennsylvania-Std - Northeast Pennsylvania | 866/351-5946 | 4N4 | 4N5 | 457.28 | 1051.74 | 466.43 | 1072.77 | NCQA |
| HealthAmerica Pennsylvania-High -Southeastern Pennsylvania | 866/351-5946 | PN1 | PN2 | 506.13 | 1162.14 | 516.25 | 1185.38 | NCQA |
| HealthAmerica Pennsylvania-Std - Southeastern Pennsylvania | 866/351-5946 | PN4 | PN5 | 453.70 | 1041.52 | 462.77 | 1062.35 | NCQA |
| HealthAmerica Pennsylvania-High -Central Pennsylvania | 866/351-5946 | SW1 | SW2 | 439.25 | 1010.27 | 448.04 | 1030.48 | NCQA |
| HealthAmerica Pennsylvania-Std - Central Pennsylvania | 866/351-5946 | SW4 | SW5 | 404.00 | 929.20 | 412.08 | 947.78 | NCQA |
| Keystone Health Plan Central - Harrisburg/Northern Region/Lehigh Valley | 800/622-2843 | S41 | S42 | 451.12 | 1076.38 | 460.14 | 1097.91 | NCQA |
| Keystone Health Plan East - Philadelphia area | 800/227-3115 | ED1 | ED2 | 356.63 | 940.46 | 363.76 | 959.27 | NCQA |
| UPMC Health Plan - Western Pennsylvania area | 888/876-2756 | 8W1 | 8W2 | 370.44 | 944.82 | 377.85 | 963.72 | NCQA |
| Puerto Rico | | | | | | | | |
| Humana Health Plans of Puerto Rico - Puerto Rico | 800/314-3121 | ZJ1 | ZJ2 | 202.63 | 466.05 | 206.68 | 475.37 | |
| Triple-S - All of Puerto Rico | 787/749-4777 | 891 | 892 | 256.90 | 551.81 | 262.04 | 562.85 | |
| Rhode Island | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - All of Rhode Island | 401/459-5500 | DA1 | DA2 | 408.20 | 1081.67 | 416.36 | 1103.30 | NCQA NCQA |
| South Carolina | | | | | | | | |
| Carolina Care - South Carolina | 800/868-6734 | IB1 | IB2 | 376.98 | 847.93 | 384.52 | 864.89 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Pennsylvania | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Coventry Health Care of Delaware -High | \$10/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |
| HealthAmerica Pennsylvania-High | \$10/\$25 | None | \$8 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| HealthAmerica Pennsylvania-Std | \$20/\$30 | \$200/day x 3 | \$8 | \$35/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| HealthAmerica Pennsylvania-High | \$10/\$25 | None | \$8 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| HealthAmerica Pennsylvania-Std | \$20/\$30 | \$200/day x 3 | \$8 | \$35/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| HealthAmerica Pennsylvania-High | \$10/\$25 | None | \$8 | \$25/\$40 | Yes | | | | | | |
| HealthAmerica Pennsylvania-Std | \$20/\$30 | \$200/day x 3 | \$8 | \$35/\$50 | Yes | | | | | | |
| HealthAmerica Pennsylvania-High | \$10/\$25 | None | \$8 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| HealthAmerica Pennsylvania-Std | \$20/\$30 | \$200/day x 3 | \$8 | \$35/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Keystone Health Plan Central | \$15/\$20 | \$200 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Keystone Health Plan East | \$15/\$25 | None | \$15 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| UPMC Health Plan | \$10/\$10 | None | \$5 | \$15/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Puerto Rico | | | | | | | | | | | |
| Humana Health Plans of Puerto Rico - In-Network | \$5/\$5 | None | \$2.50 | \$5/\$5 | No | | | | | | |
| Humana Health Plans of Puerto Rico - Out-of-Network | \$8/\$8 | \$50 | N/A | N/A | N/A | | | | | | |
| Triple-S - In-Network | \$7.50/\$10 | None | \$5 | \$8/\$12 | Yes | ● | ● | ○ | ● | ● | ● |
| Triple-S - Out-of-Network | \$7.50 + 10%/\$10 + 10% | None | 25% | 25%/25% | No | ● | ● | ○ | ● | ● | ● |
| Rhode Island | | | | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - In-Network | \$15/\$25 | \$500 | \$7 | \$30/\$50 | Yes | ○ | ● | ● | ● | ● | ● |
| BlueChip, Coordinated Health Partners, Inc. - Out-of-Network | 30%/30% | None | \$50+20% | \$50+20% | N/A | ○ | ● | ● | ● | ● | ● |
| South Carolina | | | | | | | | | | | |
| Carolina Care | \$20/\$30 | \$250 | \$10 | \$20/\$50 | Yes | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| South Dakota | | | | | | | | |
| Avera Health Plans - Eastern and Central South Dakota | 888/322-2115 | AV1 | AV2 | 421.94 | 985.36 | 430.38 | 1005.07 | |
| Sioux Valley Health Plan-High -Eastern/Central/Rapid City Areas | 800/752-5863 | AU1 | AU2 | 481.46 | 1107.88 | 491.09 | 1130.04 | NCQA |
| Sioux Valley Health Plan-Std - Eastern/Central/Rapid City Areas | 800/752-5863 | AU4 | AU5 | 432.16 | 993.46 | 440.80 | 1013.33 | NCQA |
| Tennessee | | | | | | | | |
| Aetna - Nashville Area | 800/537-9384 | 6I1 | 6I2 | 385.58 | 879.19 | 393.29 | 896.77 | NCQA |
| Aetna - Memphis Area | 800/537-9384 | UB1 | UB2 | 322.16 | 821.51 | 328.60 | 837.94 | NCQA |
| Texas | | | | | | | | |
| Aetna - Houston Area | 800/537-9384 | 8G1 | 8G2 | 371.74 | 928.07 | 379.17 | 946.63 | NCQA |
| Aetna - Austin/San Antonio Areas | 800/537-9384 | P11 | P12 | 335.05 | 844.07 | 341.75 | 860.95 | NCQA |
| Aetna - Dallas/Ft Worth Areas | 800/537-9384 | PU1 | PU2 | 386.01 | 947.03 | 393.73 | 965.97 | NCQA |
| FirstCare - Waco area | 800/884-4901 | 6U1 | 6U2 | 346.71 | 744.84 | 353.64 | 759.74 | |
| FirstCare - West Texas | 800/884-4901 | CK1 | CK2 | 460.07 | 988.24 | 469.27 | 1008.00 | |
| HMO Blue Texas - Houston | 877/299-2377 | YM1 | YM2 | 397.50 | 973.01 | 405.45 | 992.47 | NCQA |
| Humana Health Plan of Texas-High -San Antonio area | 888/393-6765 | UR1 | UR2 | 447.59 | 1029.47 | 456.54 | 1050.06 | URAC |
| Humana Health Plan of Texas-Std - San Antonio area | 888/393-6765 | UR4 | UR5 | 321.45 | 739.27 | 327.88 | 754.06 | URAC |
| Mercy Health Plans/Premier Health Plans - Webb/Zapata/Duval/Jim Hogg Counties | 800/617-3433 | HM1 | HM2 | 377.24 | 943.13 | 384.78 | 961.99 | |
| PacifiCare Southwest Region (OK & TX) - San Antonio/Dallas/Ft.Worth | 800-531-3341 | GF1 | GF2 | 380.06 | 872.78 | 387.66 | 890.24 | NCQA |
| Utah | | | | | | | | |
| Altius Health Plans - Wasatch Front | 800/377-4161 | 9K1 | 9K2 | 418.60 | 920.96 | 426.97 | 939.38 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| South Dakota | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/dayx3 | \$10 | \$20 | Yes | | | | | | |
| Sioux Valley Health Plan - In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | \$30 | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | No | ○ | ● | ● | ● | ● | ○ |
| Tennessee | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ○ | ● | ● | ● |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ○ | ● | ● | ● |
| Texas | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ○ | ○ | ● | ● | ● |
| FirstCare | \$20/\$20 | \$100/day x 5 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| FirstCare | \$20/\$20 | \$100/day x 5 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| HMO Blue Texas | \$20/\$20 | \$100/dayx4 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ● | ○ |
| Humana Health Plan of Texas-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● |
| Humana Health Plan of Texas-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - In-Network | \$10 | None | \$7 | \$12/\$25 | Yes | ● | ● | ○ | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ● | ● | ○ | ● | ● | ● |
| PacificCare Southwest Region (OK & TX) | \$20/\$40 | \$400/day x 5 | \$10 | \$40/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Utah | | | | | | | | | | | |
| Altius Health Plans | \$10/\$15 | None | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Vermont | | | | | | | | |
| MVP Health Care - All of Vermont | 888/687-6277 | VW1 | VW2 | 434.92 | 1123.40 | 443.62 | 1145.87 | NCQA |
| Virginia | | | | | | | | |
| Aetna Open Access-High -Northern/Central/Richmond, VA Area | 800/537-9384 | JN1 | JN2 | 381.33 | 854.17 | 388.96 | 871.25 | NCQA |
| Aetna Open Access-Basic - Northern/Central/Richmond, VA Area | 800/537-9384 | JN4 | JN5 | 251.07 | 587.54 | 256.09 | 599.29 | NCQA |
| CareFirst BlueChoice - Northern Virginia | 866/520-6099 | 2G1 | 2G2 | 393.55 | 885.37 | 401.42 | 903.08 | NCQA |
| Kaiser Permanente-High - Washington, DC area | 301/468-6000 | E31 | E32 | 344.98 | 821.08 | 351.88 | 837.50 | NCQA |
| Kaiser Permanente-Std - Washington, DC area | 301/468-6000 | E34 | E35 | 277.66 | 660.83 | 283.21 | 674.05 | NCQA |
| M.D. IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke | 800/251-0956 | JP1 | JP2 | 349.05 | 837.83 | 356.03 | 854.59 | NCQA |
| Optima Health Plan - Peninsula/Southside Hampton Roads | 800/206-1060 | 9R1 | 9R2 | 389.13 | 920.73 | 396.91 | 939.14 | NCQA |
| Piedmont Community Healthcare - Lynchburg area | 888/674-3368 | 2C1 | 2C2 | 354.84 | 812.52 | 361.94 | 828.77 | |
| Washington | | | | | | | | |
| Aetna - Seattle/Puget Sound Areas | 800/537-9384 | 8J1 | 8J2 | 301.47 | 766.63 | 307.50 | 781.96 | NCQA |
| Group Health Cooperative-High -Most of Western Washington | 888/901-4636 | 541 | 542 | 387.01 | 873.69 | 394.75 | 891.16 | NCQA |
| Group Health Cooperative-Std - Most of Western Washington | 888/901-4636 | 544 | 545 | 306.48 | 691.90 | 312.61 | 705.74 | NCQA |
| Group Health Cooperative-High -Central WA/Spokane/Pullman | 888/901-4636 | VR1 | VR2 | 376.81 | 918.71 | 384.35 | 937.08 | NCQA |
| Group Health Cooperative-Std - Central WA/Spokane/Pullman | 888/901-4636 | VR4 | VR5 | 318.76 | 733.11 | 325.14 | 747.77 | NCQA |
| Kaiser Permanente-High - Vancouver/Longview | 800/813-2000 | 571 | 572 | 374.81 | 855.34 | 382.31 | 872.45 | NCQA |
| Kaiser Permanente-Std - Vancouver/Longview | 800/813-2000 | 574 | 575 | 344.26 | 785.59 | 351.15 | 801.30 | NCQA |
| KPS Health Plans - High -All of Washington | 800/552-7114 | VT1 | VT2 | 407.16 | 889.68 | 415.30 | 907.47 | |
| KPS Health Plans - Std - All of Washington | 800/552-7114 | L11 | L12 | 333.43 | 719.68 | 340.10 | 734.07 | |
| PacifiCare Northwest Region (Oregon/Washington) - Clark County | 800-531-3341 | 7Z1 | 7Z2 | 403.20 | 902.22 | 411.26 | 920.26 | NCQA |
| PacifiCare Northwest Region (Oregon/Washington) - Washington | 800-531-3341 | SA1 | SA2 | 277.92 | 649.65 | 283.48 | 662.64 | NCQA |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Vermont | | | | | | | | | | | |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Virginia | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$20 | \$150/day x 3 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| Aetna Open Access-Basic | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| CareFirst BlueChoice | \$20/\$30 | \$100 per adm | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ● | ○ | ○ |
| Kaiser Permanente-High | \$10/\$20 | \$100 | \$10/\$20Net | \$20/\$55 | Yes | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$30/\$30 | \$250/dayx3 | \$15 | \$25/\$40 | Yes | ● | ○ | ○ | ○ | ● | ● |
| M.D. IPA | \$10/\$20 | \$100 | \$8 | \$20/\$35 | No | ● | ● | ○ | ● | ● | ● |
| Optima Health Plan | \$10/\$20 | \$250 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Piedmont Community Healthcare - In-Network | \$25/\$25 | None | \$15 | \$30/\$30 | Yes | | | | | | |
| Piedmont Community Healthcare - Out-of-Network | 40%/30% | None | \$15 | \$30/\$30 | N/A | | | | | | |
| Washington | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ○ | ● | ○ | ○ | ○ |
| Group Health Cooperative-High | \$15/\$15 | \$200/day x 3 | \$15 | \$25/\$50 | N/A | ○ | ● | ● | ● | ● | ● |
| Group Health Cooperative-Std | \$20+20%/\$20+20% | \$200/day x 3 | \$20 | \$30/\$60 | Yes | ○ | ● | ● | ● | ● | ● |
| Group Health Cooperative-High | \$15/\$15 | \$200/day x 3 | \$15 | \$25/\$50 | N/A | ○ | ● | ● | ● | ● | ● |
| Group Health Cooperative-Std | \$20+20%/\$20+20% | \$200/day x 3 | \$20 | \$30/\$60 | Yes | ○ | ● | ● | ● | ● | ● |
| Kaiser Permanente-High | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | ● | ● | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | ● | ● | ○ | ○ | ● | ● |
| KPS Health Plans - High -In-Network | \$20/\$20 | None | \$5 | \$20/50% | Yes | ● | ● | ● | ● | ● | ● |
| KPS Health Plans - High -Out-of-Network | \$20+45%/\$20+45% | None | N/A | N/A | N/A | ● | ● | ● | ● | ● | ● |
| KPS Health Plans - Std -In-Network | \$15/x3 or 20%/20% | \$100/day x 5 | \$10 | \$30/50% | Yes | ● | ● | ● | ● | ● | ● |
| KPS Health Plans - Std -Out-of-Network | \$15/x3 or 45%/45% | \$100/day x 5 | N/A | N/A | No | ● | ● | ● | ● | ● | ● |
| PacifiCare Northwest Region (Oregon/Washington) | \$15/\$45 | \$250/day x 3 | \$10 | \$30/\$50 | Yes | ○ | ○ | ● | ● | ○ | ● |
| PacifiCare Northwest Region (Oregon/Washington) | \$15/\$45 | \$250/day x 3 | \$10 | \$30/\$50 | Yes | | | | | | |

Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans. Always consult plan brochures before making your final decision. This chart does not show all of your possible out-of-pocket costs.

Primary Care Specialist/Office Copay shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

| Plan Name – Location | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| West Virginia | | | | | | | | |
| The Health Plan of the Upper Ohio Valley - Northern/Central West Virginia | 800/624-6961 | U41 | U42 | 314.86 | 724.14 | 321.16 | 738.62 | NCQA |
| Wisconsin | | | | | | | | |
| Dean Health Plan - South Central Wisconsin | 800/279-1301 | WD1 | WD2 | 340.15 | 901.31 | 346.95 | 919.34 | NCQA |
| Group Health Cooperative - South Central Wisconsin | 608/828-4827 | WJ1 | WJ2 | 296.66 | 801.78 | 302.59 | 817.82 | NCQA |
| HealthPartners Classic-High -West Central Wisconsin | 952-883-5000 | 531 | 532 | 502.93 | 1206.99 | 512.99 | 1231.13 | NCQA |
| HealthPartners Open Access Deductible - West Central Wisconsin | 952-883-5000 | 534 | 535 | 390.78 | 937.84 | 398.60 | 956.60 | NCQA |
| HealthPartners Primary Clinic Plan - West Central Wisconsin | 952-883-5000 | HQ1 | HQ2 | 624.07 | 1497.75 | 636.55 | 1527.71 | NCQA |
| PHP Insurance Plan, Inc. - Northeastern Wisconsin | 888/711-1444 | ID1 | ID2 | 362.16 | 901.01 | 369.40 | 919.03 | |
| Wyoming | | | | | | | | |
| WINhealth Partners - Wyoming | 307/638-7700 | PV1 | PV2 | 362.68 | 983.23 | 369.93 | 1002.89 | |

Prescription Drugs — Generic, Brand Name, and Non-formulary shows what you pay for prescriptions when you use a plan pharmacy. You pay the Brand name amount if you or your doctor request the Brand name or if a Generic is not available. The figure in the Brand name/Non-formulary column is the copayment or coinsurance most commonly paid by members of this health plan for a Brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the Brand name, you pay the second amount if listed.

Mail Order Discounts. If your plan has a Mail Order program and that program is

superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results — See page 4 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 4 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| West Virginia | | | | | | | | | | | |
| The Health Plan of the Upper Ohio Valley | \$10/\$20 | \$250 | \$15 | \$30/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Wisconsin | | | | | | | | | | | |
| Dean Health Plan | \$10/\$10 | None | \$10 | 30%/30% | No | ● | ● | ○ | ○ | ○ | ● |
| Group Health Cooperative | \$10/\$10 | None | \$5 | \$20/\$20 | No | ● | ● | ● | ● | ○ | ○ |
| HealthPartners Classic-High | \$15/\$15 | \$100 | \$12 | \$12/\$24 | No | ○ | ● | ○ | ○ | ○ | ○ |
| HealthPartners Open Access Deductible | \$15/\$15 | \$100 | \$10 | \$10/\$35 | No | ○ | ● | ○ | ○ | ○ | ○ |
| HealthPartners Primary Clinic Plan | \$20/\$20 | \$200 | \$12 | \$12/\$24 | No | ○ | ● | ○ | ○ | ○ | ○ |
| PHP Insurance Plan, Inc. - Northeastern Wisconsin | \$15/\$15 | \$100 | \$10 | \$20/\$40 | Yes | | | | | | |
| Wyoming | | | | | | | | | | | |
| WINhealth Partners | \$10/\$10 | None | \$10 | \$15/\$40 | Yes | | | | | | |

High Deductible and Consumer-Driven Health Plans

Nationwide and Regional High Deductible Health Plans with a Health Savings Account or Health Reimbursement Arrangement and Consumer-Driven Plans

(Pages 58 through 81)

A **High Deductible Health Plan** (HDHP) provides comprehensive coverage for high-cost medical events and a tax-advantaged way to help you build savings for future medical expenses. The HDHP gives you greater flexibility and discretion over how you use your health care benefits.

When you enroll, your health plan establishes for you either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). The plan automatically deposits the monthly “premium pass through” into your HSA. The plan credits an amount into the HRA. (This is the “Premium Contribution to HSA/HRA” column in the following charts.)

Preventive care is often covered in full, usually with no or only a small deductible or copayment. Preventive care expenses may also be payable up to an annual maximum dollar amount (up to \$300 for instance). As you receive other non-preventive medical care, you must meet the plan deductible before the health plan pays benefits. You can choose to pay your deductible with funds from your HSA or you can choose instead to pay for your deductible out-of-pocket, allowing your savings to continue to grow.

The HDHP features higher annual deductibles (a minimum of \$1,050 for Self and \$2,100 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,000 for Self and \$10,000 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using in-network and out-of-network providers. There may be higher deductibles and out-of-pocket limits when you use out-of-network providers. Using in-network providers will save you money.

Health Savings Account (HSA)

Health Savings Accounts are available to members who do not have Medicare or another health plan. The amount of the “premium pass through” is based on whether you have a Self Only or Self and Family enrollment. You have the option to make tax-free contributions to your account, provided the total contributions do not exceed the limits established by law, which are typically not more than the plan deductible. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible. However, if you enroll in a HDHP with a HSA, you are not eligible to participate in a Health Care Flexible Spending account.

Features of an HSA include:

- Tax-deductible deposits you make to the HSA.
- Tax-deferred interest earned on the account.
- Tax-free withdrawals for qualified medical expenses.
- Carryover of unused funds and interest from year to year.
- Portability; the account is owned by you and is yours to keep – even when you retire.

Health Reimbursement Arrangement (HRA)

For members who are not eligible for an HSA, have Medicare or another non-High Deductible Health Plan, the HDHP will provide and administer a Health Reimbursement Arrangement.

The plan will credit the HRA different amounts depending on whether you have a Self Only or a Self and Family enrollment. You can use funds in your account to help pay your health plan deductible.

Features of an HRA include:

- Tax-free withdrawals for qualified medical expenses.
- Carryover of unused credits from year to year.
- Credits in an HRA do not earn interest.
- Credits in the HRA are forfeited if you leave federal employment or switch health insurance plans.

High Deductible and Consumer-Driven Health Plans

| | Health Savings Account (HSA) | Health Reimbursement Arrangement (HRA) |
|-----------------|---|---|
| ELIGIBILITY | You must enroll in a High Deductible Health Plan. No other general medical insurance coverage permitted. You cannot be enrolled in Medicare Part A or Part B. | You must enroll in a High Deductible Health Plan. |
| FUNDING | The plan deposits a monthly “premium pass through” into your account. | The plan deposits the credit amount directly into your HRA. |
| CONTRIBUTIONS | The maximum allowed is a combination of the health plan “premium pass through” and the member contribution up to the amount of the plan deductible. | Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA. |
| DISTRIBUTIONS | May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents, or to pay the plan’s deductible. See IRS Publication 502 for a complete list of eligible expenses. | May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the health plan, or to pay the plan’s deductible. See IRS Publication 502 for a complete list of eligible expenses. |
| PORTABLE | Yes, you can take this account with you when you terminate employment or retire. | If you retire and remain in your health plan you may continue to use and accumulate credits in your HRA. If you terminate employment or change health plans, only eligible expenses incurred while covered under that health plan will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited. |
| ANNUAL ROLLOVER | Yes, funds accumulate without a maximum cap. | Yes, credits accumulate without a maximum cap. |

IMPORTANT REMINDER: This is only a summary of the features of the HDHP/HSA or HRA. Refer to the specific Plan brochure for the complete details covering Plan design, operation, and administration as each Plan will have differences.

Consumer-Driven Plans – A Consumer-Driven plan provides you with greater freedom in spending health care dollars the way you want. The typical plan has common components: Member responsibility for certain up-front medical costs, an employer-funded account that you may use to pay these up-front costs, and catastrophic coverage with a high deductible. You and your family members receive full coverage for in-network preventive care.

High Deductible and Consumer-Driven Health Plans

How to read this chart

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| APWU Health Plan Consumer Driven Plan (CDHP) | 866/833-3463 | 474 | 475 | 354.42 | 825.35 | 361.51 | 841.86 |
| GEHA High Deductible Health Plan (HDHP) | 800/821-6136 | 341 | 342 | 380.81 | 869.79 | 388.43 | 887.19 |
| Mail Handlers High Deductible Health Plan (HDHP) | 800/410-7778 | 481 | 482 | 366.21 | 829.88 | 373.53 | 846.48 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|----------------------|--------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|--------------------------|--------------------|
| APWU (CDHP) | PPO | N/A | \$600/\$1,200 | \$4,500/\$4,500 | 15% | None | 15% | Nothing | 25%/25%/25% |
| | Non-PPO | N/A | \$600/\$1,200 | \$9,000/\$9,000 | 40% | None | 40% | Nothing to \$1200/\$2400 | N/A |
| GEHA (HDHP) | PPO | \$60/\$120 | \$1,100/\$2,200 | \$5,000/\$10,000 | 15% | 15% | 15% | Nothing up to \$300 | 30%/30%/N/A |
| | Non-PPO | \$60/\$120 | \$1,100/\$2,200 | \$5,000/\$10,000 | 30% | 30% | 30% | Nothing up to \$300 | 30%/30%/N/A |
| Mail Handlers (HDHP) | PPO | \$83/\$166 | \$2,250/\$4,500 | \$5,000/\$10,000 | \$15 | \$75day-\$750 | \$150 | Nothing | \$10/\$25/\$40 |
| | Non-PPO | \$83/\$166 | \$2,250/\$4,500 | \$7,500/\$15,000 | 40% | 40% | 40% | Not covered | Not Covered |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Alabama | | | | | | | |
| Aetna HealthFund CDHP -Lamar and Pickens Counties | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Lamar and Pickens Counties | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Alaska | | | | | | | |
| Aetna HealthFund CDHP -Lamar and Pickens Counties | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Lamar and Pickens Counties | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Arizona | | | | | | | |
| Aetna HealthFund CDHP -Phoenix and Tucson Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Phoenix and Tucson Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Phoenix | 888/393-6765 | DB1 | DB2 | 202.11 | 464.75 | 206.15 | 474.05 |
| Arkansas | | | | | | | |
| Aetna HealthFund CDHP -Eastern Arkansas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Eastern Arkansas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|-----------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Alabama | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Alaska | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | -Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Arizona | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Arkansas | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| California | | | | | | | |
| Aetna HealthFund CDHP -Northern/Central Valley/Southern CA | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Northern/Central Valley/Southern CA | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Universal Care HDHP -Southern California | 800/635-6668 | 6Q4 | 6Q5 | 59.01 | 155.79 | 27.24 | 71.90 |
| Colorado | | | | | | | |
| Aetna HealthFund CDHP -Denver Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Denver Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Denver | 888/393-6765 | 7T1 | 7T2 | 58.49 | 134.54 | 26.99 | 62.09 |
| Connecticut | | | | | | | |
| Aetna HealthFund CDHP -All of Connecticut | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Connecticut | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Delaware | | | | | | | |
| Aetna HealthFund CDHP -All of Delaware | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Delaware | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Delaware HDHP - Most of Delaware | 800/833-7423 | 2J4 | 2J5 | 86.34 | 212.26 | 39.85 | 97.97 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---------------------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| California | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Universal Care-HDHP | | \$50/\$100 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$10 | 20% | 20% | \$10 | \$10/\$25/\$50% |
| Colorado | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Connecticut | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Delaware | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Delaware-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$15 | 15% | 15% | \$15/\$25/15% | \$10/\$20/\$45 |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| District of Columbia | | | | | | | |
| Aetna HealthFund CDHP - All of Washington D.C. | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - All of Washington D.C. | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Florida | | | | | | | |
| Aetna HealthFund CDHP - Jacksonville/Miami/Orlando/Tampa Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Jacksonville/Miami/Orlando/Tampa Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Tampa | 888/393-6765 | MI1 | MI2 | 223.34 | 513.70 | 227.81 | 523.97 |
| Humana CoverageFirst CDHP - Jacksonville | 888/393-6765 | MQ1 | MQ2 | 233.96 | 538.16 | 238.64 | 548.92 |
| Humana CoverageFirst CDHP - South Florida | 888/393-6765 | QP1 | QP2 | 212.72 | 489.23 | 216.97 | 499.01 |
| Humana CoverageFirst CDHP - Orlando | 888/393-6765 | YG1 | YG2 | 244.64 | 562.62 | 249.53 | 573.87 |
| Georgia | | | | | | | |
| Aetna HealthFund CDHP - Atlanta Area | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Atlanta Area | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Georgia HDHP - Atlanta Area | 800/395-2545 | L51 | L52 | 243.92 | 561.06 | 248.80 | 572.28 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---------------------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| District of Columbia | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Florida | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Georgia | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Georgia- HDHP | | \$41.66/\$83.33 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$20 | 15% | 15% | \$20/\$40/15% | \$10/\$25/\$50 |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Illinois | | | | | | | |
| Aetna HealthFund CDHP -Chicago Area | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Chicago Area | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Group Health Plan, Inc. HDHP - Southern/Central | 800/755-3901 | MM4 | MM5 | 368.98 | 790.01 | 376.36 | 805.81 |
| Humana CoverageFirst CDHP - Chicago | 888/393-6765 | MW1 | MW2 | 170.17 | 391.39 | 173.57 | 399.22 |
| OSF HealthPlans HDHP -Central/Central-Northwestern Illinois | 800/673-5222 | 9F4 | 9F5 | 321.19 | 798.66 | 327.61 | 814.63 |
| Indiana | | | | | | | |
| Advantage Health Solutions, Inc. HDHP -Most of Indiana | 800/553-8933 | 6Y4 | 6Y5 | 377.98 | 859.06 | 385.54 | 876.24 |
| Aetna HealthFund CDHP -Lake and Porter Counties | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Lake and Porter Counties | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Southern Indiana | 888/393-6765 | BM1 | BM2 | 255.26 | 587.08 | 260.37 | 598.82 |
| Humana CoverageFirst CDHP - Indiana | 888/393-6765 | L81 | L82 | 212.72 | 489.23 | 216.97 | 499.01 |
| Humana CoverageFirst CDHP - Lake/Porter/LaPorte Counties | 888/393-6765 | MW1 | MW2 | 170.17 | 391.39 | 173.57 | 399.22 |
| Iowa | | | | | | | |
| Coventry Health Care of Iowa HDHP -Central Iowa/Cedar Rapids/Sioux City | 800/257-4692 | SV4 | SV5 | 263.79 | 681.74 | 269.07 | 695.37 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|-----------------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Illinois | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Group Health Plan, Inc. | - In-of-Network | \$41.33/\$83.33 | \$1,500/\$2,500 | \$5,000/\$10,000 | \$15 | 10% | 10% | \$15/\$25 | \$15/\$25/\$50 |
| Group Health Plan, Inc. | - Out-of-Network | \$41.33/\$41.33 | \$3,000/\$5,000 | \$10,000/\$20,000 | 30% | 30% | 30% | 30% + Deduct. | N/A |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | 30% |
| OSF HealthPlans-HDHP | -In-Network | \$42/\$83 | \$1,050/\$2,100 | \$3,000/\$6,000 | 20% | 20% | 20% | \$20 | 20% |
| OSF HealthPlans-HDHP | -Out-of-Network | \$42/\$83 | \$4,000/\$8,000 | \$12,000/\$24,000 | 40% | 40% + Ded | 40% | 40% | All |
| Indiana | | | | | | | | | |
| Advantage Health Plan, Inc.-HDHP | | \$45.83/\$93.33 | \$1050/\$2100 | \$3000/\$6000 | 20% | 20% | 20% | 20% | \$10/\$20/\$50 |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | Nothing | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | Nothing | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | Nothing | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Iowa | | | | | | | | | |
| Coventry Health Care of Iowa-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$20 | 10% | 10% | \$20/\$30/10% | \$10/\$20/\$45 |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Kansas | | | | | | | |
| Aetna HealthFund CDHP - Kansas City Area | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Kansas City Area | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Kansas, Inc. HDHP - Wichita/Salina areas | 800/664-9251 | 7G1 | 7G2 | 262.25 | 647.64 | 267.50 | 660.59 |
| Coventry Health Care of Kansas - Kansas City-HDHP - Kansas City area | 800/969-3343 | 9H1 | 9H2 | 279.26 | 720.48 | 284.85 | 734.89 |
| Humana CoverageFirst CDHP Plan - Kansas City | 888/393-6765 | PH1 | PH2 | 170.17 | 391.39 | 173.57 | 399.22 |
| Kentucky | | | | | | | |
| Aetna HealthFund CDHP - Northern KY/Fulton and Lewis Counties | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Northern KY/Fulton and Lewis Counties | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Lexington | 888/393-6765 | 6N1 | 6N2 | 265.87 | 611.56 | 271.19 | 623.79 |
| Humana CoverageFirst CDHP - Louisville | 888/393-6765 | BM1 | BM2 | 255.26 | 587.08 | 260.37 | 598.82 |
| Humana CoverageFirst CDHP - Northern Kentucky | 888/393-6765 | L81 | L82 | 212.72 | 489.23 | 216.97 | 499.01 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Kansas | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Kansas, Inc. (HDHP) | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$20 | 20% | 20% | \$20/\$35/20% | \$15/\$25/\$50 |
| Coventry Health Care of Kansas - Kansas City-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$20 | 20% | 20% | \$20/\$35/20% | \$15/\$25/\$50 |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Kentucky | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

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Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Louisiana | | | | | | | |
| Coventry Healthcare Louisiana-HDHP - New Orleans area | 800/341-6613 | BJ4 | BJ5 | 266.91 | 619.91 | 272.25 | 632.31 |
| Coventry Healthcare Louisiana-HDHP -Baton Rouge area | 800/341-6613 | JA4 | JA5 | 282.82 | 656.87 | 288.48 | 670.01 |
| Humana CoverageFirst CDHP - New Orleans | 888/393-6765 | 9J1 | 9J2 | 202.11 | 464.75 | 206.15 | 474.05 |
| Humana CoverageFirst (CDHP) - Baton Rouge | 888/393-6765 | 9L1 | 9L2 | 244.64 | 562.62 | 249.53 | 573.87 |
| Humana CoverageFirst (CDHP) - Shreveport | 888/393-6765 | 9S1 | 9S2 | 276.53 | 636.00 | 282.06 | 648.72 |
| Maryland | | | | | | | |
| Aetna HealthFund CDHP -All of Maryland | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - All of Maryland | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Delaware HDHP - Most of Maryland | 800/833-7423 | IG4 | IG5 | 332.50 | 816.62 | 339.15 | 832.95 |
| Massachusetts | | | | | | | |
| Aetna HealthFund CDHP -Boston Area | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Boston Area | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|--|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Louisiana | | | | | | | | | |
| Coventry Healthcare Louisiana-HDHP | -In-Network | \$41.66/\$83.33 | \$1,050/\$2,100 | \$4,000/\$8,000 | 20% | 20% | 20% | 20% | 10\$/S35/\$60 |
| Coventry Healthcare Louisiana-HDHP | -Out-of-Network | \$41.66/\$83.33 | \$2,000/\$4,000 | \$6,000/\$12,000 | 30% | 30% | 30% | 30% | N/A |
| Coventry Healthcare Louisiana-HDHP | -In-Network | \$41.66/\$83.33 | \$1,050/\$2,100 | \$4,000/\$8,000 | 20% | 20% | 20% | 20% | 10\$/S35/\$60 |
| Coventry Healthcare Louisiana-HDHP | -Out-of-Network | \$41.66/\$83.33 | \$2,000/\$4,000 | \$6,000/\$12,000 | 30% | 30% | 30% | 30% | N/A |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Maryland | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Delaware -HDHP | -In-Network | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$15 | 15% | 15% | \$15/\$25/15% | \$10/\$20/\$45 |
| Massachusetts | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

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Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Michigan | | | | | | | |
| Aetna HealthFund CDHP - Detroit Area | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Detroit Area | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Mississippi | | | | | | | |
| Aetna HealthFund CDHP - Northern Mississippi | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Northern Mississippi | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Missouri | | | | | | | |
| Aetna HealthFund CDHP - Kansas City and St. Louis Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Kansas City and St. Louis Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Kansas - Kansas City-HDHP - Kansas City Area | 800-969-3343 | 9H1 | 9H2 | 279.26 | 720.48 | 284.85 | 734.89 |
| Group Health Plan, Inc. - St. Louis Area | 800/755-3901 800/755-3901 | MM4 | MM5 | 368.98 | 790.01 | 376.36 | 805.81 |
| Humana CoverageFirst CDHP - Kansas City | 888/393-6765 | PH1 | PH2 | 170.17 | 391.39 | 173.57 | 399.22 |
| Nevada | | | | | | | |
| Aetna HealthFund CDHP - Las Vegas/Clark and Nye Counties | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Las Vegas/Clark and Nye Counties | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

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| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|---------------------|
| Michigan | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Mississippi | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Missouri | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Kansas - Kansas City-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$20 | 20% | 20% | \$20/\$35/20% | \$15/\$25/\$50 |
| Group Health Plan, Inc. | - In-of-Network | \$41.33/\$83.33 | \$1,500/\$2,500 | \$5,000/\$10,000 | \$15 | 10% | 10% | \$15/\$25 | \$15/\$25/\$50 |
| Group Health Plan, Inc. | - Out-of-Network | \$41.33/\$41.33 | \$3,000/\$5,000 | \$10,000/\$20,000 | 30% | 30% | 30% | 30% + Ded | N/A |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/\$50 |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Nevada | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| New Hampshire | | | | | | | |
| Aetna HealthFund CDHP -Most of New Hampshire | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Most of New Hampshire | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| New Jersey | | | | | | | |
| Aetna HealthFund CDHP -All of New Jersey | 800/537-9382 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - All of New Jersey | 800/537-9382 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Delaware HDHP -Southern New Jersey | 800/833-7423 | 214 | 215 | 345.37 | 849.05 | 352.28 | 866.03 |
| New York | | | | | | | |
| Aetna HealthFund CDHP -NY City Area/Upstate NY (Syr. & Roch.) | 800/537-9384 | 221 | 222 | 333.08 | 766.11 | 339.74 | 781.43 |
| Aetna HealthFund HDHP - NY City Area/Upstate NY (Syr. & Roch.) | 800/537-9384 | 224 | 225 | 296.40 | 681.74 | 302.33 | 695.37 |
| North Carolina | | | | | | | |
| Aetna HealthFund CDHP -Charlotte/Central/Raleigh/Durham Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Charlotte/Central/Raleigh/Durham Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---------------------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| New Hampshire | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| New Jersey | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Delaware-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$15 | 15% | 15% | \$15/\$25/15% | \$10/\$20/\$45 |
| New York | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| North Carolina | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Ohio | | | | | | | |
| Aetna HealthFund CDHP - Cincinnati/Cleveland/Columbus/Toledo | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Cincinnati/Cleveland/Columbus/Toledo | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| AultCare HMO-HDHP - Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/363-6360 | 3A4 | 3A5 | 365.15 | 731.66 | 372.45 | 746.29 |
| Humana CoverageFirst CDHP - Cincinnati | 888/393-6765 | L81 | L82 | 212.72 | 489.23 | 216.97 | 499.01 |
| Oklahoma | | | | | | | |
| Aetna HealthFund CDHP - Oklahoma City and Tulsa Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Oklahoma City and Tulsa Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Pennsylvania | | | | | | | |
| Aetna HealthFund CDHP - Philadelphia/Pittsburgh/Southeastern PA | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Philadelphia/Pittsburgh/Southeastern PA | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Coventry Health Care of Delaware HDHP - Southeastern Pennsylvania | 800/833-7423 | 2J4 | 2J5 | 345.37 | 849.05 | 352.28 | 866.03 |
| HealthAmerica Pennsylvania-HDHP - Southeastern Pennsylvania | 866/351-5946 | 9N1 | 9N2 | 398.15 | 897.98 | 406.11 | 915.94 |
| HealthAmerica Pennsylvania-HDHP - Greater Pittsburgh area | 866/351-5946 | Y61 | Y62 | 329.10 | 809.08 | 335.68 | 825.26 |
| HealthAmerica Pennsylvania-HDHP - Northeast Pennsylvania | 866/351-5946 | YN1 | YN2 | 413.31 | 934.18 | 421.58 | 952.86 |
| HealthAmerica Pennsylvania-HDHP - Central Pennsylvania | 866/351-5946 | YW1 | YW2 | 371.78 | 838.72 | 379.22 | 855.49 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|--|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Ohio | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| AultCare HDHP | - In-Network | \$166.67/\$333.33 | \$2,000/\$4,000 | \$4,000/\$8,000 | 20% | 20% | 20% | Nothing | 20%/20%/20% |
| AultCare HDHP | - Out-of-Network | \$166.67/\$333.33 | \$4,000/\$8,000 | \$8,000/\$16,000 | 40% | 40% | 40% | 50% UCR | 40%/40%/40% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Oklahoma | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Pennsylvania | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Delaware -HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$15 | 15% | 15% | \$15/\$25/15% | \$10/\$20/\$45 |
| HealthAmerica Pennsylvania-HDHP | | \$52.08/\$208.33 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| HealthAmerica Pennsylvania-HDHP | | \$52.08/\$208.33 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| HealthAmerica Pennsylvania-HDHP | | \$52.08/\$208.33 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| HealthAmerica Pennsylvania-HDHP | | \$52.08/\$208.33 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| South Carolina | | | | | | | |
| Aetna HealthFund CDHP - York County | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - York County | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Tennessee | | | | | | | |
| Aetna HealthFund CDHP - Memphis and Nashville Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Memphis and Nashville Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Memphis | 888/393-6765 | L61 | L62 | 212.72 | 489.23 | 216.97 | 499.01 |
| Texas | | | | | | | |
| Aetna HealthFund CDHP - Austin/Dallas/FtWorth/Houston/SanAntonio | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Austin/Dallas/FtWorth/Houston/SanAntonio | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Humana CoverageFirst CDHP - Houston | 888/393-6765 | T21 | T22 | 255.26 | 587.08 | 260.37 | 598.82 |
| Humana CoverageFirst CDHP - Dallas/Ft. Worth | 888/393-6765 | T81 | T82 | 244.64 | 562.62 | 249.53 | 573.87 |
| Humana CoverageFirst CDHP - Corpus Christi | 888/393-6765 | TP1 | TP2 | 223.34 | 513.70 | 227.81 | 523.97 |
| Humana CoverageFirst CDHP - San Antonio | 888/393-6765 | TU1 | TU2 | 212.72 | 489.23 | 216.97 | 499.01 |
| Humana CoverageFirst CDHP - Austin | 888/393-6765 | TV1 | TV2 | 233.96 | 538.16 | 238.64 | 548.92 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|-----------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| South Carolina | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Tennessee | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Texas | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |

High Deductible and Consumer-Driven Health Plans

High Deductible and Consumer-Driven Health Plans

Premium Contribution to HSA/HRA shows the amount your health plan automatically deposits into your account.

Calendar Year (CY) Deductible Self/Family shows the amount of expenses an individual or family must pay before the plan begins to pay benefits.

Catastrophic (Cat.) Limit Self/Family is the maximum amount of expenses an individual or family must pay out-of-pocket, including deductibles and coinsurance or copays, before the Plan pays catastrophic benefits.

Office Visit shows what you pay for a visit to a primary care physician.

Hospital Inpatient when admitted to a hospital. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days) or a flat deductible amount (e.g., \$200 per admission).

Outpatient Surgery shows what the member pays to the doctor for surgery performed on an outpatient basis.

| Plan Name | Telephone Number | Enrollment Code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Virginia | | | | | | | |
| Aetna HealthFund CDHP - Northern/Central/Richmond VA Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Northern/Central/Richmond VA Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Washington | | | | | | | |
| Aetna HealthFund CDHP - Seattle/Puget Sound Areas | 800/537-9384 | 221 | 222 | 296.40 | 681.74 | 302.33 | 695.37 |
| Aetna HealthFund HDHP - Seattle/Puget Sound Areas | 800/537-9384 | 224 | 225 | 333.08 | 766.11 | 339.74 | 781.43 |
| Wisconsin | | | | | | | |
| Humana CoverageFirst CDHP - Milwaukee | 888/393-6765 | FB1 | FB2 | 233.96 | 538.16 | 238.64 | 548.92 |

High Deductible and Consumer-Driven Health Plans

Preventive Services are often covered in full, usually with no or only a small deductible or copayment. Preventive care services may also be payable up to an annual maximum dollar amount (e.g., up to \$300 per year).

Prescription Drugs shows the amount most commonly paid by members for a manufacturer's Generic drug (if available) and Brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the Brand name.

*High Deductible Health Plans and Consumer-Driven Health Plans are much different from the other types of plans shown in this Guide. This chart is a broad outline of what you are expected to pay under each plan for the services listed. These plans may be a good value for you. You can use in-network providers to save money. By using out-of-network providers, however, you not only pay a higher copayment but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (You receive a bill for \$100, but the plan's allowance is \$85. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 (the billed amount) and \$85 (the plan's allowance.) This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. **You must read a plan's brochure for details.***

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|-----------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| Virginia | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Washington | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Wisconsin | | | | | | | | | |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | Nothing | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |

