
Introducing the **2009**

Guide to Federal Benefits

For Federal Deposit Insurance
Corporation Employees

Federal Employees Health Benefits
(FEHB) Program p. 4

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Vision Insurance Program
(FEDVIP) p. 7

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Are you using the right Guide?

We have different editions of the Guide to Federal Benefits.

| If you are: | Your Guide is: |
|--|--|
| Federal Civilian Employee | Federal Civilian Employees (RI 70-1) |
| United States Postal Employee | USPS Career Employees (RI 70-2) |
| United States Postal Inspector and Office of Inspector General Employee | United States Postal Inspectors and Office of Inspector General Employees (RI 70-2IN) |
| National Postal Professional Nurse | United States Postal Service Professional Nurses (RI 70-2NU) |
| Covered under the Spouse Equity Provisions of FEHB Law or similar statutes providing coverage to former spouses. | Temporary Continuation of Coverage (TCC) and Former Spouse Enrollees (RI 70-5) |
| Temporary Continuation of Coverage (TCC) | Temporary Continuation of Coverage (TCC) and Former Spouse Enrollees (RI 70-5) |
| Receiving Compensation from the Office of Workers' Compensation Programs (OWCP) | Individuals Receiving Compensation From the Office of Workers' Compensation Programs (OWCP) (RI 70-6) |
| Certain Temporary Employees Those eligible to enroll in the FEHB Program under 5 U.S.C. 8906a | Certain Temporary Employees (RI 70-8) |
| Certain Temporary (Non-Career) United States Postal Service Employees | Certain Temporary (Non-Career) United States Postal Service Employees (RI 70-8PS) |
| Federal Retiree or Survivor | Federal Retirees and Their Survivors (RI 70-9) |
| Federal Deposit Insurance Corporation Employee | For Federal Deposit Insurance Corporation (FDIC) Employees (RI 70-14) |

Contact your Agency Benefits Office to request the appropriate copy of the Guide to Federal Benefits or visit <http://www.opm.gov/insure/health/planinfo/guides/guides.asp>

Introduction to Federal Benefits and This Guide

As a Federal employee, the benefits available to you represent a significant piece of your compensation package. They may provide important insurance coverage to protect you and your family, and/or, in some cases, offer tax advantages that reduce the burden in paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide you basic information about the benefits offered to you as a Federal employee, and assist you in making informed choices about these benefits as you move through your career and prepare for retirement.

Benefits Programs Included in this Guide

In addition to your Civil Service or Federal Employees Retirement System benefits and the Thrift Savings Plan, the Federal government offers other benefits programs to eligible employees. This Guide includes information on these additional programs and the FDIC Premium Conversion Plan.

- Federal Employees Health Benefits Program
- Federal Employees Dental and Vision Insurance Program
- Federal Employees' Group Life Insurance Program
- Federal Long Term Care Insurance Program

If you are a new Federal employee or have recently been appointed to a position that makes you eligible for benefits, the Guide will walk you through the benefits offered, and provide information on how and when to make your choices. If you are a seasoned employee, it will provide the most current information regarding the benefit programs, and will support you as you make new elections during the annual Federal Benefits Open Season, or experience life events that cause you to reconsider previous choices.

Additional Information

You will find references throughout the Guide to websites or other locations to obtain more detailed information. We encourage you to access these sites to become a more educated decision-maker and consumer of Federal benefit programs.

Federal Employees Health Benefits (FEHB) Program Health Information Technology and Price/Cost Transparency Leaders

Over the past few years, OPM has encouraged FEHB health benefits plans to increase their use of health information technology (HIT). HIT can help your health plan and healthcare providers deliver safer more efficient care. Using HIT, your health plan can offer you tools to help you organize your health information, access information targeted to your health needs, and determine the quality and price/cost of the doctors, hospitals and other providers that you and your family use for day-to-day healthcare needs.

HIT based on broadly accepted standards, allows patients, healthcare providers and health plans to share information securely, driving down costs by avoiding duplicate procedures and manual transactions. More importantly, HIT reduces medical errors; for instance, from misread handwritten prescriptions, and emergency care medical decisions made without complete and accurate health information. HIT can also help you find appropriate health information to aid you and your doctor in making appropriate clinical decisions regarding your care. Since privacy and security considerations are vitally important, safeguards have been established to keep your records safe from inappropriate disclosure.

Personal Health Records

The health plans listed below have made a commitment to offer you and your family access to internet based personal health records (PHR). PHRs come in a variety of forms but what they all have in common is that they give you a convenient way to track, view, and manage your personal health information. PHRs also allow you to share your health information with your healthcare providers so they have a better picture of your health history. When providers know your health history they can make more accurate diagnoses and provide you with safer more efficient care.

Quality and Price/Cost Transparency On-line Tools

The health plans listed here have also made a commitment to offer you and your family access to healthcare quality and price/cost information so you can make more informed choices on which providers to use to receive care. The web site information available includes online decision tools with cost estimators and quality indicators for physician and hospital services and prescription drugs used to treat common or chronic illnesses and conditions. These health plans describe the sources of this health information and any limitations so you can understand what the information means. Some examples of the types of surgical procedures for which you can obtain cost and quality information include: arthroscopy knee/shoulder, breast biopsy, cataract repair, cesarean delivery, colonoscopy, corneal surgery, gall bladder removal, heart catheterization, hysterectomy, inguinal hernia repair, knee replacement, and tonsillectomy. This information helps you understand the true price/cost and quality of your healthcare and enhances your ability to compare hospital, physician, prescription and other provider value as you make healthcare choices. FEHB health plans are working to expand the price/cost and quality information they provide to you.

The health plans listed on the following page met OPM's HIT, quality and price/cost transparency standards at the time this Guide went to press. As other plans bring these tools on line, we will add them to the list on our website. So, please check the updated information at www.opm.gov/insure before you make your healthcare decisions.

Federal Employees Health Benefits (FEHB) Program Health Information Technology and Price/Cost Transparency Leaders

The following health plans have demonstrated their commitment to efficiency, safety and quality through computer system enhancements that offer PHRs, quality information, and price/cost transparency decision support tools:

| | |
|--|---|
| Aetna Health Plans | HealthPlus of Michigan |
| Altius Health Plans | HIP Health Plan of New York |
| Anthem Blue Cross HMO | HMO Health Ohio |
| APWU Health Plans | Humana Health Plans |
| AvMed Health Plans | Independent Health Association |
| BlueCross BlueShield Government Wide Service Benefit Plan | Kaiser Foundation Health Plans |
| Blue Cross & Blue Shield of RI | KPS Health Plans |
| CareFirst BlueChoice, Inc | Mail Handlers Benefit Plan |
| ConnectiCare, Inc | M.D. IPA |
| Coventry Health Care Plans | Medica Health Plans |
| Blue Care Network of Michigan | MVP Health Care, Inc. |
| Blue Preferred HMO | NALC Health Benefit Plan |
| Geisinger Health Plan | Optima Health |
| GHI Health Plan | PacifiCare Health Plans |
| Government Employees Health Association, Inc. (GEHA) | PersonalCare of Illinois |
| Group Health Plan | Physicians Health Plan of Northern Indiana, Inc. |
| Health Alliance Plan (HAP) | Preferred Care |
| Health America Pennsylvania | SAMBA |
| Health Net of Arizona, Inc. | UniCare Health Plans of the Midwest, Inc. |
| Health Net of California | UnitedHealthcare (except the River Valley, Inc., in Iowa and Illinois) |
| HealthPartners, Inc. | UPMC Health Plan |

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Federal Benefits Open Season Snapshot

Current Employees

During Open Season, you have the opportunity to make changes in the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS). You can use this chart to assist you with the decision-making process of selecting plans and enrolling in these benefit programs.

| | If Currently Enrolled in the Program | If Not Enrolled in the Program |
|---------------|---|--|
| FEHB | <ol style="list-style-type: none"> 1. Check your plan's 2009 premiums and satisfaction survey results in Appendix E; 2. Examine your plan's 2009 brochure for benefit and enrollment/service area changes; 3. If also enrolled in FEHBP, check your 2009 FEHBP brochure for any changes in dental and/or vision benefits; Also review the coordination of benefits information for the FDIC plans 4. If satisfied with your plan's rates, survey results and benefits for 2009, do nothing – your enrollment will continue automatically; 5. If not satisfied with your current plan for 2009, see page 21 for guidance on choosing another plan. | <ol style="list-style-type: none"> 1. See page 4 for general information on FEHB (including eligibility) and Appendix B for guidance on choosing a plan; 2. If you decide to enroll, examine the 2009 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area; 3. Contact the FDIC Benefits Hotline or the OIG Human Resources Office (if you are an OIG employee). |
| FEDVIP | <ol style="list-style-type: none"> 1. Check your plan's 2009 premiums in Appendix K and examine your plan's 2009 brochure for benefit and enrollment/service area changes; 2. If also enrolled in FEHBP, check your 2009 FEHBP brochure for any changes in dental and/or vision benefits; 3. If you are also enrolled in the FDIC Dental and/or Vision Plan, FEHB and FEDVIP. Also review the coordination of benefits information for the FDIC plans. 4. If satisfied with your plan's rates and benefits for 2009, do nothing – your enrollment will continue automatically; 5. If not satisfied with your current plan for 2009, see page 7 for guidance on choosing another plan and for information on how to change your enrollment; 6. If you no longer want FEDVIP, you must cancel during Open Season by contacting BENEFEDS; after Open Season you cannot cancel; see Appendix H for details. | <ol style="list-style-type: none"> 1. See page 7 for general information on FEDVIP (including eligibility) and for guidance on choosing a FEDVIP plan; 2. Review the coinsurance information and the coordination of benefits information for the FDIC Dental and/or Vision Plan, FEHB and FEDVIP. 3. If you decide to enroll, examine the 2009 brochure of the plans in which you are interested to ensure the benefits and premiums meet your needs and the plan is available in your area 4. See page 8 for information on how to enroll. |

Thinking About Retiring?

Federal Benefits Facts

FEHB

- When you retire, you are eligible to continue health benefits coverage if you meet all of the following requirements:
 - you are entitled to retire on an immediate annuity under a retirement system for civilian employees (including the Federal Employees Retirement System (FERS) Minimum Retirement Age (MRA) + 10 retirement); and
 - you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).
- The 5 year requirement period can include the following:
 - the time you are covered as a family member under another person's FEHB enrollment; or
 - the time you are covered under the Uniformed Services Health Benefits Program (also known as TRICARE) as long as you were covered under an FEHB enrollment at the time of your retirement.
- As an annuitant, you are entitled to the same benefits and Government contributions as Federal employees enrolled in the same plan.
- The event of retirement is not a qualifying life event (QLE); however, there are other opportunities to change FEHB enrollment including during Open Season or when you experience a QLE.
- If you are not enrolled in FEHB (or covered as a family member) at the time of your retirement, you cannot enroll when you retire.
- If you are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at the time of your retirement, you can still contribute to your HSA provided you have no other insurance coverage other than those specifically allowed, and are not claimed as a dependent on someone else's tax return. Some examples of other coverage that would cause ineligibility are: Medicare, TRICARE, other non-high deductible health insurance, or having received VA benefits within the previous three months. If you don't qualify for an HSA, your plan will enroll you in a Health Reimbursement Arrangement (HRA).
- If you cancel your FEHB enrollment as an annuitant, you will never be able to re-enroll in FEHB **unless** you had suspended your FEHB enrollment in order to enroll in a Medicare Advantage plan, TRICARE or CHAMPVA, or Medicaid or similar State-sponsored program of medical assistance.
- If you want your surviving family members to continue your health benefits enrollment after your death, you must be enrolled for Self and Family at the time of your death, and at least one family member must be entitled to an annuity as your survivor.
- Consider whether you need to sign-up for Medicare when you become eligible.

Thinking About Retiring?

Federal Benefits Facts *continued*

FEDVIP

- There is no 5 year requirement for continuing FEDVIP coverage into retirement.
- Your coverage will continue as a retiree. Retirees may also enroll during the annual Federal Benefits Open Season or when you experience a qualifying life event (QLE). Keep in mind that **retirement is not a QLE**.
- In most cases, changing from payroll deduction to annuity deduction is automatic, but may take one to three months to occur.
- BENEFEDS cannot deduct premiums from your annuity while you are receiving “special” or “interim” pay. Once your annuity is finalized, premium deductions will begin. If you miss one or more premium payments before your annuity is final, BENEFEDS will make double deductions until any balance due is paid. They will notify you before deducting this additional premium amount. Once there is no past due balance, the amount of premium deducted will return to the regular monthly premium.

FEGLI

- When you retire, you are eligible to continue your FEGLI life insurance coverage(s) if you retire on an immediate annuity and had the coverage for:
 - the five years of service immediately before the starting date of your annuity or, for annuitants retiring under FERS who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
 - all period(s) of service during which that coverage was available to you if it is less than five years, and
 - you (or your assignees) do not convert the coverage to a private policy.
- If you are eligible, you will choose via Standard Form (SF) 2818 how you wish your coverage(s) to continue during your retirement.
- If you are not enrolled in FEGLI at the time of your retirement, you cannot enroll when you retire.
- You cannot newly elect or increase existing coverage after you retire. You may only reduce or cancel coverage.
- Your premiums are subject to change in the future. Your premium could change based on your age and the experience of the Program. You will be notified if there is any change in your deductions from your annuity.

FLTCIP

- Your coverage continues into retirement provided you continue to pay premiums.
- If you pay premiums via payroll deduction, then shortly before you retire, you should notify Long Term Care Partners (LTCP) at 1-800-582-3337 to make other arrangements for premium payment.
- You may elect annuity deduction if you desire. LTCP cannot deduct your premium from “special” or “interim” pay. LTCP will send you a direct bill during this time. Premium deduction will begin from your annuity once it is finalized.

Federal Employees Health Benefits (FEHB) Program

What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to employees, retirees and their dependents. If you continuously maintain your FEHB enrollment, or are covered by the FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement, and you retire on an immediate annuity, you can continue to participate in the FEHB after retirement. The Program benefits you receive as a retiree are the same coverage Federal employees receive and at the same cost. If you leave government employment before retiring, the Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

If you are currently enrolled in the FEHB and do not want to change plans or enrollment type, you do not need to do anything. Your enrollment will continue automatically.

Appendix E includes a comparison chart of all the plans in the FEHB with information comparing basic benefits and costs.

Key FEHB facts

- The FEHB Program is part of the annual Federal Benefits Open Season.
- FEHB coverage continues each year. You do not need to re-enroll each year. If you are happy with your current coverage, do nothing. Please note that your premiums and benefits may change.
- You can choose from Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, or Health Maintenance Organizations or Fee-for-Service plans with comprehensive coverage and higher premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- If you participate in premium conversion, enrollment changes can only be made during Open Season or if you experience a qualifying life event. Premium conversion allows Federal employees to use pre-tax dollars to pay their FEHB health insurance premiums.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.

What enrollment types are available?

- Self Only, which covers only the enrolled employee;
- Self and Family, which covers the enrolled employee and all eligible family members.

Federal Employees Health Benefits (FEHB) Program

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you have an appointment other than a career or career conditional appointment and your agency has not provided you information about enrollment, you should contact your human resources office for information.

When you retire, you are eligible to continue health benefits coverage if you retire on an immediate annuity under a retirement system for civilian employees (including FERS MRA + 10 retirement) and you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you suspend your FEHB coverage as a retiree because you are covered by TRICARE, a Medicare Advantage Plan, Medicaid, or Peace Corps volunteer coverage, you may reenroll under certain conditions. (You should contact your retirement system for information on your eligibility.) **If you are not enrolled in or covered as a family member under FEHB when you retire, you will not be able to enroll after retirement.**

For information about eligibility, employees assigned to the Office of the Inspector General should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092.

When can I enroll?

If you are a new employee who is eligible for FEHB or an employee who has become newly eligible to enroll, you may enroll within 60 days of becoming eligible. You may also enroll during the annual Open Season held from the Monday of the second full work week in November through the Monday of the second full work week in December. Furthermore, you may enroll, change your enrollment type, or change plans outside of Open Season if you experience a qualifying life event such as a change in family or other insurance coverage status.

For new or newly eligible employees who elect to enroll, coverage will be effective on the first day of the first pay period that begins after your agency receives your enrollment. An Open Season enrollment or change is effective on the first day of the first full pay period that begins in January.

How do I enroll?

You may be able to enroll using the Health Benefits Election Form (SF 2809) to your servicing Human Resources Branch representative. For additional information, employees assigned to the OIG should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092.

Federal Employees Health Benefits (FEHB) Program

How do I get more information about this program?

Visit the FEHBP online at www.opm.gov/insure/health for information including:

- How to compare and choose among health plans
- Health plan websites and plan brochures
- How to file a disputed claim request
- Getting quality healthcare
- Medicare and FEHB

Federal Employees Dental and Vision Insurance Program (FEDVIP)

What does this Program offer?

The Federal Employees Dental and Vision Insurance Program provides comprehensive dental and vision insurance at competitive group rates. There are seven dental plans and three vision plans from which to choose. FEDVIP features nationwide, international, and regional plans.

A dental or vision insurance plan is much like a health insurance plan; you may be required to meet a deductible and provide a copay or coinsurance payments for your dental or vision services. With any plan choice, you should look at all the information and find a plan that will best fit your needs. You should also review your FEHB plan brochure to determine what dental and/or vision coverage the FEHB plan provides.

If you are currently enrolled in FEDVIP and you take no action during Open Season, your current coverage will continue in 2009, provided you remain eligible for the program. Enrollment continues year to year, automatically. **Please Note:** your premiums and benefits may change for 2009.

Key FEDVIP Facts

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP coverage continues each year. You do not need to re-enroll each year. If you do not want to change plans or enrollment type, do nothing.
- FEDVIP is separate and different from the FEHB Program.
- You can only cancel FEDVIP coverage during Open Season, upon deployment to active military duty or upon transfer to another agency where you enroll in their dental and/or vision plan and the agency pays at least 50% of the premium. You cannot cancel just because you retire or because you can no longer afford the premiums.
- Coordination of benefits with the FDIC Dental and/or Vision plans and your FEHB plan, if enrolled, is a requirement by law. The FDIC Dental and/or Vision plan is your primary plan, the FEHB plan is your secondary plan, and remaining eligible expenses can then be submitted to FEDVIP.
- Cancellation of coverage can only be made during Open Season or upon deployment to active military duty.
- All nationwide FEDVIP plans provide international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.
- There are no pre-existing condition limitations.
- There is no opportunity to convert to a private plan when your FEDVIP coverage ends

What enrollment types are available?

- Self Only, which covers only the enrolled employee or retiree;
- Self Plus One, which covers the enrolled employee or retiree plus one eligible family member specified by the enrollee; and
- Self and Family, which covers the enrolled employee or retiree and all eligible family members.

Appendix I lists the available dental and vision insurance plans along with basic benefit information.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

How much does it cost?

You pay the entire premium. There is no government contribution to the premium. If you are an active employee, your premiums are taken from your salary on a pre-tax basis if your salary is sufficient to make the premium withholding. When you retire, premiums are withheld from your monthly annuity check on a post-tax basis if your annuity is sufficient.

Premiums for the nationwide dental plans and one regional dental plan are based on where you live. This is called your rating region. Your home ZIP code is used to find your rating region. Rating regions vary by carrier. The vision plans do not have rating regions. Enrolling in a FEDVIP plan will not reduce your FEHB premium.

See Appendices J and K to find 1) the rating region assigned to the area where you live by the different dental plans and 2) the related premium you will pay. You may also go to our website at www.opm.gov/insure/dental and www.opm.gov/insure/vision for premium and rating region information.

Am I eligible to enroll?

In general, Federal employees eligible for FEHB coverage (whether or not actually enrolled) and retirees (regardless of FEHB status) are eligible to enroll in a dental and/or vision plan. Former spouses and deferred annuitants are NOT eligible to enroll. Anyone receiving an insurable interest annuity who is not also an eligible family member is NOT eligible to enroll.

When can I enroll?

If you are a new employee eligible for FEDVIP, or an employee who has become newly eligible to enroll, you may enroll within 60 days of first becoming eligible. This is a one-time opportunity outside of Open Season to enroll. There is a separate 60 day enrollment period for dental and vision. For example: you may enroll in a dental plan on day 30 and a vision plan on day 59. Once you enroll, your 60 day opportunity for that type of plan ends.

An eligible employee or retiree may also enroll during the annual Federal Benefits Open Season, which runs from the Monday of the second full work week in November through the Monday of the second full work week in December. An eligible employee or retiree may enroll, cancel, change enrollment type, or options during Open Season. They may enroll or make changes outside of Open Season if they experience a qualifying life event (QLE) such as a change in family or other insurance coverage status. Please see Appendix H for more information about QLEs that permit employees and retirees to enroll or make changes in FEDVIP.

If you enroll during Open Season, premiums are deducted beginning the first full pay period on or after January 1. For new or newly eligible employees who elect to enroll, coverage is effective the first day of the pay period following the one in which BENEFEDS receives your enrollment. An Open Season enrollment or change is effective January 1.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

How do I enroll?

You may enroll on the Internet at www.BENEFEDS.com. BENEFEDS is a secure enrollment website sponsored by OPM. For those without access to a computer, please call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, MyPay or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

What should I consider in making my decision to participate in this Program?

There are questions you should ask yourself when deciding to enroll in FEDVIP or selecting a FEDVIP plan. By considering these questions thoroughly, you will be able to determine if FEDVIP is a good option for you.

1. Does my FEHB plan provide dental or vision coverage?
2. How does the FEDVIP plan coordinate benefits with the FEHB plan and how is the coordination of benefits calculated?
3. How does the FEDVIP plan coordinate benefits with the FDIC Dental and Vision plans and the FEHB plan and how is the coordination of benefits calculated?
 - Any Dental or Vision coverage provided by your FDIC Dental or FDIC Vision plan is your primary plan. The FEHB plan is your secondary plan and remaining eligible expenses can then be submitted to FEDVIP.
4. How affordable is the plan?
 - How much will it cost me on a bi-weekly or monthly basis? Can I afford that for the entire year?
 - Must I pay a deductible?
 - If I use a FEDVIP provider outside of the network, how much will I pay to get care?
 - How frequently can I visit the dentist and how much do I have to pay at each visit?
 - Will the plan provide benefits if I am also covered by another dental or vision plan?
5. Do I have access to any provider?
 - Does the plan give me the freedom to choose my own dentist or am I restricted to a panel of dentists selected by the plan?
 - Are there enough of the kinds of dentists I want to see?
 - Where will I go for care? Are these places near where I work or live?
 - Do I need to get permission before I see a dental specialist?
 - Will the plan allow referrals to specialists? Will my dentist and I be able to choose the specialist?

Federal Employees Dental and Vision Insurance Program (FEDVIP)

6. Does the plan provide coverage for specialty services?
 - Are dentures, orthodontics, implants or replacement of missing teeth covered?
 - What are the plan's limitations or exclusions?
 - Are there annual limits on the types of services included?

How do I find my premium rate?

If you live outside the United States:

Go to Appendix K for your dental and vision premium rates.

If you live inside the United States:

Go to Appendix K for your vision premium rate. To find your bi-weekly or monthly dental premium, you must first find your rating area on the chart in Appendix J. Some plans may have changed their rating regions for the upcoming plan year.

Please Note: If you are currently enrolled and have moved or your postal service has assigned you a new ZIP code, your rating region may have changed.

1. To find your dental rating area:
 - a. Go to the chart in Appendix J.
 - b. Find your state and your corresponding Zip code (1st 3 digits).
 - c. Look under the plan name and you will find your rating area.
2. To find your bi-weekly or monthly dental premium, match your rating area with your desired FEDVIP plan on the chart in Appendix K.

Making an informed choice

- Before selecting a plan that best suits your needs, ask your carrier or access the OPM website for a copy of the plan brochure.
- If you have questions about coverage, exclusions, limitations or payment of benefits, ask the plan before making your plan selection.
- Find out which plan your provider participates in and why. Keep in mind that if your provider leaves the plan, this is not a qualifying life event allowing a change.

How do I get more information about this Program?

Visit FEDVIP on-line at www.opm.gov/insure/dental and www.opm.gov/insure/vision for information including:

- How to enroll
- FEDVIP plan websites, brochures, and provider searches
- Dental premium rates
- Vision premium rates

Federal Employees' Group Life Insurance (FEGLI) Program

What does this Program offer?

The FEGLI Program offers group term life insurance.

Key Fegli facts

- The FEGLI Program is not part of the annual Federal Benefits Open Season.
- Employees in eligible positions are automatically covered under Basic life insurance, unless they choose to waive that coverage.
- Employees must have Basic insurance in order to have or elect Optional insurance.
- Employees must take action within strict time limits, to elect Optional insurance. Coverage is not automatic.
- The Government pays one-third of the cost of Basic insurance. Enrollees pay 100% of the cost of Optional insurance.
- FEGLI does not have any cash or paid-up value. You cannot get a loan by borrowing from this insurance.
- Retirees may be able to continue their FEGLI coverage into retirement, but they cannot elect FEGLI coverage as a retiree.
- Living benefits are life insurance benefits paid to you while you are still living, rather than paid to a beneficiary or survivor when you die. You are eligible to elect a living benefit if you are an employee, retiree, or compensation covered under the FEGLI Program who has been diagnosed as terminally ill with a life expectancy of nine months or less, and you have not assigned your insurance.

What coverage is available?

Basic insurance – your annual salary, rounded up to the next even \$1,000, plus \$2,000. Basic insurance includes accidental death and dismemberment coverage for employees (not for retirees).

Optional insurance

- **Option A - Standard** – \$10,000 of insurance. Option A includes accidental death and dismemberment coverage for employees (not retirees).
- **Option B - Additional** – 1, 2, 3, 4 or 5 times your annual rate of basic pay after rounding it up to the next even \$1,000.
- **Option C - Family** – coverage for your spouse and all of your eligible dependent children. You can elect 1, 2, 3, 4 or 5 multiples. each multiple is equal to \$5,000 for your spouse and \$2,500 for each eligible child.

Option C - Family, which is a benefit payable to you and insures your spouse and your eligible dependent children. Under this option, all your family members are automatically covered. You can elect from 1-5 multiples. Each multiple is equal to \$5,000 for your spouse and \$2,500 for each eligible child.

Federal Employees' Group Life Insurance (FEGLI) Program

How much does it cost?

You pay two-thirds of the premium for Basic life insurance and the Government pays one-third. Your cost for Basic life insurance is \$.15 biweekly, per \$1,000 of coverage. Your age does not affect the cost of Basic insurance.

You pay 100% of the premium for Optional insurance. The cost depends on your age, based on 5-year age groups.

Am I eligible to enroll?

Most Federal employees are eligible to enroll in FEGLI unless they are excluded by law or regulation. Federal retirees are eligible to carry their FEGLI into retirement if they meet the following requirements: eligible to retire on an immediate annuity (including FERS MRA+10 Retirement), have not converted the coverage to a private plan, and have been insured under FEGLI for the five years immediately preceding retirement or for all periods of service during which FEGLI was available to them if they have been covered for less than five years. **There is no waiver of this five-year rule.**

When can I enroll?

The FEGLI Program does **not** participate in the annual Federal Benefits Open Season.

If you are a new employee who is eligible for FEGLI, or an employee who has become newly eligible to enroll, you will be automatically enrolled in Basic. If you do not want Basic, you must file a waiver with your agency.

As a new or newly eligible employee, you may enroll in Optional insurance within 31 days of becoming eligible. If you take no action, you will have basic and will not have any Optional insurance.

If you are not a new employee or newly eligible, you may enroll in basic life insurance and, if you wish, Option A and/or Option B coverage by providing satisfactory medical information at your own expense using the Request for Life Insurance (Standard Form 2822). You cannot enroll in Option C this way.

If you already have Basic insurance, you may elect or increase Option B and/or Option C within 60 days of experiencing a qualifying life event (marriage, divorce, death of a spouse, or birth or adoption of children). You cannot enroll in Option A this way.

You may also enroll during a FEGLI Open Season, which is held infrequently. You will receive plenty of notice when there is a FEGLI Open Season. The most recent FEGLI Open Seasons were held in 2004 and in 1999.

Federal Employees' Group Life Insurance (FEGLI) Program

How do I enroll?

You may be able to enroll using the Life Insurance Election Form (Standard Form 2817) or through an agency self-service system such as EBIS. Contact the human resources office of your employing agency for details on how you can enroll.

Who gets the benefits paid after my death?

When you die, the Office of Federal Employees' Group Life Insurance (OFEGLI), an administrative unit of Metropolitan Life Insurance Company (MetLife), will pay life insurance benefits in a particular order set by law. The FEGLI Program Booklet, available from your human resources office and at www.opm.gov/insure/life, contains more details.

How does my beneficiary file a claim?

He or she must use a specific Form (FE-6) to claim FEGLI benefits, available from your human resources office or retirement system or at www.opm.gov/insure/life,

How do I get more information about this program?

Contact your agency human resources office. If you are retired, contact OPM's Retirement Operations Center at retire@opm.gov or by calling 1-888-767-7638. Neither OFEGLI nor OPM's Insurance Services Program offices maintain records for active Federal employees or retirees.

Federal Long Term Care Insurance Program (FLTCIP)

What does this Program offer?

The FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself – or supervision you receive because of a severe cognitive impairment. Long term care can be provided in a facility, like a nursing home, but is mostly provided at home.

Key FLTCIP facts

- The FLTCIP is not part of the annual Federal Benefits Open Season.
- You must apply and answer questions about your health to find out if you are eligible to enroll.
- You can apply for coverage at any time using the full underwriting application; you do not have to wait for an Open Season.
- New/newly eligible employees and their spouses and newly married spouses of employees can apply with abbreviated underwriting (fewer questions about their health) within 60 days of becoming eligible.
- Qualified family members can also apply with full underwriting.
- Once enrolled, you can keep your coverage even if you are no longer in an eligible group (for example, you leave your job with the Federal Government).
- The FLTCIP is sponsored by OPM and insured by John Hancock and MetLife.

How much does it cost?

If you are approved for coverage, your premium is based on your age on the date your application is received and on the benefit options you select. You may pay your premiums through deductions from your pay or annuity, by automatic bank withdrawal, or by direct bill.

Am I eligible to apply?

Most Federal employees are eligible to apply for coverage; those who are not eligible usually have limited appointments of short duration, or work sporadically only certain seasons or when needed by their Federal agency. If you are eligible for the FEHB Program you are eligible to apply for coverage under the FLTCIP, even if you are not enrolled in the FEHB Program. Retirees are eligible to apply. Spouses and adult children of eligible employees and retirees may also apply, as well as, parents, parents-in-law, and stepparents of employees (but not of retirees).

Federal Long Term Care Insurance Program (FLTCIP)

How do I apply?

You apply by completing an application found at www.ltcfeds.com or by calling 1-800-LTC-FEDS. You must 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.

If you are a new or newly eligible employee, you (and your spouse, if applicable) have 60 days to apply using the abbreviated underwriting application, which asks fewer questions about your health. Newly married spouses of employees also have 60 days to apply using abbreviated underwriting.

Open Seasons for the FLTCIP are infrequent, but you don't have to wait for an Open Season – you may apply anytime using the full underwriting application.

What should I consider in making my decision to participate in this Program?

Remember that FEHB plans do not cover the cost of long term care. While Medicare covers some care in nursing homes and at home, it does so only for a limited time, subject restrictions. The need for long term care can strike anyone at any age and the cost of care can be substantial.

Be sure to visit www.ltcfeds.com for the most up-to-date information about the FLTCIP before deciding whether to apply.

How do I get more information about this program?

Call 1-800-LTC-FEDS (1-800-582-3337), (TTY 1-800-843-3557) or visit www.ltcfeds.com.

Appendix A

FEHB 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. You can choose self only coverage just for you, or self and family coverage for you, your spouse, and unmarried dependent children under age 22. Under certain circumstances, your FEHB enrollment may cover your disabled child 22 years old or older who is incapable of self-support.

A choice of plans and options. Fee-for-Service plans, plans offering a Point of Service product, Health Maintenance Organizations, High Deductible Health Plans and Consumer Driven Health Plans.

An Employer contribution. For 2009, the FDIC will pay 85 percent of the average premium toward the total cost of your premium, but not more than 88.75 percent of the total premium for any individual plan. If you continue FEHB coverage as a retiree, the contribution made on your behalf will be different than an active FDIC employee. The government contribution will be 72 percent of the average premium, but not more than 75 percent of the total premium for any individual plan.

Salary deduction. For 2009, all eligible FDIC employees who elect FEHB health plan coverage, including permanent, temporary, full-time employees, will pay the biweekly premium shown under the “Your Share” column of the plan comparison chart in this Guide. If you continue FEHB coverage as a retiree, you will pay the same premium cost as other non-FDIC Federal government retirees, which is different than the FDIC share that is paid for active FDIC employees.

Annual enrollment opportunity. Each year you can enroll or change your health plan enrollment. This year the Open Season runs from November 10, 2008, through December 8, 2008. Other events allow for certain types of changes throughout the year. For more information, employees assigned to the Office of the Inspector General should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092. for more information.

Continued group coverage. The FEHB Program offers continued FEHB coverage:

- for you and your family when you retire from Federal service (normally you need to be covered under the FEHB Program for the five years immediately before you retire),
- for your former spouse if you divorce and he or she has a qualifying court order (see your human resources office for more information),
- for your family if you die, or
- for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply).

Appendix A

FEHB Program Features

For more information, employees assigned to the OIG should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092 for more information.

Coverage after FEHB ends. The FEHB Program offers either temporary continuation of coverage (TCC) or conversion to non-group (private) coverage:

- for you and your family if you leave Federal service (including when you can't carry FEHB into retirement),
- for your covered dependent child if he or she marries or turns age 22, or
- for your former spouse if you divorce and he or she does not have a qualifying court order.

If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB Plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.

For more information, employees assigned to the OIG should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092 for more information.

Choice of Tax Treatment. Your share of the premium may be withheld from your biweekly salary payment on a pre-tax basis. Premiums are automatically withheld on a pre-tax basis unless you submit a waiver of your participation in the FDIC Premium Conversion Plan. Your waiver will remain in effect until you submit a request to restore pre-tax payment of your health insurance premiums.

Appendix B

FDIC Premium Conversion

Section 125 of the Internal Revenue Code allows an employer to provide a portion of an employee's salary in benefits rather than cash. Instead of paying a certain amount to an employee as taxable income, the employer uses it to purchase benefits for the employee. Several years ago, the Federal Deposit Insurance Corporation (FDIC) established the Premium Conversion Plan as a tax-savings benefit for its employees. The FDIC Premium Conversion Plan enables employees to pay their share of Federal Employees Health Benefits (FEHB) Program premiums on a pre-tax basis, which reduces an employee's taxable income by the amount of health insurance premiums. As a result, taxes are calculated on a lower income base.

This feature is offered and administered by the FDIC and is not a provision of the FEHB Program's Premium Conversion Plan. FDIC employees will continue to be covered by the FDIC-sponsored premium conversion plan. Both plans comply with plan requirements under Section 125 of the Internal Revenue Code and provide the same benefit of lower tax liability. For specific details about the FDIC Premium Conversion Plan, employees assigned to the Office of the Inspector General should call the OIG Human Resources Branch at 703-562-6419. All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility or TDD 1-877-334-3092.

- Open Season Dates** November 10, 2008 – December 8, 2008
- Effective Date** Your change in tax treatment of your health insurance premiums will become effective January 4, 2009 (Pay date of January 29, 2009).
- Eligibility** All employees who are eligible for and elect FEHB coverage. (By law, the Premium Conversion Plan is not available to retirees.) FEHB premiums are withheld on a pre-tax basis automatically, unless you waive this provision.
- Elections** If you would like to have your 2009 FEHB premiums paid with after-tax money, you must submit a completed Premium Conversion Waiver/Election form to the Benefits Center, 3501 Fairfax Drive, Room VS-A-1027, Arlington, VA 22226 during this open season. OIG employees should submit the waiver form to the OIG Human Resources Branch, 3501 Fairfax Drive, Room VS-E-9117, Arlington, VA 22226 . Premium Conversion Plan Waiver/Election forms may be obtained from the FDICNet or the Benefits Hotline.
- How does PCP Work?** Under the health insurance premium conversion arrangement, your taxable income is reduced by the amount of health insurance premiums withheld for basic pay. The FEHB premium deduction will be withheld from pay as “pre-tax money,” which means the premium amount is not subject to income, Social Security, or Medicare taxes. You save on Federal income taxes, and where applicable, also on state and local income taxes. This premium conversion feature applies only to health insurance premiums you pay under the FEHB Program. Dental and vision insurance premiums are withheld on a pre-tax basis under the Flexible Cafeteria Benefits Plan – “FDIC Choice.”

Appendix B

FDIC Premium Conversion

Impact of Premium Conversion on Benefits

Paying for health insurance premiums on a pre-tax basis does not affect your other benefit programs; it only changes the way you pay for your share of the FEHB premium cost. Other benefits such as life insurance and retirement will continue to be based on adjusted basic salary before biweekly premiums are deducted.

Most employees prefer paying their premiums with pre-tax money because they save on taxes. However, there are two possible disadvantages to paying your premiums with pre-tax money that you should balance against the tax savings you receive. Those possible disadvantages are:

- Paying your premiums with pre-tax money reduces the earnings reported to the Social Security Administration. When you retire and begin to collect Social Security, you may receive a slightly lower Social Security benefit. Your Medicare, life insurance, retirement plan, and both the Thrift Savings Plan and the FDIC Savings Plan benefits will not be affected.
- There are some Internal Revenue Service (IRS) restrictions on the ability to reduce your health insurance coverage outside of an open season if you pay your premium contributions with pre-tax money. These are explained in detail in the “IRS Guidelines for Reducing Coverage” section below. If you pay premiums with after-tax money you will not be affected by the IRS guidelines that restrict reductions in coverage. You may cancel your level of health insurance coverage at any time of year without having a qualified life status change.

IRS Guidelines For Reducing Coverage

When your premium deductions are withheld on a pre-tax basis, certain IRS rules affect your ability to change coverage. You may elect to reduce your coverage, that is, to cancel your health insurance enrollment, or change from family to self-only coverage, during the health insurance Open Season or following a permitted election a brief listing of permitted election changes is provided below. For more details about these and other permitted election changes, contact the FDIC Benefits Hotline or the OIG HRB,

- Marriage or divorce.
- Birth of a child or addition of a qualified dependent.
- Death of your spouse or loss of a qualified dependent.
- Start or end of your spouse's employment.
- Change in your spouse's employment status from either full-time to part-time, or the reverse.
- Start or end of your spouse's unpaid leave of absence .
- Significant changes in your (or your spouse's) health coverage because of your spouse's employment.
- Completion of a full pay period in non-pay status, e.g., leave without pay.

Appendix B

FDIC Premium Conversion

If you want to reduce your health insurance coverage outside the FEHB open season, the change must be consistent with your qualified life status change. For example, if you have a new baby, you can not change from a self and family to a self-only enrollment.

To reduce your coverage outside of a FEHB open season, complete and submit a Health Benefits Registration Election Form (SF-2809) to the Benefits Center, 3501 Fairfax Drive, Room VS-A-1027, Arlington, VA 22226, or to OIG HR at 3501 Fairfax Drive, Room VS-E-9117, Arlington, VA 22226 or make the change on-line using Employee Express no later than 60 calendar days after a qualified life status change has occurred, and provide any necessary supporting documentation. Waiver and restorations become effective the first day of the pay period after the form is received.

Information in this section serves as the FDIC Premium Conversion Plan Summary Plan Description.

If you need additional information, employees assigned to the Office of the Inspector General should call the OIG/Human Resources Branch for assistance at 703-562-6419.

*All other employees should contact the Benefits Hotline at 1-877-334-2111, *925 from any FDIC facility*

or TDD 1-877-334-3092.

Appendix C

Choosing an FEHB Plan

Worksheets and Definitions

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 (Preferred Provider Organization) | You must use the plan's network to reduce your out-of-pocket costs. Not using PPO providers means only some or none of your claims 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 plan's network to reduce your out-of-pocket costs. | 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 plan's network to reduce your out-of-pocket costs. You may go outside the network but you will pay more. | Referral generally required to get maximum 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. You will pay more by not using the network. | Referral not required to get maximum benefits from PPOs. | 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/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) | Some plans are network only, others pay something even if you do not use a network provider. | Referral not required to get maximum benefits from PPOs. | You will pay an annual deductible and cost-sharing. You pay less if you use the network. | If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement. |

Appendix C

Choosing an FEHB Plan

Worksheets and Definitions

Cost and benefits

Work Sheet For Picking A Health Plan

An easy-to-use tool allowing you to compare plans is available on the web at www.opm.gov/insure/spmt/plansearch.aspx. If you do not have Internet access, complete the chart below by using this Guide and the health plan's 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 website at www.opm.gov/insure/health. The side-by-side comparison can help you pick a plan with the benefits you need at a cost you can afford.

Type of Plan: HMO, Fee-for-Service, Point-of-Service, High Deductible, Consumer-Driven

| | Plan: | Plan: | Plan: | Plan: | Plan: | Plan: |
|--|-------|-------|-------|-------|-------|-------|
| Annual Premium | | | | | | |
| Annual Deductible (if any) | | | | | | |
| Office visit to primary care doctor (cost x estimated # of visits) | | | | | | |
| Office visit to specialist (cost x estimated # of visits) | | | | | | |
| Hospital inpatient deductible, copay, or coinsurance | | | | | | |
| Prescription drugs | | | | | | |
| Maximum out-of-pocket limit for year | | | | | | |
| Durable medical equipment | | | | | | |
| Preventive care | | | | | | |
| Maternity care | | | | | | |
| Well child care | | | | | | |
| Routine physicals | | | | | | |
| TOTAL COST | | | | | | |

Appendix C

Choosing an FEHB Plan

Worksheets and Definitions

Think Quality

Pay attention also to how a plan performs on measures of quality. We have several sources for reviewing quality information: **accreditation** (independent evaluations from private accrediting organizations), **member survey results** (evaluations by current plan members), and **effectiveness of care** (how the plan performs in preventing and treating common conditions). Check your health plan's brochure for its accreditation level or look for the Health Plan Accreditation link at www.opm.gov/insure/health. Member survey results are posted within the health plan benefit chart in this Guide. And a plan's effectiveness of care is measured by the Healthcare Effectiveness Data and Information Set found on our website at www.opm.gov/insure/health/hedis2009.

Enrollment Checklist

| | |
|--|--|
| <input type="checkbox"/> The plans I can choose based upon where I live | |
| <input type="checkbox"/> The total of all family members' visits to primary care doctors last year | |
| <input type="checkbox"/> The total of all family members' visits to specialists last year | |
| <input type="checkbox"/> The total of all family members' visits to hospitals last year | |
| <input type="checkbox"/> The total number of prescriptions for the family each month | |
| <input type="checkbox"/> Do I have to choose a primary care physician | |
| <input type="checkbox"/> Do I need a referral to see a specialist | |
| <input type="checkbox"/> Will I receive benefits if I go outside the plan's network | |
| <input type="checkbox"/> Is there a discount prescription drug mail order service | |
| <input type="checkbox"/> Prescription drugs - a flat fee or percentage | |
| <input type="checkbox"/> How are routine physicals covered | |
| <input type="checkbox"/> The annual deductible | |
| <input type="checkbox"/> The hospital deductible, copayment, or coinsurance | |
| <input type="checkbox"/> Maximum out-of-pocket costs (catastrophic protection) for the year | |

Review the Member Survey Results:

| | |
|---|--|
| <input type="checkbox"/> Overall Plan satisfaction | |
| <input type="checkbox"/> Getting needed care | |
| <input type="checkbox"/> Getting care quickly | |
| <input type="checkbox"/> How well doctors communicate | |
| <input type="checkbox"/> Customer service | |
| <input type="checkbox"/> Claims processing | |

Appendix C

Choosing an FEHB Plan

Worksheets and Definitions

Dental

| | |
|---|--|
| <input type="checkbox"/> Does the health plan have a dental benefit | |
| <input type="checkbox"/> Expected number of visits to the dentist for treatment other than routine cleaning | |
| <input type="checkbox"/> Total visits of all family members to the dentist for treatment last year | |
| <input type="checkbox"/> How much did it cost for all dental expenses last year | |
| <input type="checkbox"/> Do you have higher dental expenses planned for next year | |
| <input type="checkbox"/> Compare the cost of next year's premiums with the amount you expect to spend out of pocket on dental care next year. If the premiums are more, or equal to the amount you expect to spend, you may not need additional dental insurance. | |

Vision

| | |
|---|--|
| <input type="checkbox"/> Are routine vision exams covered under my health plan | |
| <input type="checkbox"/> Does any family member need vision correction | |
| <input type="checkbox"/> How much did the family spend on vision correction last year | |
| <input type="checkbox"/> Does the vision plan cover the correction methods the family needs | |
| <input type="checkbox"/> Is my total premium for next year more than my expected benefit? If yes, you may not need to purchase additional vision coverage | |

Flexible Spending Account

| | |
|---|--|
| <input type="checkbox"/> How much did the family spend on items such as: over-the-counter medicines and products, insurance co-pays and coinsurance | |
| <input type="checkbox"/> Are you or any family member planning to receive health services not covered by the health plan? How much will it cost? | |

Add the amount in the 2 rows above and you may consider setting that amount aside for your FSA

Appendix C

Choosing an FEHB Plan

Definitions

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 plan's allowance for the service (you pay 20% for example).

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).

Deductible - The dollar amount of covered expenses an individual or family must pay before the plan begins to pay benefits. These may be separate deductibles for different types of services. For example, a plan can have a prescription drug benefit deductible separate from its calendar year deductible.

Formulary or Prescription Drug List - A list of both generic and brand name drugs, often made up of different cost-sharing levels or tiers, that are preferred by your health plan. Health plans choose drugs that are medically safe and cost effective. A team including pharmacists and physicians determines the drugs to include in the formulary.

Generic Drug - A generic medication is an equivalent of a 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).

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.

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

Premium Conversion - A program to allow Federal employees to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. Based on Federal tax rules, employees can deduct their share of health insurance premiums from their taxable income, which reduces their taxes.

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

Qualifying Life Events - An event that may allow participants in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events also apply to employees under premium conversion and include such events as change in family status, loss of FEHB coverage due to termination or cancellation, and change in employment status.

Appendix D

FEHB Member Survey Results

Each year Federal Employees Health Benefits plans with 500 or more subscribers mail the Consumers Assessment of Healthcare Providers and Systems (CAHPS)¹ to a random sample of plan members. For Health Maintenance Organizations (HMO)/Point-of-Service (POS) and High Deductible Health Plans (HDHP) and Consumer-Driven Health Plans (CDHP), the sample includes all commercial plan members, including non-Federal members. For Fee-for-Service (FFS)/Preferred Provider Organization (PPO) plans, the sample includes Federal members only. The CAHPS survey asks questions to evaluate members' satisfaction with their health plans. Independent vendors certified by the National Committee for Quality Assurance administer the surveys.

OPM reports each plan's scores on the various survey measures by showing the percentage of satisfied members on a scale of 0 to 100. Also, we list the national average for each measure. Since we offer HMO plans, FFS/PPO plans, HDHP, and CDHP plans, we compute a separate national average for each plan type.

Survey findings and member ratings are provided for the following key measures of member satisfaction:

- Overall Plan Satisfaction – This measure is based on the question, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?” We report the percentage of respondents who rated their plan 8 or higher.
- Getting Needed Care – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
- Getting Care Quickly – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you thought you needed?
- How Well Doctors Communicate – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
- Customer Service – How often did the written materials or the Internet provide the information you needed about how your health plan works? How often did your health plan's customer service give you the information or help you needed? How often were the forms from your health plan easy to fill out?
- Claims processing – How often did your health plan handle your claims quickly and correctly?
- Shared Decision Making – Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you?

In evaluating plan scores, you can compare individual plan scores against other plans and against the national averages. Generally, new plans and those with fewer than 500 FEHB subscribers do not conduct CAHPS. Therefore, some of the plans listed in the Guide will not have survey data.

¹ CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Appendix E

FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans (Pages 28 through 31)

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 contracted with the health plan to offer discounted charges. You may also choose medical providers who do not contract 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 amount 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, however. Lab work and radiology services from independent practitioners within the hospital are frequently not covered by the hospital's 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, coinsurance or the balance of the billed charge. In any case, 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 with the plan. With few exceptions, there is no medical coverage if you or your family members receive care from providers not contracted with the plan.

Fee-for-Service plans open only to specific groups – Several Fee-for-Service plans that are sponsored or underwritten by an employee organization strictly limit enrollment to persons who are members of that organization. If you are not certain if you are eligible, check with your human resources office first.

Nationwide Fee-for-Service 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.* 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.

| Plan Name: Open to All | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| APWU Health Plan (APWU) -high | 800-222-2798 | 471 | 472 | 22.26 | 50.33 | 175.61 | 397.07 |
| Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std | Local phone # | 104 | 105 | 42.07 | 100.93 | 183.77 | 416.21 |
| Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic | Local phone # | 111 | 112 | 19.20 | 44.96 | 151.46 | 354.70 |
| GEHA Benefit Plan (GEHA) -high | 800-821-6136 | 311 | 312 | 63.38 | 121.69 | 183.77 | 416.21 |
| GEHA Benefit Plan (GEHA) -std | 800-821-6136 | 314 | 315 | 15.42 | 35.05 | 121.68 | 276.53 |
| Mail Handlers Benefit Plan (MH) | 800-410-7778 | 454 | 455 | 31.75 | 65.01 | 183.77 | 416.21 |
| Mail Handlers Benefit Plan Value (MHV) | 800-410-7778 | 414 | 415 | 9.69 | 23.10 | 76.43 | 182.23 |
| NALC -high | 888-636-6252 | 321 | 322 | 28.39 | 52.37 | 183.77 | 413.13 |
| SAMBA -high | 800-638-6589 | 441 | 442 | 69.78 | 180.91 | 183.77 | 416.21 |
| SAMBA -std | 800-638-6589 | 444 | 445 | 21.28 | 48.60 | 167.88 | 383.41 |

Plan Name: Open Only to Specific Groups

| | | | | | | | |
|--|--------------|-----|-----|-------|-------|--------|--------|
| Association Benefit Plan (ABP) -high | 800-634-0069 | 421 | 422 | 28.53 | 72.84 | 183.77 | 416.21 |
| Foreign Service Benefit Plan (FS) -high | 202-833-4910 | 401 | 402 | 21.78 | 62.30 | 171.83 | 416.21 |
| Panama Canal Area Benefit Plan (PCABP) -high | 800-424-8196 | 431 | 432 | 20.63 | 43.06 | 162.75 | 339.71 |
| Rural Carrier Benefit Plan (Rural) -high | 800-638-8432 | 381 | 382 | 54.72 | 69.02 | 183.77 | 416.21 |

Prescription Drug Payment Levels Plans use a variety of terms to define what you pay for prescription drugs such as *generic, brand name, Tier I, Tier II, Level I, etc.* The 2 to 3 payment levels that plans use follow: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs, with some exceptions for specialty drugs. Many plans are basing how much you pay for prescription drugs on what they are charged.

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). **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 | | Level I | Level II / Level III | Mail Order Discounts |
| APWU -high | PPO | \$275 | None | None | \$18 | 10% | 10% | \$8 | 25%/25% | Yes |
| | Non-PPO | \$500 | None | \$300 | 30%+diff. | 30%+diff. | 30% | 50% | 50%/50% | Yes |
| BCBS -std | PPO | \$300 | None | \$200 | \$20 | 15% | \$200 | 20% | 30%/30% | Yes |
| | Non-PPO | \$300 | None | \$300 + 30% | 30% | \$7,500 Max | \$300 + 30% | 45% + | 45%/45%+ | Yes |
| BCBS -basic | PPO | None | None | \$100/day x 5 | \$25 | \$100 | Nothing | \$10 | \$35/\$45 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 | \$350 | None | None | \$10 | 15% | 15% | \$5 | 50%/50% | Yes |
| | Non-PPO | \$350 | None | None | 35% | 35% | 35% | \$5 | 50%/+50%+ | Yes |
| MH -std | PPO | \$350 | None | \$200 | \$20/Nothing | 10% | Nothing | \$10 | \$40/\$60 | Yes |
| | Non-PPO | \$500 | None | \$400 | 30% | 30% | 30% | 50% | 50%/50% | Yes |
| MH Value | PPO | \$500 | None | None | \$30 | 20% | 20% | \$10 | 50%/50% | Yes |
| | Non-PPO | \$800 | Not Covered | None | 40% | 40% | 40% | Not Covered | Not Covered | No |
| NALC -high | PPO | \$250 | None | \$100 | \$15 | 10% | Nothing | 25% | 25%/25% | Yes |
| | Non-PPO | \$300 | \$25 | \$100 | 25% | 25% | 30% | 50%+ | 50%/+50%+ | Yes |
| SAMBA -high | PPO | \$250 | None | \$200 | \$20/\$0 | 10% | Nothing | \$10 | \$30/\$45 | Yes |
| | Non-PPO | \$250 | None | \$300 | 30% | 30% | 30% | \$10 | \$30/\$45 | Yes |
| SAMBA -std | PPO | \$300 | None | \$200 | \$20/\$0 | 15% | Nothing | \$10 | 25% \$60max/35% \$90max | Yes |
| | Non-PPO | \$300 | None | \$300 | 30% | 30% | 30% | \$10 | 25% \$60max/ 35% \$90max | Yes |

| | | | | | | | | | | |
|-------|---------|-------|-------|---------|------|---------|---------|------|---------------------|-----|
| ABP | PPO | \$300 | None | \$150 | \$10 | 10% | Nothing | \$5 | \$30/30% or \$45 | Yes |
| | Non-PPO | \$300 | None | \$350 | 30% | 30% | Nothing | \$5 | \$30/30% or \$45 | Yes |
| FS | PPO | \$300 | None | Nothing | 10% | 10% | Nothing | \$10 | 25%/25min/30%/40min | Yes |
| | Non-PPO | \$300 | None | \$200 | 30% | 30% | 20% | \$10 | 25%/25min/30%/40min | Yes |
| PCABP | POS | None | None | \$50 | \$10 | Nothing | Nothing | 40% | 40%/40% | No |
| | FFS | None | None | \$125 | 50% | 50% | 50% | 40% | 40%/40% | No |
| Rural | PPO | \$350 | \$200 | \$100 | \$20 | 10% | Nothing | 30% | 30%/30% | Yes |
| | Non-PPO | \$400 | \$200 | \$300 | 25% | 20% | Nothing | 30% | 30%/30% | Yes |

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

Nationwide Fee-for-Service Plans

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. See Appendix D for a fuller explanation of each survey category.

| | |
|------------------------------|--|
| Overall Plan Satisfaction | • How would you rate your overall experience with your health plan? |
| Getting Needed Care | • Was it easy to get an appointment with specialists? • Was it easy to get the care, tests, or treatment you thought you needed? |
| Getting Care Quickly | • 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 as soon as you thought you needed? |
| How Well Doctors Communicate | • 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 | • Was your plan helpful when you called its customer service? • Did the plan's written materials or the Internet provide you with the information you needed about how the plan works? |
| Claims Processing | • Did your plan pay your claims quickly and correctly? |
| Shared Decision Making | • Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? • When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you? |

| Plan Name: Open to All | Member Survey Results (with national averages for Fee-for-Service plans in each category) | | | | | | | |
|--|--|-----------------------------------|-----------------------------|------------------------------|--------------------------------------|--------------------------|-------------------------|--------------------------------|
| | Plan Code | Overall plan satisfaction 81.3 | Getting needed care 91.9 | Getting care quickly 92.4 | How well doctors communicate 94.5 | Customer service 89.5 | Claims processing 94 | Shared Decision Making 56.8 |
| APWU Health Plan -high | 47 | 82.3 | 92 | 92.2 | 95.9 | 84.4 | 92.1 | 53 |
| Blue Cross and Blue Shield Service Benefit Plan -std | 10 | 82.1 | 92.5 | 91 | 94 | 89.1 | 94.5 | 65.2 |
| Blue Cross and Blue Shield Service Benefit Plan -basic | 11 | 71.4 | 88.7 | 89.3 | 92.1 | 86 | 93 | 57.3 |
| GEHA Benefit Plan -high | 31 | 85.1 | 93.2 | 93.2 | 95.1 | 92.9 | 96 | 52.9 |
| GEHA Benefit Plan -std | 31 | 77.5 | 90.2 | 89.5 | 93.6 | 88.8 | 94 | 53 |
| Mail Handlers Benefit Plan -std | 45 | 76.1 | 90.1 | 91.5 | 94 | 89 | 94.3 | 58.6 |
| Mail Handlers Benefit Plan Value -std | 41 | | | | | | | |
| NALC -high | 32 | 86.9 | 92.8 | 91.5 | 95.3 | 89.7 | 95 | 52.4 |
| SAMBA -high | 44 | 84.1 | 93.1 | 93.9 | 95.8 | 90.4 | 94.7 | 61.9 |
| SAMBA -std | 44 | 74.7 | 93.2 | 94.6 | 95.7 | 87.7 | 91.2 | 59.8 |

Plan Name: Open Only to Specific Groups

| | | | | | | | | |
|--------------------------------|----|------|------|------|------|------|------|------|
| Association Benefit Plan | 42 | 86.4 | 93.6 | 95.8 | 93.5 | 94.7 | 97.4 | 56.8 |
| Foreign Service Benefit Plan | 40 | 81.9 | 89.3 | 93.2 | 94.9 | 87.3 | 90 | 55.1 |
| Panama Canal Area Benefit Plan | 43 | | | | | | | |
| Rural Carrier Benefit Plan | 38 | 83.7 | 94.3 | 95.7 | 95.5 | 93.9 | 94.3 | 58 |

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 (with national averages for Fee-for-Service plans in each category) | | | | | | | |
|--|----------------------|---|-----------------------------------|-----------------------------|------------------------------|--------------------------------------|--------------------------|-------------------------|--------------------------------|
| Plan Name | Location | Plan Code | Overall plan satisfaction 81.3 | Getting needed care 91.9 | Getting care quickly 92.4 | How well doctors communicate 94.5 | Customer service 89.5 | Claims processing 94 | Shared Decision Making 56.8 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Arizona | 10 | 85.3 | 91.9 | 88.6 | 93.7 | 94.5 | 96.5 | 54.8 |
| | | 11 | 74.5 | 87.1 | 84.3 | 90.4 | 86.2 | 91 | 57.5 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | California | 10 | 81.1 | 90.8 | 89.9 | 91.5 | 85.1 | 93.6 | 58.7 |
| | | 11 | 64.4 | 85.9 | 83.2 | 92.3 | 88 | 93.2 | 55.1 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | District of Columbia | 10 | 82.8 | 92 | 91.4 | 95.4 | 91.2 | 90.9 | 61.6 |
| | | 11 | 67.9 | 81.7 | 77.9 | 91.2 | 85.2 | 89.6 | 55.4 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Florida | 10 | 85.5 | 92.6 | 90.3 | 93.4 | 90.2 | 92.7 | 58.1 |
| | | 11 | 74.9 | 89 | 87.8 | 90.3 | 87.5 | 91.6 | 61.1 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Illinois | 10 | 82 | 92.2 | 89.1 | 94.1 | 90.2 | 94 | 65.4 |
| | | 11 | 79.1 | 91.3 | 86.4 | 92.6 | 87.6 | 91 | 54.3 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Maryland | 10 | 84.9 | 92 | 90.6 | 94.3 | 88.5 | 94.6 | 62.8 |
| | | 11 | 73.3 | 86.2 | 85.7 | 92.1 | 80.7 | 92.8 | 54.8 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Texas | 10 | 81.8 | 92.3 | 90.6 | 94.4 | 86.8 | 94.6 | 58.4 |
| | | 11 | 79.7 | 91 | 86.2 | 92.3 | 88.7 | 93.6 | 58 |
| Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic | Virginia | 10 | 87.5 | 92.4 | 91.2 | 94.9 | 91 | 95.8 | 65.3 |
| | | 11 | 77.2 | 88.1 | 86.6 | 92.2 | 89.5 | 96.3 | 56 |

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Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 34 through 57)

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.

- 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 sometimes a copayment 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 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 plan is like having two plans in one – an HMO and an 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 an 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 non-HMO or non-POS providers, you pay a deductible, coinsurance, or the balance of the billed charge. In any case, your out-of-pocket costs are higher and you file your own claims for reimbursement.

The tables on the following pages highlight what you are expected to pay for selected features under each plan. *Always consult plan brochures before making your final decision.*

Primary care/Specialist office visit 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 – Shows the amount you pay when you are admitted into a hospital.

Prescription drugs – Plans use a variety of terms to define what you pay for prescription drugs such as generic, brand, Level I, Level II, Tier I, Tier II, etc. In capturing these differences we use the following: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs with some exceptions for specialty drugs. The level in which a medication is placed and what you pay for prescription drugs is often based on what the plan is charged.

Mail Order Discount – 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 Appendix D for a description.

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Arizona | | | | | | | |
| Aetna Open Access -high- Phoenix and Tucson Areas | 877-459-6604 | WQ1 | WQ2 | 22.18 | 76.63 | 174.94 | 416.21 |
| Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties | 800-289-2818 | A71 | A72 | 21.91 | 76.78 | 172.87 | 416.21 |
| Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties | 800-289-2818 | A74 | A75 | 19.83 | 50.25 | 156.46 | 396.38 |
| PacifiCare of Arizona -high- Maricopa, Pima and Pinal Counties | 866-546-0510 | A31 | A32 | 35.23 | 109.44 | 183.77 | 416.21 |
| California | | | | | | | |
| Aetna HMO - Los Angeles and San Diego Areas | 877-459-6604 | 2X1 | 2X2 | 17.57 | 43.28 | 138.61 | 341.47 |
| Anthem Blue Cross - HMO -high- Most of California | 800-235-8631 | M51 | M52 | 56.49 | 183.34 | 183.77 | 416.21 |
| Blue Shield of CA Access+HMO -high- Southern Region | 800-880-8086 | S11 | S12 | 23.00 | 56.05 | 181.44 | 416.21 |
| Blue Shield of CA Access+HMO -high- Northern Region | 800-880-8086 | SJ1 | SJ2 | 96.72 | 231.71 | 183.77 | 416.21 |
| Health Net of California -high- Northern Region | 800-522-0088 | LB1 | LB2 | 91.01 | 219.08 | 183.77 | 416.21 |
| Health Net of California -std- Northern Region | 800-522-0088 | LB4 | LB5 | 78.14 | 189.37 | 183.77 | 416.21 |
| Health Net of California -high- Southern Region | 800-522-0088 | LP1 | LP2 | 26.95 | 71.02 | 183.77 | 416.21 |
| Health Net of California -std- Southern Region | 800-522-0088 | LP4 | LP5 | 22.48 | 51.98 | 177.37 | 410.07 |
| Kaiser Foundation Health Plan of California -high- Northern California | 800-464-4000 | 591 | 592 | 59.73 | 165.06 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of California -std- Northern California | 800-464-4000 | 594 | 595 | 20.65 | 49.30 | 162.93 | 388.91 |
| Kaiser Foundation Health Plan of California -high- Southern California | 800-464-4000 | 621 | 622 | 23.02 | 56.65 | 181.57 | 416.21 |
| Kaiser Foundation Health Plan of California -std- Southern California | 800-464-4000 | 624 | 625 | 14.55 | 33.62 | 114.75 | 265.22 |
| PacifiCare of California -high- Most of California | 866-546-0510 | CY1 | CY2 | 22.82 | 52.10 | 180.02 | 411.00 |
| Colorado | | | | | | | |
| Kaiser Foundation Health Plan of Colorado -high- Denver/Colorado Springs areas | 800-632-9700 | 651 | 652 | 28.29 | 69.40 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Colorado -std- Denver/Colorado Springs areas | 800-632-9700 | 654 | 655 | 15.60 | 35.72 | 123.05 | 281.79 |
| PacifiCare of Colorado -high- Metro Denver/Boulder/Colorado Springs | 866-546-0510 | D61 | D62 | 59.14 | 158.18 | 183.77 | 416.21 |
| Connecticut | | | | | | | |
| Aetna Open Access -high- All of Connecticut | 877-459-6604 | JC1 | JC2 | 46.11 | 149.63 | 183.77 | 416.21 |
| Aetna Open Access -basic- All of Connecticut | 877-459-6604 | JC4 | JC5 | 23.25 | 85.99 | 183.43 | 416.21 |
| ConnectiCare -high- All of Connecticut | 800-251-7722 | TE1 | TE2 | 40.26 | 93.53 | 183.77 | 416.21 |
| ConnectiCare -basic- All of Connecticut | 800-251-7722 | TE4 | TE5 | 20.33 | 46.25 | 160.36 | 364.87 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|----------------------------------|---|------------------------------------|-------------------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Arizona | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 56.7 | 78.6 | 80.5 | 89 | 76.6 | 82.5 | 57 |
| Health Net of Arizona, Inc.-High | \$15/\$30 | \$200/day X 3 | \$10 | \$30/\$50 | Yes | 65.6 | 85 | 81.8 | 89.8 | 77.8 | 88.7 | 60.8 |
| Health Net of Arizona, Inc.-Std | \$15/\$40 | \$250/day X 3 | \$10 | \$40/\$70 | Yes | 65.6 | 85 | 81.8 | 89.8 | 77.8 | 88.7 | 60.8 |
| PacifiCare of Arizona-High | \$20/\$30 | \$150/day x 5 | \$10 | \$30/\$50 | Yes | 58.6 | 83.2 | 83.5 | 92 | 80.9 | 86.7 | 55.4 |
| California | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 60.2 | 75.4 | 74.2 | 87.9 | 76.1 | 81.8 | 48 |
| Anthem Blue Cross - HMO-High | \$25/\$25 | \$200/day x 3 | \$10/\$30/45% \$30 or 45%/45% | | Yes | 60.8 | 80.7 | 77.1 | 86.8 | 84.9 | 78.7 | 53.3 |
| Blue Shield of CA Access-High | \$15/\$15 | \$100/day x 3 | \$10 | \$35/\$50 | Yes | | | | | | | |
| Blue Shield of CA Access-High | \$15/\$15 | \$100/day x 3 | \$10 | \$35/\$50 | Yes | 60.8 | 76.7 | 79.7 | 89.5 | 75 | 80.1 | 57.4 |
| Health Net of California-High | \$15/\$30 | \$100/dayx3 | \$10 | \$35/\$50 | Yes | 63.7 | 76.6 | 76.2 | 87.8 | 74.6 | 78 | 54.5 |
| Health Net of California-Std | \$25/\$25 | \$300 | \$10 | \$35/\$50 | Yes | 63.7 | 76.6 | 76.2 | 87.8 | 74.6 | 78 | 54.5 |
| Health Net of California-High | \$15/\$30 | \$100/dayx3 | \$10 | \$35/\$50 | Yes | 63.7 | 76.6 | 76.2 | 87.8 | 74.6 | 78 | 54.5 |
| Health Net of California-Std | \$25/\$25 | \$300 | \$10 | \$35/\$50 | Yes | 63.7 | 76.6 | 76.2 | 87.8 | 74.6 | 78 | 54.5 |
| Kaiser Foundation HP-High | \$15/\$15 | \$250 | \$10 | \$30/\$30 | Yes | 66.5 | 81.4 | 82.2 | 91 | 77.3 | 79.4 | 58.5 |
| Kaiser Foundation HP-Std | \$30/\$30 | \$500 | \$15 | \$35/\$35 | Yes | 66.5 | 81.4 | 82.2 | 91 | 77.3 | 79.4 | 58.5 |
| Kaiser Foundation HP-High | \$15/\$15 | \$250 | \$10 | \$30/\$30 | Yes | 68.9 | 76.1 | 76.2 | 90.9 | 78 | 75.1 | 55.7 |
| Kaiser Foundation HP-Std | \$30/\$30 | \$500 | \$15 | \$35/\$35 | Yes | 68.9 | 76.1 | 76.2 | 90.9 | 78 | 75.1 | 55.7 |
| PacifiCare of California-High | \$15/\$30 | \$100/day x 5 | \$10 | \$35/\$50 | Yes | 61.4 | 79.4 | 78.5 | 92.4 | 79 | 84.7 | 49.1 |
| Colorado | | | | | | | | | | | | |
| Kaiser Foundation HP-High | \$20/\$30 | \$250 | \$10 | \$25/\$50 | Yes | 59.6 | 80.6 | 84.1 | 92.7 | 79.5 | 73.5 | 55.6 |
| Kaiser Foundation HP-Std | \$25/\$45 | \$250/dayx3 | \$15 | \$35/\$70 | Yes | 59.6 | 80.6 | 84.1 | 92.7 | 79.5 | 73.5 | 55.6 |
| PacifiCare of Colorado-High | \$20/\$40 | \$250/day x 5 | \$10 | \$35/\$50 | Yes | 60.5 | 81.2 | 88.7 | 94.8 | 80.4 | 84.4 | 61 |
| Connecticut | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 62.9 | 83.5 | 90.2 | 91.2 | 78 | 86.8 | 56.7 |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 62.9 | 83.5 | 90.2 | 91.2 | 78 | 86.8 | 56.7 |
| ConnectiCare-High | \$20/\$40 | \$250 perday/\$1250ma | \$15 | \$30/50% or \$60 max | Yes | 62.9 | 85 | 86.6 | 93.4 | 89.9 | 90.3 | 64.5 |
| ConnectiCare-Basic | \$25/\$45 | Nothing after ded | \$15 | \$30/50% or \$60 max | Yes | 62.9 | 85 | 86.6 | 93.4 | 89.9 | 90.3 | 64.5 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Delaware | | | | | | | |
| Aetna Open Access -high- Kent/New Castle/Sussex areas | 877-459-6604 | P31 | P32 | 104.83 | 280.14 | 183.77 | 416.21 |
| Aetna Open Access -basic- Kent/New Castle/Sussex areas | 877-459-6604 | P34 | P35 | 22.21 | 51.28 | 175.18 | 404.53 |
| Coventry Health Care -high- All of Delaware | 800-833-7423 | 2J1 | 2J2 | 70.35 | 219.06 | 183.77 | 416.21 |
| Coventry Health Care -std- All of Delaware | 800-833-7423 | 2J4 | 2J5 | 24.67 | 104.84 | 183.77 | 416.21 |
| District of Columbia | | | | | | | |
| Aetna Open Access -high- Washington, DC Area | 877-459-6604 | JN1 | JN2 | 78.07 | 170.28 | 183.77 | 416.21 |
| Aetna Open Access -basic- Washington, DC Area | 877-459-6604 | JN4 | JN5 | 19.33 | 45.25 | 152.53 | 356.93 |
| CareFirst BlueChoice -high- Washington, D.C. Metro Area | 866-296-7363 | 2G1 | 2G2 | 23.96 | 52.57 | 183.77 | 414.75 |
| Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area | 1-877-574-3337 | E31 | E32 | 30.39 | 85.49 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area | 1-877-574-3337 | E34 | E35 | 13.73 | 32.68 | 108.35 | 257.84 |
| M.D. IPA -high- Washington, DC area | 877-835-9861 | JP1 | JP2 | 23.10 | 57.19 | 182.19 | 416.21 |
| Florida | | | | | | | |
| Av-Med Health Plan -high- Broward, Dade and Palm Beach | 800-882-8633 | ML1 | ML2 | 22.40 | 61.75 | 176.74 | 416.21 |
| Av-Med Health Plan -std- Broward, Dade and Palm Beach | 800-882-8633 | ML4 | ML5 | 17.28 | 41.49 | 136.36 | 327.28 |
| Capital Health Plan -high- Tallahassee area | 850-383-3311 | EA1 | EA2 | 19.94 | 53.38 | 157.28 | 416.21 |
| Humana, Inc. -high- South Florida | 888-393-6765 | EE1 | EE2 | 22.43 | 51.59 | 176.94 | 406.96 |
| Humana, Inc. -std- South Florida | 888-393-6765 | EE4 | EE5 | 17.72 | 40.75 | 139.76 | 321.47 |
| Humana, Inc. -high- Tampa | 888-393-6765 | LL1 | LL2 | 22.84 | 52.54 | 180.21 | 414.47 |
| Humana, Inc. -std- Tampa | 888-393-6765 | LL4 | LL5 | 20.60 | 47.38 | 162.49 | 373.74 |
| JMH Health Plan -high- Broward-Dade counties | 800-721-2993 | J81 | J82 | 24.06 | 98.21 | 183.77 | 416.21 |
| JMH Health Plan -std- Broward-Dade counties | 800-721-2993 | J84 | J85 | 20.41 | 52.22 | 160.99 | 411.93 |
| United Healthcare of Florida -high- Central and Southwest Florida | 877-835-9861 | R31 | R32 | 23.03 | 52.28 | 181.68 | 412.42 |
| Vista Healthplan of South Florida -high- Southern Florida | 800-441-5501 | 5E1 | 5E2 | 18.41 | 50.65 | 145.27 | 399.53 |
| Vista Healthplan of South Florida -std- Southern Florida | 800-441-5501 | 5E4 | 5E5 | 16.11 | 44.30 | 127.06 | 349.45 |
| Georgia | | | | | | | |
| Aetna Open Access -high- Atlanta and Athens Areas | 877-459-6604 | 2U1 | 2U2 | 46.62 | 112.44 | 183.77 | 416.21 |
| Humana, Inc. -high- Atlanta | 888-393-6765 | DG1 | DG2 | 21.35 | 49.10 | 168.41 | 387.36 |
| Humana, Inc. -std- Atlanta | 888-393-6765 | DG4 | DG5 | 19.41 | 44.64 | 153.09 | 352.13 |
| Kaiser Foundation Health Plan of Georgia, Inc. -high- Atlanta, Athens, Columbus, Macon, Savannah | 888-865-5813 | F81 | F82 | 22.27 | 50.99 | 175.65 | 402.25 |
| Kaiser Foundation Health Plan of Georgia, Inc. -std- Atlanta, Athens, Columbus, Macon, Savannah | 888-865-5813 | F84 | F85 | 15.22 | 34.86 | 120.09 | 275.01 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|---------------------------------|---|------------------------------------|-----------------------|-------------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Delaware | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 52.9 | 79.7 | 86.7 | 94.8 | 78.7 | 81.9 | 61.2 |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 52.9 | 79.7 | 86.7 | 94.8 | 78.7 | 81.9 | 61.2 |
| Coventry Health Care-High | \$10/\$20 | \$100 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 |
| Coventry Health Care-Std | \$10/\$20 | \$200/day x 3 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 |
| District of Columbia | | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$25 | \$150/day x3 | \$5 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| Aetna Open Access-Basic | \$20/\$30 | 10% Plan Allow | \$10 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| CareFirst BlueChoice-High | \$20/\$30 | \$100 | \$10 | \$25/\$40 | Yes | 60.5 | 80.2 | 83.9 | 90.9 | 70.6 | 85.2 | 53 |
| Kaiser Foundation HP-High | \$10/\$20 | \$100 | \$7/\$17 Net | \$30/\$50/\$45/\$65 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250/dayx3 | \$12/\$22Net | \$35/\$55/\$50/\$70 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| M.D. IPA-High | \$20/\$30 | \$150/day x 3 | \$7 | \$25/\$50 | No | 58 | 80.4 | 82.4 | 91 | 81.6 | 80.9 | 54.7 |
| Florida | | | | | | | | | | | | |
| Av-Med Health Plan-High | \$15/\$40 | \$150/dayx5 | \$15 | \$30/\$50/30% | No | 74.4 | 82.6 | 85.1 | 90.6 | 87.9 | 84.6 | 64.1 |
| Av-Med Health Plan-Std | \$25/\$45 | \$175/dayx5 | \$20 | \$40/\$60/30% | No | 74.4 | 82.6 | 85.1 | 90.6 | 87.9 | 84.6 | 64.1 |
| Capital Health Plan-High | \$15/\$25 | \$250 | \$15 | \$30/\$50 | No | 80.6 | 87.4 | 85.3 | 93.7 | 90.3 | 95.5 | 55.6 |
| Humana, Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | 56.7 | 82.4 | 85.6 | 92 | 81.1 | 93 | 56.8 |
| Humana, Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | 56.7 | 82.4 | 85.6 | 92 | 81.1 | 93 | 56.8 |
| Humana, Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | 56.7 | 82.4 | 85.6 | 92 | 81.1 | 93 | 56.8 |
| Humana, Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | 56.7 | 82.4 | 85.6 | 92 | 81.1 | 93 | 56.8 |
| JMH Health Plan- In-Network | \$15/\$25 | \$100/day x 5 | \$10 | \$20/\$30 | Yes | | | | | | | |
| JMH Health Plan- Out-Network | 30%/30% | 30% | 30% | 30%/30% | N/A | | | | | | | |
| JMH Health Plan-Std | \$30/\$40 | \$150/day x 5 | \$10 | 50%/50% | Yes | | | | | | | |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 57.3 | 84.2 | 82.7 | 94.3 | 72.3 | 85.2 | 50.6 |
| Vista Healthplan-High | \$15/\$30 | Ded. + \$150x3 days | \$20 | \$40/\$60/20% | No | 44.9 | 75.3 | 72.8 | 85.3 | 83.7 | 80.6 | 51.7 |
| Vista Healthplan-Std | \$20/\$40 | Ded +\$200x3 | \$10 | \$10/\$60/20 (3) | No | | | | | | | |
| Georgia | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 60.9 | 87.6 | 85 | 93.4 | 81.1 | 84.7 | 62.7 |
| Humana, Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | | | | | | | |
| Humana, Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | | | | | | | |
| Kaiser Foundation HP-High | \$10/\$20 | \$250 | \$10/\$16 Comm | \$25/\$31 Comm/\$25/\$31 Comm | Yes | 62.9 | 79.8 | 82.1 | 93.2 | 80.1 | 76 | 56 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250/dayx3 | \$20/\$26 Comm | \$30/\$36 Comm/\$30/\$36 Comm | Yes | 62.9 | 79.8 | 82.1 | 93.2 | 80.1 | 76 | 56 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Guam | | | | | | | |
| TakeCare -high- Guam/N.MarianasIslands/Belau(Palau) | 671-647-3526 | JK1 | JK2 | 63.74 | 234.24 | 183.77 | 416.21 |
| TakeCare -std- Guam/N.MarianasIslands/Belau(Palau) | 671-647-3526 | JK4 | JK5 | 21.96 | 99.38 | 173.28 | 416.21 |
| Hawaii | | | | | | | |
| HMSA -high- All of Hawaii | 808-948-6499 | 871 | 872 | 19.51 | 43.42 | 153.87 | 342.51 |
| Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu | 808-432-5955 | 631 | 632 | 20.95 | 45.04 | 165.25 | 355.30 |
| Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu | 808-432-5955 | 634 | 635 | 9.75 | 20.97 | 76.93 | 165.39 |
| Idaho | | | | | | | |
| Altius Health Plans -high- Southern Region | 800-377-4161 | 9K1 | 9K2 | 45.21 | 87.58 | 183.77 | 416.21 |
| Altius Health Plans -std- Southern Region | 800-377-4161 | DK4 | DK5 | 21.97 | 48.34 | 173.33 | 381.32 |
| Group Health Cooperative -high- Kootenai and Latah | 888-901-4636 | VR1 | VR2 | 77.98 | 146.54 | 183.77 | 416.21 |
| Group Health Cooperative -std- Kootenai and Latah | 888-901-4636 | VR4 | VR5 | 18.26 | 42.01 | 144.09 | 331.42 |
| Illinois | | | | | | | |
| Aetna Open Access -high- Chicago Area | 877-459-6604 | IK1 | IK2 | 18.90 | 47.99 | 149.13 | 378.55 |
| Blue Preferred HMO -high- Madison and St. Clair counties | 888-811-2092 | 9G1 | 9G2 | 40.77 | 69.94 | 183.77 | 416.21 |
| Group Health Plan, Inc. -high- Southern/Central | 800-755-3901 | MM1 | MM2 | 96.82 | 189.91 | 183.77 | 416.21 |
| Group Health Plan, Inc. -std- Southern/Central | 800-755-3901 | MU4 | MU5 | 83.25 | 160.54 | 183.77 | 416.21 |
| Health Alliance HMO -high- Central/E.Central/N. Cent/South/West IL | 800-851-3379 | FX1 | FX2 | 49.55 | 128.37 | 183.77 | 416.21 |
| Health Alliance HMO -std- Central/E.Central/N. Cent/South/West IL | 800-851-3379 | FX4 | FX5 | 19.40 | 49.06 | 153.01 | 387.01 |
| Humana Health Plan Inc. -high- Chicago area | 888-393-6765 | 751 | 752 | 44.60 | 109.04 | 183.77 | 416.21 |
| Humana Health Plan Inc. -std- Chicago area | 888-393-6765 | 754 | 755 | 16.54 | 38.03 | 130.45 | 300.05 |
| OSF HealthPlans, Inc. -high- Central/Central-Northwestern Illinois | 800-673-5222 | 9F1 | 9F2 | 38.24 | 138.84 | 183.77 | 416.21 |
| OSF HealthPlans, Inc. -std- Central/Central-Northwestern Illinois | 800-673-5222 | AB4 | AB5 | 19.38 | 48.45 | 152.89 | 382.25 |
| PersonalCare Insurance of Illinois, Inc. -high- Central Illinois | 800-431-1211 | GE1 | GE2 | 27.65 | 127.16 | 183.77 | 416.21 |
| Unicare HMO -high- Chicagoland Area | 888-234-8855 | 171 | 172 | 47.02 | 95.63 | 183.77 | 416.21 |
| Unicare HMO -std- Chicagoland Area | 888-234-8855 | 174 | 175 | 18.07 | 40.08 | 142.58 | 316.20 |
| Union Health Service -high- Chicago area | 312-829-4224 | 761 | 762 | 18.09 | 44.86 | 142.70 | 353.90 |
| United Healthcare of the Midwest -high- Southwest Illinois | 877-835-9861 | B91 | B92 | 24.26 | 52.29 | 183.77 | 412.48 |
| UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois | 800-247-9110 | YH1 | YH2 | 18.53 | 45.40 | 146.19 | 358.15 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | | |
|------------------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 | |
| Guam | | | | | | | | | | | | | |
| TakeCare-High | \$20/\$40 | \$100 /day for 5 days | \$10 | \$10/\$50 | No | 64.7 | 74.1 | 73.3 | 88.4 | 75 | 77 | 57.7 | |
| TakeCare-Std | \$25/\$40 | \$150 /day for 5 days | \$20 | \$20/\$80 | No | 64.7 | 74.1 | 73.3 | 88.4 | 75 | 77 | 57.7 | |
| Hawaii | | | | | | | | | | | | | |
| HMSA- | In-Network | \$15/\$15 | None | \$5 | \$20/50% | Yes | 81.2 | 90.3 | 91.3 | 95 | 87.4 | 93.7 | 62.2 |
| HMSA- | Out-Network | 30%/30% | 30% | \$5 + 20% | \$20 + 20% +/50% + | No | 81.2 | 90.3 | 91.3 | 95 | 87.4 | 93.7 | 62.2 |
| Kaiser Foundation HP-High | | \$15/\$15 | None | \$15 | \$15/\$15 | Yes | 64.1 | 77 | 79.6 | 91.8 | 76.5 | 79.5 | 58.3 |
| Kaiser Foundation HP-Std | | \$25/\$25 | 10% | \$20 | \$20/\$20 | Yes | 64.1 | 77 | 79.6 | 91.8 | 76.5 | 79.5 | 58.3 |
| Idaho | | | | | | | | | | | | | |
| Altius Health Plans-High | | \$10/\$15 | \$100 | \$5 | \$20/\$50 | Yes | 62.1 | 81.9 | 86.6 | 94.4 | 84 | 88.3 | 53.5 |
| Altius Health Plans-Std | | \$20/\$30 | None | \$10 | \$25/\$50 | Yes | | | | | | | |
| Group Health Cooperative-High | | \$20/\$20 | \$350/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| Group Health Cooperative-Std | | \$20+20%/\$20+20% | \$500/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| Illinois | | | | | | | | | | | | | |
| Aetna Open Access-High | | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 55.6 | 78.5 | 84.1 | 91.1 | 82.1 | 81.8 | 55.1 |
| Blue Preferred HMO-High | | \$25/\$25 | \$500 | \$10 | \$20/\$40 | Yes | 62.2 | 87.9 | 87.4 | 93.7 | 81.9 | 87.3 | 55.5 |
| Group Health Plan, Inc.-High | | \$25/\$25 | \$250/day x 3 | \$10 | \$30/\$50 | Yes | 61.6 | 83.4 | 87.2 | 94.1 | 80.5 | 89.9 | 61.6 |
| Group Health Plan, Inc.-Std | | \$20/\$40 | 20%after\$500/dayx2 | \$12 | \$35/\$60 | Yes | 61.6 | 83.4 | 87.2 | 94.1 | 80.5 | 89.9 | 61.6 |
| Health Alliance HMO-High | | \$15/\$25 | \$500 | \$10 | \$20/\$40 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| Health Alliance HMO-Std | | \$20/\$35 | 20% | \$20 | \$35/\$50 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| Humana Health Plan Inc.-High | | \$15/\$25 | \$200/day x 3 | \$10 | \$25/\$45 | Yes | 59.8 | 83.7 | 85.6 | 88.9 | 76.7 | 75.3 | 58.8 |
| Humana Health Plan Inc.-Std | | \$20/\$30 | \$400/day x 3 | \$10 | \$25/\$45 | Yes | 59.8 | 83.7 | 85.6 | 88.9 | 76.7 | 75.3 | 58.8 |
| OSF HealthPlans, Inc.-High | | \$20/\$20 | \$500 | \$10 | \$30/\$50 | Yes | 72.6 | 86.2 | 87.1 | 94.8 | 89.5 | 90.9 | 62.2 |
| OSF HealthPlans, Inc.-Std | | \$30/\$30 | \$750 | \$10 | \$30/\$50 | Yes | | | | | | | |
| PersonalCare Insurance-High | | \$30/\$35 | \$350/day x 4 | \$15 | \$35/\$65 | No | 77.6 | 90.2 | 90.4 | 92.8 | 86.4 | 90 | 66.2 |
| Unicare HMO-High | | \$15/\$15 | \$250 | \$10 | \$25/\$50/20% | Yes | 58.1 | 78 | 78.3 | 88.5 | 69.1 | 74.3 | 69.6 |
| Unicare HMO-Std | | \$20/\$35 | 10% | \$15 | \$30/\$60/20% | Yes | 58.1 | 78 | 78.3 | 88.5 | 69.1 | 74.3 | 69.6 |
| Union Health Service-High | | \$10/\$10 | None | \$15 | \$15/\$15 | No | | | | | | | |
| United Healthcare-High | | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 53.2 | 84.3 | 85 | 96.9 | 71.3 | 83.1 | 57.8 |
| UnitedHealthcare River Valley-High | | \$15/\$30 | \$100/5 days | \$10 | \$30/\$45 | Yes | 65.2 | 86.8 | 88.5 | 94.5 | 78.9 | 91.9 | 53.7 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Indiana | | | | | | | |
| Aetna Open Access -high- Northern Indiana Area | 877-459-6604 | IK1 | IK2 | 18.90 | 47.99 | 149.13 | 378.55 |
| Aetna Open Access -high- Southeastern Indiana Area | 877-459-6604 | RD1 | RD2 | 114.59 | 321.46 | 183.77 | 416.21 |
| Health Alliance HMO -high- Western Indiana | 800-851-3379 | FX1 | FX2 | 49.55 | 128.37 | 183.77 | 416.21 |
| Health Alliance HMO -std- Western Indiana | 800-851-3379 | FX4 | FX5 | 19.40 | 49.06 | 153.01 | 387.01 |
| Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties | 888-393-6765 | 751 | 752 | 44.60 | 109.04 | 183.77 | 416.21 |
| Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties | 888-393-6765 | 754 | 755 | 16.54 | 38.03 | 130.45 | 300.05 |
| Physicians Health Plan of Northern Indiana -high- Northeast Indiana | 260-432-6690 | DQ1 | DQ2 | 42.17 | 87.50 | 183.77 | 416.21 |
| Unicare HMO -high- Lake/Porter Counties | 888-234-8855 | 171 | 172 | 47.02 | 95.63 | 183.77 | 416.21 |
| Unicare HMO -std- Lake/Porter Counties | 888-234-8855 | 174 | 175 | 18.07 | 40.08 | 142.58 | 316.20 |
| Welborn Health Plans -high- Evansville Area | 800-521-0265 | W11 | W12 | 57.81 | 149.09 | 183.77 | 416.21 |
| Iowa | | | | | | | |
| Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa | 800-257-4692 | SV1 | SV2 | 22.54 | 124.73 | 177.83 | 416.21 |
| Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa | 800-257-4692 | SV4 | SV5 | 17.86 | 41.98 | 140.93 | 331.17 |
| Health Alliance HMO -high- Central Iowa | 800-851-3379 | FX1 | FX2 | 49.55 | 128.37 | 183.77 | 416.21 |
| Health Alliance HMO -std- Central Iowa | 800-851-3379 | FX4 | FX5 | 19.40 | 49.06 | 153.01 | 387.01 |
| HealthPartners Open Access Copay -high- Iowa | 952-883-5000 | V31 | V32 | 62.02 | 149.11 | 183.77 | 416.21 |
| HealthPartners Three for Free -std- Iowa | 952-883-5000 | V34 | V35 | 14.57 | 33.51 | 114.96 | 264.40 |
| Sanford Health Plan -high- Northwestern Iowa | 800-752-5863 | AU1 | AU2 | 53.19 | 129.05 | 183.77 | 416.21 |
| Sanford Health Plan -std- Northwestern Iowa | 800-752-5863 | AU4 | AU5 | 41.89 | 102.75 | 183.77 | 416.21 |
| UnitedHealthcare Plan of the River Valley Inc. -high- Eastern Iowa; W. Central Illinois | 800-747-1446 | YH1 | YH2 | 18.53 | 45.40 | 146.19 | 358.15 |
| Kansas | | | | | | | |
| Coventry Health Care of Kansas -high- Kansas City/Wichita/Salina areas | 800-969-3343 | HA1 | HA2 | 20.93 | 53.37 | 165.09 | 416.21 |
| Coventry Health Care of Kansas -std- Kansas City/Wichita/Salina areas | 800-969-3343 | HA4 | HA5 | 16.50 | 38.77 | 130.19 | 305.87 |
| Humana Health Plan, Inc. -high- Kansas City area | 888-393-6765 | MS1 | MS2 | 105.67 | 249.50 | 183.77 | 416.21 |
| Humana Health Plan, Inc. -std- Kansas City area | 888-393-6765 | MS4 | MS5 | 18.96 | 43.59 | 149.53 | 343.92 |
| United Healthcare of the Midwest -high- Kansas City Area | 877-835-9861 | GX1 | GX2 | 48.62 | 129.88 | 183.77 | 416.21 |
| Kentucky | | | | | | | |
| Aetna Open Access -high- Northern Kentucky Area | 877-459-6604 | RD1 | RD2 | 114.59 | 321.46 | 183.77 | 416.21 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|-------------------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Indiana | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 55.6 | 78.5 | 84.1 | 91.1 | 82.1 | 81.8 | 55.1 |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 59 | 84.4 | 85 | 91.9 | 82.3 | 84.8 | 51.6 |
| Health Alliance HMO-High | \$15/\$25 | \$500 | \$10 | \$20/\$40 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| Health Alliance HMO-Std | \$20/\$35 | 20% | \$20 | \$35/\$50 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| Humana Health Plan Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$25/\$45 | Yes | 59.8 | 83.7 | 85.6 | 88.9 | 76.7 | 75.3 | 58.8 |
| Humana Health Plan Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$25/\$45 | Yes | 59.8 | 83.7 | 85.6 | 88.9 | 76.7 | 75.3 | 58.8 |
| Physicians Health Plan-High | \$15/\$15 | 20% | \$5 | \$20/25%/\$45 | Yes | 56.7 | 89 | 90.2 | 92.8 | 88.7 | 94.1 | 59.3 |
| Unicare HMO-High | \$15/\$15 | \$250 | \$10 | \$25/\$50/20% | Yes | 58.1 | 78 | 78.3 | 88.5 | 69.1 | 74.3 | 69.6 |
| Unicare HMO-Std | \$20/\$35 | 10% | \$15 | \$30/\$60/20% | Yes | 58.1 | 78 | 78.3 | 88.5 | 69.1 | 74.3 | 69.6 |
| Welborn Health Plans-High | \$20/\$20 | 10% | \$10 | \$25/\$40 | Yes | | | | | | | |
| Iowa | | | | | | | | | | | | |
| Coventry Health Care of Iowa-High | \$15/\$30 | \$150/day x5 | \$10 | \$30/\$55 | Yes | 59.1 | 82.5 | 86.8 | 94.3 | 79.6 | 89.2 | 60 |
| Coventry Health Care of Iowa-Std | \$20/\$30 | 10% | \$10 | \$30/\$55 | No | | | | | | | |
| Health Alliance HMO-High | \$15/\$25 | \$500 | \$10 | \$20/\$40 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| Health Alliance HMO-Std | \$20/\$35 | 20% | \$20 | \$35/\$50 | Yes | 73.9 | 86.6 | 86.9 | 93.7 | 89.9 | 89.7 | 61.8 |
| HealthPartners OA Copay | \$20/\$20 | 10% of charges | \$10 | \$25/\$50 | Yes | | | | | | | |
| HealthPartners 3 for Free | \$0 for 3, then 20%/\$0 for 3, then 20% | 20% in/40% out | \$6 | \$30/\$60 | Yes | | | | | | | |
| Sanford Health Plan- In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | N/A | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford Health Plan- Out-Network | 40%/40% | 40% | N/A | N/A/N/A | N/A | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford Health Plan- In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford Health Plan- Out-Network | 40%/40% | 40% | N/A | N/A/N/A | No | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| UnitedHealthcare River Valley-High | \$15/\$30 | \$100/5 days | \$10 | \$30/\$45 | Yes | 65.2 | 86.8 | 88.5 | 94.5 | 78.9 | 91.9 | 53.7 |
| Kansas | | | | | | | | | | | | |
| Coventry Health Care-High | \$20/\$30 | \$200/day x 5 | \$10 | \$35/\$60 | Yes | 59.9 | 85.7 | 88.2 | 93.3 | 84.9 | 87.7 | 66 |
| Coventry Health Care-Std | \$20/\$40 | 20% | \$10 | \$40/\$65 | Yes | 59.9 | 85.7 | 88.2 | 93.3 | 84.9 | 87.7 | 66 |
| Humana Health Plan, Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | 63.3 | 88 | 89.7 | 92.8 | 80.6 | 84.9 | 58.7 |
| Humana Health Plan, Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | 63.3 | 88 | 89.7 | 92.8 | 80.6 | 84.9 | 58.7 |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 53.2 | 84.3 | 85 | 96.9 | 71.3 | 83.1 | 57.8 |
| Kentucky | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 59 | 84.4 | 85 | 91.9 | 82.3 | 84.8 | 51.6 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Louisiana | | | | | | | |
| Coventry Health Care of Louisiana -high- New Orleans area | 800-341-6613 | BJ1 | BJ2 | 25.82 | 70.53 | 183.77 | 416.21 |
| Coventry Health Care of Louisiana -std- New Orleans area | 800-341-6613 | BJ4 | BJ5 | 27.06 | 73.42 | 183.77 | 416.21 |
| Vantage Health Plan, Inc. -high- Alexandria/Baton Rouge/Monroe/Shreveport | 888-823-1910 | MV1 | MV2 | 28.77 | 72.63 | 183.77 | 416.21 |
| Vantage Health Plan, Inc. -std- Alexandria/Baton Rouge/Monroe/Shreveport | 888-823-1910 | MV4 | MV5 | 20.96 | 48.21 | 165.31 | 380.29 |
| Maryland | | | | | | | |
| Aetna Open Access -high- Northern/Central/Southern Maryland Areas | 877-459-6604 | JN1 | JN2 | 78.07 | 170.28 | 183.77 | 416.21 |
| Aetna Open Access -basic- Northern/Central/Southern Maryland Areas | 877-459-6604 | JN4 | JN5 | 19.33 | 45.25 | 152.53 | 356.93 |
| CareFirst BlueChoice -high- All of Maryland | 866-296-7363 | 2G1 | 2G2 | 23.96 | 52.57 | 183.77 | 414.75 |
| Coventry Health Care -high- All of Maryland | 800-833-7423 | IG1 | IG2 | 21.04 | 53.05 | 165.96 | 416.21 |
| Coventry Health Care -std- All of Maryland | 800-833-7423 | IG4 | IG5 | 16.55 | 41.38 | 130.59 | 326.47 |
| Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas | 1-877-574-3337 | E31 | E32 | 30.39 | 85.49 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas | 1-877-574-3337 | E34 | E35 | 13.73 | 32.68 | 108.35 | 257.84 |
| M.D. IPA -high- All of Maryland | 877-835-9861 | JP1 | JP2 | 23.10 | 57.19 | 182.19 | 416.21 |
| Massachusetts | | | | | | | |
| Blue ChiP Coordinated Health Plan - BCBS of RI -high- Southeastern Massachusetts | 401-274-3500 | DA1 | DA2 | 88.34 | 304.85 | 183.77 | 416.21 |
| ConnectiCare -high- Counties Hampden, Hampshire, Franklin | 800-251-7722 | TE1 | TE2 | 40.26 | 93.53 | 183.77 | 416.21 |
| ConnectiCare -basic- Counties Hampden, Hampshire, Franklin | 800-251-7722 | TE4 | TE5 | 20.33 | 46.25 | 160.36 | 364.87 |
| Fallon Community Health Plan -std- Central/Eastern/Western Massachusetts | 800-868-5200 | JV4 | JV5 | 77.91 | 219.77 | 183.77 | 416.21 |
| Fallon Community Health Plan -basic- Central/Eastern/Western Massachusetts | 800-868-5200 | JG1 | JG2 | 56.91 | 168.70 | 183.77 | 416.21 |
| Michigan | | | | | | | |
| Bluecare Network of MI -high- Midland County Area | 800-662-6667 | K51 | K52 | 57.48 | 133.88 | 183.77 | 416.21 |
| Bluecare Network of MI -high- Southeast MI | 800-662-6667 | LX1 | LX2 | 19.63 | 51.01 | 154.86 | 402.37 |
| Grand Valley Health Plan -high- Grand Rapids area | 616-949-2410 | RL1 | RL2 | 22.53 | 108.54 | 177.78 | 416.21 |
| Grand Valley Health Plan -std- Grand Rapids area | 616-949-2410 | RL4 | RL5 | 19.93 | 51.82 | 157.21 | 408.76 |
| Health Alliance Plan -high- Southeastern Michigan/Flint area | 800-556-9765 | 521 | 522 | 20.38 | 54.73 | 160.78 | 416.21 |
| HealthPlus MI -high- East Central Michigan | 800-332-9161 | X51 | X52 | 36.17 | 85.35 | 183.77 | 416.21 |
| Physicians Health Plan of Mid-Michigan -high- Mid-Michigan | 517-364-8400 | 9U1 | 9U2 | 50.22 | 147.70 | 183.77 | 416.21 |
| Physicians Health Plan of Mid-Michigan -std- Mid-Michigan | 517-364-8400 | 9U4 | 9U5 | 22.01 | 55.33 | 173.66 | 416.21 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|--------------------------------|---|------------------------------------|-----------------------|-------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Louisiana | | | | | | | | | | | | |
| Coventry Health Care-High | \$20/\$40 | \$150/day x 3 | \$1 | \$35/\$60 | Yes | 59.4 | 83.2 | 84.6 | 93.7 | 82 | 86.5 | 61.7 |
| Coventry Health Care-Std | \$25/\$50 | 30% | \$1 | \$35/\$60 | Yes | 59.4 | 83.2 | 84.6 | 93.7 | 82 | 86.5 | 61.7 |
| Vantage Health Plan, Inc.-High | \$15/\$15 | \$250 | \$10 | \$20/\$35 | Yes | | | | | | | |
| Vantage Health Plan, Inc.-Std | \$30/\$50 | \$500 | \$15 | \$40/\$60 | Yes | | | | | | | |
| Maryland | | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$25 | \$150/day x3 | \$5 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| Aetna Open Access-Basic | \$20/\$30 | 10% Plan Allow | \$10 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| CareFirst BlueChoice-High | \$20/\$30 | \$100 | \$10 | \$25/\$40 | Yes | 60.5 | 80.2 | 83.9 | 90.9 | 70.6 | 85.2 | 53 |
| Coventry Health Care-High | \$10/\$20 | \$100 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 |
| Coventry Health Care-Std | \$10/\$20 | \$200/day x 3 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 |
| Kaiser Foundation HP-High | \$10/\$20 | \$100 | \$7/\$17 Net | \$30/\$50/\$45/\$65 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250/dayx3 | \$12/\$22Net | \$35/\$55/\$50/\$70 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| M.D. IPA-High | \$20/\$30 | \$150/day x 3 | \$7 | \$25/\$50 | No | 58 | 80.4 | 82.4 | 91 | 81.6 | 80.9 | 54.7 |
| Massachusetts | | | | | | | | | | | | |
| BCBS of RI- In-Network | \$15/\$25 | \$500 | \$7 | \$30/\$50 | Yes | 57.9 | 89.6 | 88.7 | 94.9 | 85 | 92.2 | 65.1 |
| BCBS of RI- Out-Network | 30%/30% | None | \$50+20% | \$50+20%/\$50+20% | No | 57.9 | 89.6 | 88.7 | 94.9 | 85 | 92.2 | 65.1 |
| ConnectiCare-High | \$20/\$40 | \$250 perday/\$1250ma | \$15 | \$30/50% or \$60 max | Yes | 47.6 | 85.5 | 86.6 | 92.2 | 87.9 | 91.1 | 60.6 |
| ConnectiCare-Basic | \$25/\$45 | Nothing after ded | \$15 | \$30/50% or \$60 max | Yes | 47.6 | 85.5 | 86.6 | 92.2 | 87.9 | 91.1 | 60.6 |
| Fallon Health Plan-Std | \$20/\$20 | Nothing after | \$10 | \$30/\$60 | Yes | 68.2 | 81.7 | 86 | 94.2 | 85.8 | 82.8 | 61.5 |
| Fallon Health Plan-Basic | \$20/\$30 | \$100to\$500max | \$10 | \$30/\$60 | Yes | | | | | | | |
| Michigan | | | | | | | | | | | | |
| Bluecare Network of MI-High | \$10/\$25 | \$100 | \$5 | \$30 or 50%/\$30 or 50% | Yes | 65.2 | 86.7 | 87.3 | 92.6 | 84.2 | 91.1 | 60.9 |
| Bluecare Network of MI-High | \$10/\$25 | \$100 | \$5 | \$30 or 50%/\$30 or 50% | Yes | 65.2 | 86.7 | 87.3 | 92.6 | 84.2 | 91.1 | 60.9 |
| Grand Valley Health Plan-High | \$10/\$10 | Nothing | \$5 | \$15/\$15 | No | 73.3 | 81.9 | 89.1 | 94.8 | 89.9 | 86.6 | 54.1 |
| Grand Valley Health Plan-Std | \$20/\$20 | \$500x3 | \$10 | \$40/\$40 | No | | | | | | | |
| Health Alliance Plan-High | \$10/\$20 | None | \$10 | \$40/\$40 | Yes | 76.9 | 83.8 | 88.2 | 92.9 | 84.4 | 91.2 | 59.4 |
| HealthPlus MI-High | \$10/\$20 | None | \$10 | \$20/N/A | Yes | 74.9 | 88.4 | 91 | 92.8 | 83.9 | 91.2 | 62.8 |
| Physicians Health Plan-High | \$10/Nothing | Nothing | \$10 | \$25/\$40 | Yes | | | | | | | |
| Physicians Health Plan-Std | \$20/Nothing | 20% | \$15 | \$25/\$50 | Yes | | | | | | | |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Minnesota | | | | | | | |
| HealthPartners Open Access Copay -high- Minnesota | 952-883-5000 | V31 | V32 | 62.02 | 149.11 | 183.77 | 416.21 |
| HealthPartners Three for Free -std- Minnesota | 952-883-5000 | V34 | V35 | 14.57 | 33.51 | 114.96 | 264.40 |
| Medica Health Plan -high- Most of Minnesota | 800-952-3455 | M21 | M22 | 41.04 | 98.59 | 183.77 | 416.21 |
| Missouri | | | | | | | |
| Blue Preferred HMO -high- StLouis/Central/SW areas | 888-811-2092 | 9G1 | 9G2 | 40.77 | 69.94 | 183.77 | 416.21 |
| Coventry Health Care of Kansas -high- Kansas City area | 800-969-3343 | HA1 | HA2 | 20.93 | 53.37 | 165.09 | 416.21 |
| Coventry Health Care of Kansas -std- Kansas City area | 800-969-3343 | HA4 | HA5 | 16.50 | 38.77 | 130.19 | 305.87 |
| Group Health Plan, Inc. -high- St. Louis Area | 800-755-3901 | MM1 | MM2 | 96.82 | 189.91 | 183.77 | 416.21 |
| Group Health Plan, Inc. -std- St. Louis Area | 800-755-3901 | MU4 | MU5 | 83.25 | 160.54 | 183.77 | 416.21 |
| Humana Health Plan, Inc. -high- Kansas City area | 888-393-6765 | MS1 | MS2 | 105.67 | 249.50 | 183.77 | 416.21 |
| Humana Health Plan, Inc. -std- Kansas City area | 888-393-6765 | MS4 | MS5 | 18.96 | 43.59 | 149.53 | 343.92 |
| United Healthcare of the Midwest -high- St. Louis Area | 877-835-9861 | B91 | B92 | 24.26 | 52.29 | 183.77 | 412.48 |
| United Healthcare of the Midwest -high- Kansas City Area | 877-835-9861 | GX1 | GX2 | 48.62 | 129.88 | 183.77 | 416.21 |
| Montana | | | | | | | |
| New West Health Services -high- Most of Montana | 800-290-3657 | NV1 | NV2 | 45.73 | 74.03 | 183.77 | 416.21 |
| Nevada | | | | | | | |
| Aetna Open Access -high- Las Vegas and Reno Areas | 877-459-6604 | Y11 | Y12 | 20.54 | 51.15 | 162.08 | 403.56 |
| Health Plan of Nevada -high- Las Vegas area | 800-777-1840 | NM1 | NM2 | 14.67 | 37.56 | 115.73 | 296.35 |
| PacifiCare of Nevada -high- Las Vegas/Clark County | 866-546-0510 | K91 | K92 | 21.67 | 49.20 | 170.97 | 388.10 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|--|---|------------------------------------|-----------------------|------------------------|-------------------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Minnesota | | | | | | | | | | | | |
| HealthPartners OA Copay | \$20/\$20 | 10% of charges | \$10 | \$25/\$50 | Yes | | | | | | | |
| HealthPartners 3 for Free | \$0 for 3, then 20%/\$0 for 3, then 20% | 20% in/40% out | \$6 | \$30/\$60 | Yes | | | | | | | |
| Medica Health Plan- Medica Health Plan- | In-Network Out-Network | \$15/\$15 40%/40% | \$300 None | \$10 40%/\$50 | \$25/\$50/\$50 40%/\$50/40%/\$50 | Yes No | | | | | | |
| Missouri | | | | | | | | | | | | |
| Blue Preferred HMO-High | \$25/\$25 | \$500 | \$10 | \$20/\$40 | Yes | 62.2 | 87.9 | 87.4 | 93.7 | 81.9 | 87.3 | 55.5 |
| Coventry Health Care-High | \$20/\$30 | \$200/day x 5 | \$10 | \$35/\$60 | Yes | 59.9 | 85.7 | 88.2 | 93.3 | 84.9 | 87.7 | 66 |
| Coventry Health Care-Std | \$20/\$40 | 20% | \$10 | \$40/\$65 | Yes | 59.9 | 85.7 | 88.2 | 93.3 | 84.9 | 87.7 | 66 |
| Group Health Plan, Inc.-High | \$25/\$25 | \$250/day x 3 | \$10 | \$30/\$50 | Yes | 61.6 | 83.4 | 87.2 | 94.1 | 80.5 | 89.9 | 61.6 |
| Group Health Plan, Inc.-Std | \$20/\$40 | 20%after\$500/dayx2 | \$12 | \$35/\$60 | Yes | 61.6 | 83.4 | 87.2 | 94.1 | 80.5 | 89.9 | 61.6 |
| Humana Health Plan, Inc.-High | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | 63.3 | 88 | 89.7 | 92.8 | 80.6 | 84.9 | 58.7 |
| Humana Health Plan, Inc.-Std | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | 63.3 | 88 | 89.7 | 92.8 | 80.6 | 84.9 | 58.7 |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 53.2 | 84.3 | 85 | 96.9 | 71.3 | 83.1 | 57.8 |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 53.2 | 84.3 | 85 | 96.9 | 71.3 | 83.1 | 57.8 |
| Montana | | | | | | | | | | | | |
| New West Health Services- High | \$15/\$15 | \$100 | \$10 | \$20/\$40 | Yes | 46.1 | 82.4 | 87.1 | 94.9 | 85.8 | 83.9 | 58.1 |
| New West Health Services- POS | 30%/30% | 30% | N/A | N/A/N/A | No | 46.1 | 82.4 | 87.1 | 94.9 | 85.8 | 83.9 | 58.1 |
| Nevada | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 56.7 | 78.6 | 80.5 | 89 | 76.6 | 82.5 | 57 |
| Health Plan of Nevada-High | \$10/\$10 | \$50 | \$5 | \$35/\$55 | Yes | 50.6 | 72.4 | 73.2 | 85 | 79.8 | 82 | 53.3 |
| PacifiCare of Nevada-High | \$15/\$30 | \$150/day x 5 | \$10 | \$30/\$50 | Yes | 51.1 | 75 | 75.3 | 85.8 | 68.2 | 78.3 | 53.3 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| New Jersey | | | | | | | |
| Aetna Open Access -high- Northern New Jersey | 877-459-6604 | JR1 | JR2 | 74.61 | 178.14 | 183.77 | 416.21 |
| Aetna Open Access -basic- Northern New Jersey | 877-459-6604 | JR4 | JR5 | 22.82 | 52.68 | 180.05 | 415.63 |
| Aetna Open Access -high- Southern NJ | 877-459-6604 | P31 | P32 | 104.83 | 280.14 | 183.77 | 416.21 |
| Aetna Open Access -basic- Southern NJ | 877-459-6604 | P34 | P35 | 22.21 | 51.28 | 175.18 | 404.53 |
| AmeriHealth HMO -high- All of New Jersey | 800-454-7651 | FK1 | FK2 | 61.89 | 164.93 | 183.77 | 416.21 |
| AmeriHealth HMO -std- All of New Jersey | 800-454-7651 | FK4 | FK5 | 48.95 | 134.52 | 183.77 | 416.21 |
| Coventry Health Care -high- Southern New Jersey | 800-833-7423 | 2J1 | 2J2 | 70.35 | 219.06 | 183.77 | 416.21 |
| Coventry Health Care -std- Southern New Jersey | 800-833-7423 | 2J4 | 2J5 | 24.67 | 104.84 | 183.77 | 416.21 |
| GHI Health Plan -high- Northern New Jersey | 212-501-4444 | 801 | 802 | 66.16 | 208.65 | 183.77 | 416.21 |
| GHI Health Plan -std- Northern New Jersey | 212-501-4444 | 804 | 805 | 20.05 | 46.81 | 158.19 | 369.26 |
| New Mexico | | | | | | | |
| Lovelace Health Plan -high- All of New Mexico | 800-808-7363 | Q11 | Q12 | 26.10 | 97.99 | 183.77 | 416.21 |
| Presbyterian Health Plan -high- All counties in New Mexico | 800-356-2219 | P21 | P22 | 79.66 | 182.08 | 183.77 | 416.21 |
| Presbyterian Health Plan -std- All counties in New Mexico | 800-356-2219 | P24 | P25 | 53.64 | 122.95 | 183.77 | 416.21 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | | |
|--------------------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|--------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 | |
| New Jersey | | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 50.5 | 84.2 | 86.9 | 91.9 | 85.2 | 79.7 | 52.4 | |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 50.5 | 84.2 | 86.9 | 91.9 | 85.2 | 79.7 | 52.4 | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 63.9 | 87.4 | 92 | 93.7 | 83 | 86.7 | 53.4 | |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 63.9 | 87.4 | 92 | 93.7 | 83 | 86.7 | 53.4 | |
| AmeriHealth HMO-High | \$25/\$40 | \$150/day x 5 | \$5 | \$40/50% | Yes | 61.2 | 86.6 | 86.3 | 94.1 | 83 | 80.8 | 65.3 | |
| AmeriHealth HMO-Std | \$30/\$50 | 80% after ded | \$5 | \$40/50% | Yes | 61.2 | 86.6 | 86.3 | 94.1 | 83 | 80.8 | 65.3 | |
| Coventry Health Care-High | \$10/\$20 | \$100 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 | |
| Coventry Health Care-Std | \$10/\$20 | \$200/day x 3 | \$10 | \$20/\$45 | Yes | 53.9 | 83.9 | 85.6 | 91.7 | 79.4 | 80.6 | 59.9 | |
| GHI Health Plan- GHI Health Plan- | In-Network Out-Network | \$15/\$15 +50% of sch | \$100 +50% of sch. | \$15 N/A | \$25/\$50 N/A/N/A | Yes No | 69.6 69.6 | 87.1 87.1 | 86.8 86.8 | 92.1 92.1 | 76.2 76.2 | 86.8 86.8 | 65.3 65.3 |
| GHI Health Plan-Std | \$25/\$25 | \$250/day x 3 | \$10 | \$25/\$50 | Yes | 69.6 | 87.1 | 86.8 | 92.1 | 76.2 | 86.8 | 65.3 | |
| New Mexico | | | | | | | | | | | | | |
| Lovelace Health Plan-High | \$15/\$25 | \$250 | \$7 | \$15/\$35 | Yes | 60.4 | 80.4 | 76.3 | 92.9 | 82.5 | 85.2 | 53.5 | |
| Presbyterian Health Plan-High | \$15/\$25 | \$200 | \$10 | \$20/\$40 | Yes | | | | | | | | |
| Presbyterian Health Plan-Std | \$30/\$40 | \$500 | \$15 | \$35/\$55 | Yes | 60.7 | 79.6 | 84.4 | 90.1 | 77.2 | 86.5 | 63.5 | |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| New York | | | | | | | |
| Aetna Open Access -high- NYC Area/Upstate NY | 877-459-6604 | JC1 | JC2 | 46.11 | 149.63 | 183.77 | 416.21 |
| Aetna Open Access -basic- NYC Area/Upstate NY | 877-459-6604 | JC4 | JC5 | 23.25 | 85.99 | 183.43 | 416.21 |
| Blue Choice -high- Rochester area | 800-462-0108 | MK1 | MK2 | 25.61 | 109.80 | 183.77 | 416.21 |
| Blue Choice -std- Rochester area | 800-462-0108 | MK4 | MK5 | 18.15 | 44.94 | 143.22 | 354.53 |
| CDPHP Universal Benefits -high- Upstate, Hudson Valley, Cent New York | 877-269-2134 | SG1 | SG2 | 39.27 | 148.68 | 183.77 | 416.21 |
| CDPHP Universal Benefits -std- Upstate, Hudson Valley, Cent New York | 877-269-2134 | SG4 | SG5 | 19.60 | 50.56 | 154.60 | 398.87 |
| Community Blue -high- Northeastern NY-Clinton/Essex Counties | 800-544-2583 | BS1 | BS2 | 113.24 | 380.75 | 183.77 | 416.21 |
| Community Blue -high- Western New York | 800-459-7587 | BX1 | BX2 | 35.26 | 190.01 | 183.77 | 416.21 |
| Community Blue -high- Northeastern NY-Capital Region | 800-544-2583 | BZ1 | BZ2 | 94.00 | 329.14 | 183.77 | 416.21 |
| GHI HMO -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche | 877-244-4466 | 6V1 | 6V2 | 31.82 | 131.65 | 183.77 | 416.21 |
| GHI HMO -high- Capital/Hudson Valley Regions | 877-244-4466 | X41 | X42 | 23.18 | 110.59 | 182.83 | 416.21 |
| GHI Health Plan -high- All of New York | 212-501-4444 | 801 | 802 | 66.16 | 208.65 | 183.77 | 416.21 |
| GHI Health Plan -std- New York City (the Boroughs of Manhattan, Brooklyn, Bronx, Queens, and Staten Island), all of Nassau, Suffolk, Rockland, and Westchester Counties. | 212-501-4444 | 804 | 805 | 20.05 | 46.81 | 158.19 | 369.26 |
| HIP of Greater New York -high- New York City area | 800-HIP-TALK | 511 | 512 | 29.39 | 180.63 | 183.77 | 416.21 |
| HIP of Greater New York -std- New York City area | 800-HIP-TALK | 514 | 515 | 21.95 | 130.01 | 173.13 | 416.21 |
| Independent Health Assoc -high- Western New York | 800-501-3439 | QA1 | QA2 | 23.33 | 130.41 | 183.77 | 416.21 |
| MVP Health Care -high- Eastern Region | 888-687-6277 | GA1 | GA2 | 22.31 | 96.15 | 176.00 | 416.21 |
| MVP Health Care -std- Eastern Region | 888-687-6277 | GA4 | GA5 | 21.02 | 66.56 | 165.85 | 416.21 |
| MVP Health Care -high- Central Region | 888-687-6277 | M91 | M92 | 27.52 | 129.65 | 183.77 | 416.21 |
| MVP Health Care -std- Central Region | 888-687-6277 | M94 | M95 | 22.57 | 102.01 | 178.03 | 416.21 |
| MVP Health Care -high- Northern Region | 888-687-6277 | MF1 | MF2 | 50.30 | 188.53 | 183.77 | 416.21 |
| MVP Health Care -std- Northern Region | 888-687-6277 | MF4 | MF5 | 28.38 | 131.87 | 183.77 | 416.21 |
| MVP Health Care -high- Mid-Hudson Region | 888-687-6277 | MX1 | MX2 | 30.19 | 135.32 | 183.77 | 416.21 |
| MVP Health Care -std- Mid-Hudson Region | 888-687-6277 | MX4 | MX5 | 23.13 | 115.35 | 182.50 | 416.21 |
| Preferred Care -high- Rochester area | 800-950-3224 | GV1 | GV2 | 19.57 | 52.32 | 154.43 | 412.76 |
| Preferred Care -std- Rochester area | 800-950-3224 | GV4 | GV5 | 16.34 | 43.68 | 128.92 | 344.60 |
| Univera Healthcare -high- Western New York (Southern Counties) | 800-427-8490 | KQ1 | KQ2 | 119.59 | 385.68 | 183.77 | 416.21 |
| Univera Healthcare -high- Western New York (Northern Counties) | 800-427-8490 | Q81 | Q82 | 64.83 | 288.61 | 183.77 | 416.21 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | | |
|--|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|--------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 | |
| New York | | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 58.9 | 83.7 | 87.3 | 91.9 | 84.9 | 86.5 | 52.2 | |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 58.9 | 83.7 | 87.3 | 91.9 | 84.9 | 86.5 | 52.2 | |
| Blue Choice-High | \$20/\$20 | \$100 | \$10 | \$25/\$40 | No | 64.3 | 88.9 | 88.6 | 91.5 | 84.7 | 92.4 | 59.3 | |
| Blue Choice-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | No | | | | | | | | |
| CDPHP Universal Benefits-High | \$20/\$30 | \$100 X 5 | 25% | 25%/25% | No | 76.8 | 90.6 | 91.4 | 94.1 | 90.1 | 90.6 | 58 | |
| CDPHP Universal Benefits-Std | \$25/\$40 | \$500 + 10% | 30% | 30%/30% | No | 76.8 | 90.6 | 91.4 | 94.1 | 90.1 | 90.6 | 58 | |
| Community Blue-High | \$10/\$10 | \$250 | \$5 | \$30/\$50 | Yes | | | | | | | | |
| Community Blue-High | \$10/\$10 | \$250 | \$5 | \$30/\$50 | Yes | | | | | | | | |
| Community Blue-High | \$10/\$10 | \$250 | \$5 | \$30/\$50 | Yes | | | | | | | | |
| GHI HMO -High | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 60.6 | 82.4 | 86.2 | 91.9 | 81.9 | 75.5 | 67.7 | |
| GHI HMO -High | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 60.6 | 82.4 | 86.2 | 91.9 | 81.9 | 75.5 | 67.7 | |
| GHI Health Plan- GHI Health Plan- | In-Network Out-Network | \$15/\$15 +50% of sch | \$100 +50% of sch. | \$15 N/A | \$25/\$50 N/A/N/A | Yes No | 69.6 69.6 | 87.1 87.1 | 86.8 86.8 | 92.1 92.1 | 76.2 76.2 | 86.8 86.8 | 65.3 65.3 |
| GHI Health Plan-Std | \$25/\$25 | \$250/day x 3 | \$10 | \$25/\$50 | Yes | 69.6 | 87.1 | 86.8 | 92.1 | 76.2 | 86.8 | 65.3 | |
| HIP of Greater New York-High | \$10/\$10 | None | \$10 | \$20/\$40 | Yes | 51.9 | 80.1 | 80.2 | 90.5 | 71.8 | 77 | 58.8 | |
| HIP of Greater New York-Std | \$10/\$20 | \$500 | \$15 | \$30/\$50 | Yes | 51.9 | 80.1 | 80.2 | 90.5 | 71.8 | 77 | 58.8 | |
| Independent Health - Independent Health - | In-Network Out-Network | \$20/\$20 25%/25% | \$250 - 25% | \$10 N/A | \$20/\$35 N/A/N/A | No No | 70.7 70.7 | 86.2 86.2 | 89.4 89.4 | 94.9 94.9 | 91.8 91.8 | 94.5 94.5 | 59 59 |
| MVP Health Care-High | \$20/\$20 | \$240 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| MVP Health Care-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| MVP Health Care-High | \$20/\$20 | \$240 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| MVP Health Care-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| MVP Health Care-High | \$20/\$20 | \$240 | \$10 | \$30/\$50 | Yes | | | | | | | | |
| MVP Health Care-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | | | | | | | | |
| MVP Health Care-High | \$20/\$20 | \$240 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| MVP Health Care-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 68.6 | 87 | 87.4 | 93.9 | 88 | 88.6 | 61.8 | |
| Preferred Care-High | \$20/\$20 | \$250 | \$10 | \$30/\$50 | Yes | 69.5 | 87.8 | 88.5 | 91.3 | 89.7 | 92.6 | 66.2 | |
| Preferred Care-Std | \$25/\$40 | \$500 | \$10 | \$30/\$50 | Yes | 69.5 | 87.8 | 88.5 | 91.3 | 89.7 | 92.6 | 66.2 | |
| Univera Healthcare-High | \$20/\$20 | \$250 | \$10 | \$20/\$45 | No | 64.3 | 88.9 | 88.6 | 91.5 | 84.7 | 92.4 | 59.3 | |
| Univera Healthcare-High | \$20/\$20 | \$250 | \$10 | \$20/\$45 | No | 60.1 | 88.2 | 91.3 | 94.5 | 80.5 | 86.8 | 67.9 | |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| North Carolina | | | | | | | |
| Aetna Open Access -high- Charlotte/Raleigh/Durham NC Areas | 877-459-6604 | JN1 | JN2 | 78.07 | 170.28 | 183.77 | 416.21 |
| Aetna Open Access -basic- Charlotte/Raleigh/Durham NC Areas | 877-459-6604 | JN4 | JN5 | 19.33 | 45.25 | 152.53 | 356.93 |
| North Dakota | | | | | | | |
| HealthPartners Open Access Copay -high- North Dakota | 952-883-5000 | V31 | V32 | 62.02 | 149.11 | 183.77 | 416.21 |
| HealthPartners Three for Free -std- North Dakota | 952-883-5000 | V34 | V35 | 14.57 | 33.51 | 114.96 | 264.40 |
| Heart of America Health Plan -high- Northcentral North Dakota | 800-525-5661 | RU1 | RU2 | 19.11 | 49.12 | 150.76 | 387.46 |
| Ohio | | | | | | | |
| Aetna Open Access -high- Cleveland and Toledo Areas | 877-459-6604 | 7D1 | 7D2 | 25.88 | 82.80 | 183.77 | 416.21 |
| Aetna Open Access -high- Columbus Area | 877-459-6604 | ND1 | ND2 | 61.16 | 175.04 | 183.77 | 416.21 |
| Aetna Open Access -high- Greater Cincinnati Area | 877-459-6604 | RD1 | RD2 | 114.59 | 321.46 | 183.77 | 416.21 |
| AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co. | 330-363-6360 | 3A1 | 3A2 | 51.47 | 161.29 | 183.77 | 416.21 |
| HMO Health Ohio -high- Northeast Ohio | 800-522-2066 | L41 | L42 | 61.87 | 212.13 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas | 800-686-7100 | 641 | 642 | 56.26 | 135.86 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas | 800-686-7100 | 644 | 645 | 17.65 | 40.60 | 139.25 | 320.29 |
| Paramount Health Care -high- Northwest/North Central Ohio | 800-462-3589 | U21 | U22 | 61.23 | 171.76 | 183.77 | 416.21 |
| The Health Plan of the Upper Ohio Valley -high- Northeast and Eastern Ohio | 800-624-6961 | U41 | U42 | 21.73 | 49.98 | 171.42 | 394.26 |
| United Healthcare of Ohio, Inc. -high- Cleveland | 877-835-9861 | AK1 | AK2 | 42.77 | 109.36 | 183.77 | 416.21 |
| United Healthcare of Ohio, Inc. -high- Columbus | 877-835-9861 | CA1 | CA2 | 70.16 | 169.72 | 183.77 | 416.21 |
| Oklahoma | | | | | | | |
| Aetna Open Access -high- Oklahoma City/Tulsa Areas | 877-459-6604 | SL1 | SL2 | 69.69 | 171.76 | 183.77 | 416.21 |
| Aetna Open Access -basic- Oklahoma City/Tulsa Areas | 877-459-6604 | SL4 | SL5 | 18.98 | 47.48 | 149.75 | 374.59 |
| Globalhealth, Inc. -high- Oklahoma | 877-280-2990 | IM1 | IM2 | 18.53 | 44.65 | 146.15 | 352.25 |
| PacifiCare of Oklahoma -high- Central/Northeastern Oklahoma | 866-546-0510 | 2N1 | 2N2 | 56.00 | 144.90 | 183.77 | 416.21 |
| Oregon | | | | | | | |
| Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas | 800-813-2000 | 571 | 572 | 47.31 | 114.65 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas | 800-813-2000 | 574 | 575 | 21.52 | 49.44 | 169.77 | 390.00 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|----------------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| North Carolina | | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$25 | \$150/day x3 | \$5 | \$25/\$50 | No | | | | | | | |
| Aetna Open Access-Basic | \$20/\$30 | 10% Plan Allow | \$10 | \$25/\$50 | No | | | | | | | |
| North Dakota | | | | | | | | | | | | |
| HealthPartners OA Copay | \$20/\$20 | 10% of charges | \$10 | \$25/\$50 | Yes | | | | | | | |
| HealthPartners 3 for Free | \$0 for 3, then 20%/\$0 for 3, then 20% | 20% in/40% out | \$6 | \$30/\$60 | Yes | | | | | | | |
| Heart of America HP-High | \$15/\$25 | None | 50% | 50%/50% | None | | | | | | | |
| Ohio | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 59 | 84.4 | 85 | 91.9 | 82.3 | 84.8 | 51.6 |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 59 | 84.4 | 85 | 91.9 | 82.3 | 84.8 | 51.6 |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 59 | 84.4 | 85 | 91.9 | 82.3 | 84.8 | 51.6 |
| AultCare HMO-High | \$10/\$10 | None | \$10 | \$20/\$35 | No | 80.7 | 94.4 | 93.8 | 94.1 | 91.7 | 97.1 | 61.2 |
| HMO Health Ohio-High | \$20/\$20 | \$250 | \$20 | \$30/\$40 | Yes | 63.5 | 90.4 | 87.7 | 94.4 | 85.4 | 87.6 | 59.2 |
| Kaiser Foundation HP-High | \$15/\$15 | \$200 | \$10 | \$25/\$25 | No | 65.1 | 83.1 | 85.8 | 91.9 | 79.3 | 80 | 54.2 |
| Kaiser Foundation HP-Std | \$20/\$40 | \$500 | \$15 | \$30/\$30 | No | 65.1 | 83.1 | 85.8 | 91.9 | 79.3 | 80 | 54.2 |
| Paramount Health Care-High | \$15/\$25 | \$500 | \$10 | \$20/\$45 | Yes | 69.4 | 81.8 | 86.9 | 93 | 83.9 | 88.1 | 57 |
| HP of the Upper Ohio Valley-High | \$10/\$20 | \$250 | \$15 | \$30/\$50 | Yes | 73.7 | 90.8 | 90.7 | 95.5 | 90.3 | 95.1 | 62.3 |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 52 | 87.2 | 86.9 | 93.3 | 80.1 | 83.5 | 51 |
| United Healthcare-High | \$20/\$30 | \$150 a day x 3 | \$7 | \$30/\$50 | Yes | 52 | 87.2 | 86.9 | 93.3 | 80.1 | 83.5 | 51 |
| Oklahoma | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 60.9 | 86.6 | 88.2 | 94.6 | 84.4 | 90.3 | 60.5 |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 60.9 | 86.6 | 88.2 | 94.6 | 84.4 | 90.3 | 60.5 |
| Globalhealth, Inc.-High | \$15/\$35 | \$150/day x 3 | \$10 | \$25/\$40 | Yes | 58.5 | 77.1 | 82.1 | 91.8 | 75 | 77.5 | 55.2 |
| PacifiCare of Oklahoma-High | \$20/\$40 | \$250/day x 5 | \$10 | \$30/\$50 | Yes | 64.3 | 85.2 | 88.2 | 93.2 | 77.4 | 87.2 | 55.8 |
| Oregon | | | | | | | | | | | | |
| Kaiser Foundation HP-High | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | 61.7 | 75.5 | 77.4 | 92.7 | 81.3 | 85.1 | 53.9 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250 | \$20 | \$40/\$40 | Yes | 61.7 | 75.5 | 77.4 | 92.7 | 81.3 | 85.1 | 53.9 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Pennsylvania | | | | | | | |
| Aetna Open Access -high- Philadelphia/Central/Southeastern PA | 877-459-6604 | P31 | P32 | 104.83 | 280.14 | 183.77 | 416.21 |
| Aetna Open Access -basic- Philadelphia/Central/Southeastern PA | 877-459-6604 | P34 | P35 | 22.21 | 51.28 | 175.18 | 404.53 |
| Aetna Open Access -high- Pittsburgh and Western PA Areas | 877-459-6604 | YE1 | YE2 | 15.95 | 43.98 | 125.83 | 346.96 |
| Geisinger Health Plan -high- Northeastern/Central/South Central areas | 800-447-4000 | GG1 | GG2 | 49.35 | 119.96 | 183.77 | 416.21 |
| Geisinger Health Plan -std- Northeastern/Central/South Central areas | 800-447-4000 | GG4 | GG5 | 23.01 | 54.29 | 181.55 | 416.21 |
| HealthAmerica Pennsylvania -high- Greater Pittsburgh area | 866-351-5946 | 261 | 262 | 56.96 | 197.69 | 183.77 | 416.21 |
| HealthAmerica Pennsylvania -std- Greater Pittsburgh area | 866-351-5946 | 264 | 265 | 22.17 | 86.37 | 174.91 | 416.21 |
| HealthAmerica Pennsylvania -high- Southeastern Pennsylvania | 866-351-5946 | PN1 | PN2 | 79.40 | 189.12 | 183.77 | 416.21 |
| HealthAmerica Pennsylvania -std- Southeastern Pennsylvania | 866-351-5946 | PN4 | PN5 | 45.19 | 109.49 | 183.77 | 416.21 |
| HealthAmerica Pennsylvania -high- Central Pennsylvania | 866-351-5946 | SW1 | SW2 | 89.41 | 212.06 | 183.77 | 416.21 |
| HealthAmerica Pennsylvania -std- Central Pennsylvania | 866-351-5946 | SW4 | SW5 | 26.50 | 67.39 | 183.77 | 416.21 |
| Keystone Health Plan Central -high- Harrisburg/Northern Region/Lehigh Valley | 800-622-2843 | S41 | S42 | 93.73 | 246.87 | 183.77 | 416.21 |
| Keystone Health Plan Central -std- Harrisburg/Northern Region/Lehigh Valley | 800-622-2843 | S44 | S45 | 71.15 | 191.84 | 183.77 | 416.21 |
| Keystone Health Plan East -high- Philadelphia area | 800-227-3115 | ED1 | ED2 | 75.52 | 267.73 | 183.77 | 416.21 |
| Keystone Health Plan East -std- Philadelphia area | 800-227-3115 | ED4 | ED5 | 45.84 | 189.80 | 183.77 | 416.21 |
| UPMC Health Plan -high- Western Pennsylvania | 888-876-2756 | 8W1 | 8W2 | 58.10 | 140.09 | 183.77 | 416.21 |
| UPMC Health Plan -std- Western Pennsylvania | 1-888-876-2756 | UW4 | UW5 | 43.16 | 105.70 | 183.77 | 416.21 |
| Puerto Rico | | | | | | | |
| Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico | 800-314-3121 | ZJ1 | ZJ2 | 14.44 | 33.21 | 113.92 | 262.00 |
| Triple-S -high- All of Puerto Rico | 787-774-6060 | 891 | 892 | 14.75 | 33.93 | 116.39 | 267.69 |
| Rhode Island | | | | | | | |
| Blue CHIP Coordinated Health Plan - BCBS of RI -high- All of Rhode Island | 401-459-5500 | DA1 | DA2 | 88.34 | 304.85 | 183.77 | 416.21 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | | |
|----------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 | |
| Pennsylvania | | | | | | | | | | | | | |
| Aetna Open Access-High | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 53.6 | 86.2 | 89.9 | 92.6 | 79 | 88.4 | 45.4 | |
| Aetna Open Access-Basic | \$15/\$30 | 20% Plan Allow | \$5 | \$30/\$50 | Yes | 53.6 | 86.2 | 89.9 | 92.6 | 79 | 88.4 | 45.4 | |
| Aetna Open Access-High | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 53.6 | 86.2 | 89.9 | 92.6 | 79 | 88.4 | 45.4 | |
| Geisinger Health Plan-High | \$20/\$35 | NothingaftrDed | \$5 | \$35/\$60 | Yes | 60.7 | 86.9 | 86.3 | 95.2 | 90.2 | 93.7 | 68.8 | |
| Geisinger Health Plan-Std | \$20/\$35 | 20%aftrDeduct | \$5 | \$35/\$60 | Yes | 60.7 | 86.9 | 86.3 | 95.2 | 90.2 | 93.7 | 68.8 | |
| HealthAmerica-High | \$15/\$25 | 10% | \$5 | \$25/\$40 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| HealthAmerica-Std | \$20/\$30 | 20% | \$5 | \$35/\$50 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| HealthAmerica-High | \$15/\$25 | 10% | \$5 | \$25/\$40 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| HealthAmerica-Std | \$20/\$30 | 20% | \$5 | \$35/\$50 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| HealthAmerica-High | \$15/\$25 | 10% | \$5 | \$25/\$40 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| HealthAmerica-Std | \$20/\$30 | 20% | \$5 | \$35/\$50 | Yes | 68.1 | 86.7 | 88.6 | 93.4 | 88.1 | 93.2 | 63.4 | |
| Keystone HP Central-High | \$15/\$20 | \$200 copay | \$10 | \$25/\$40 | Yes | 72.9 | 87.5 | 87.8 | 94 | 87.6 | 93.1 | 62.9 | |
| Keystone HP Central-Std | \$15/\$35 | \$100 x 5 | \$5 | \$35/\$60 | Yes | 72.9 | 87.5 | 87.8 | 94 | 87.6 | 93.1 | 62.9 | |
| Keystone HP East-High | \$20/\$25 | \$125 perday/\$625max | \$5 | \$20/\$50 | Yes | 63 | 85 | 87.3 | 94 | 86.1 | 90 | 61.9 | |
| Keystone HP East-Std | \$20/\$40 | 20% after ded | \$20 | \$40/\$60 | Yes | 63 | 85 | 87.3 | 94 | 86.1 | 90 | 61.9 | |
| UPMC Health Plan-High | \$20/\$20 | \$250 | \$10 | \$30/\$50 | Yes | 66.6 | 86.6 | 87.6 | 93.2 | 91 | 90.5 | 63.8 | |
| UPMC Health Plan-Std | \$20/\$35 | \$300 | \$10 | \$40/\$60 | Yes | 66.6 | 86.6 | 87.6 | 93.2 | 91 | 90.5 | 63.8 | |
| Puerto Rico | | | | | | | | | | | | | |
| Humana - | In-Network | \$5/\$5 | None | \$2.50 | \$10/\$15/\$15 | No | 76.4 | 82.9 | 79.8 | 94.7 | 81.1 | 72.8 | 69.5 |
| Humana - | Out-Network | \$8/\$8 | \$50 | N/A | N/A/N/A | No | 76.4 | 82.9 | 79.8 | 94.7 | 81.1 | 72.8 | 69.5 |
| Triple-S- | In-Network | \$7.50/\$10 | None | \$7.50 | \$12/\$15 | Yes | 81.4 | 88.8 | 84.3 | 95.6 | 76.1 | 72 | 68.3 |
| Triple-S- | Out-Network | \$7.50 +/\$10 + | None | 25% | 25%/25% | No | 81.4 | 88.8 | 84.3 | 95.6 | 76.1 | 72 | 68.3 |
| Rhode Island | | | | | | | | | | | | | |
| BCBS of RI - | In-Network | \$15/\$25 | \$500 | \$7 | \$30/\$50 | Yes | 57.9 | 89.6 | 88.7 | 94.9 | 85 | 92.2 | 65.1 |
| BCBS of RI - | Out-Network | 30%/30% | None | \$50+20% | \$50+20%/\$50+20% | No | 57.9 | 89.6 | 88.7 | 94.9 | 85 | 92.2 | 65.1 |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| South Dakota | | | | | | | |
| HealthPartners Open Access Copay -high- South Dakota | 952-883-5000 | V31 | V32 | 62.02 | 149.11 | 183.77 | 416.21 |
| HealthPartners Three for Free -std- South Dakota | 952-883-5000 | V34 | V35 | 14.57 | 33.51 | 114.96 | 264.40 |
| Sanford Health Plan -high- Eastern/Central/Rapid City Areas | 800-752-5863 | AU1 | AU2 | 53.19 | 129.05 | 183.77 | 416.21 |
| Sanford Health Plan -std- Eastern/Central/Rapid City Areas | 800-752-5863 | AU4 | AU5 | 41.89 | 102.75 | 183.77 | 416.21 |
| Tennessee | | | | | | | |
| Aetna Open Access -high- Nashville Area | 877-459-6604 | 6J1 | 6J2 | 90.01 | 207.99 | 183.77 | 416.21 |
| Aetna Open Access -high- Memphis Area | 877-459-6604 | UB1 | UB2 | 19.60 | 49.97 | 154.61 | 394.25 |
| Texas | | | | | | | |
| Aetna Open Access -high- Houston Area | 877-459-6604 | 8G1 | 8G2 | 54.22 | 177.97 | 183.77 | 416.21 |
| Aetna Open Access -high- Austin and San Antonio Areas | 877-459-6604 | P11 | P12 | 39.62 | 146.54 | 183.77 | 416.21 |
| Firstcare -high- Waco area | 800-884-4901 | 6U1 | 6U2 | 20.09 | 43.20 | 158.50 | 340.77 |
| Firstcare -high- West Texas | 800-884-4901 | CK1 | CK2 | 60.81 | 109.62 | 183.77 | 416.21 |
| Humana Health Plan of Texas -high- San Antonio area | 888-393-6765 | UR1 | UR2 | 130.94 | 307.63 | 183.77 | 416.21 |
| Humana Health Plan of Texas -std- San Antonio area | 888-393-6765 | UR4 | UR5 | 19.33 | 44.46 | 152.49 | 350.73 |
| Humana Health Plan of Texas -high- Austin Area | 888-393-6765 | UU1 | UU2 | 22.93 | 52.73 | 180.87 | 416.01 |
| Humana Health Plan of Texas -std- Austin Area | 888-393-6765 | UU4 | UU5 | 20.84 | 47.94 | 164.43 | 378.18 |
| Pacificare of Texas -high- San Antonio, Dallas/Ft. Worth | 866-546-0510 | GF1 | GF2 | 63.83 | 153.09 | 183.77 | 416.21 |
| Utah | | | | | | | |
| Altius Health Plans -high- Wasatch Front | 800-377-4161 | 9K1 | 9K2 | 45.21 | 87.58 | 183.77 | 416.21 |
| Altius Health Plans -std- Wasatch Front | 800-377-4161 | DK4 | DK5 | 21.97 | 48.34 | 173.33 | 381.32 |
| Virgin Islands | | | | | | | |
| Triple-S -high- US Virgin Islands | 800-981-3241 | 851 | 852 | 21.40 | 48.60 | 168.84 | 383.44 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | | |
|---------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 | |
| South Dakota | | | | | | | | | | | | | |
| HealthPartners OA Copay | | \$20/\$20 | 10% of charges | \$10 | \$25/\$50 | Yes | | | | | | | |
| HealthPartners 3 for Free | \$0 for 3, then 20% | \$0 for 3, then 20% | 20% in/40% out | \$6 | \$30/\$60 | Yes | | | | | | | |
| Sanford HP- | In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | N/A | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford HP- | Out-Network | 40%/40% | 40% | N/A | N/A/N/A | N/A | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford HP- | In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Sanford HP- | Out-Network | 40%/40% | 40% | N/A | N/A/N/A | No | 49.4 | 84.4 | 90 | 94 | 81.9 | 85.7 | 60.3 |
| Tennessee | | | | | | | | | | | | | |
| Aetna Open Access-High | | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 63.4 | 85.7 | 86.6 | 92.2 | 86.8 | 90.7 | 57.1 |
| Aetna Open Access-High | | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 63.4 | 85.7 | 86.6 | 92.2 | 86.8 | 90.7 | 57.1 |
| Texas | | | | | | | | | | | | | |
| Aetna Open Access-High | | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 60.2 | 83.3 | 86.6 | 92.9 | 85.7 | 86.2 | 56.5 |
| Aetna Open Access-High | | \$20/ \$30 | \$150/day x 5 | \$10 | \$25/\$50 | Yes | 63.5 | 85.3 | 87 | 93.9 | 80.5 | 82.4 | 54 |
| Firstcare-High | | \$20/\$55 | \$150/dayX5 | \$15 | \$35/\$65 | No | 64.5 | 88.6 | 89.2 | 92.7 | 77.1 | 84.8 | 70.5 |
| Firstcare-High | | \$20/\$55 | \$150/dayX5 | \$15 | \$35/\$65 | No | 64.6 | 88.3 | 87.1 | 93.7 | 84.6 | 91.5 | 62.8 |
| Humana Health Plan-High | | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | 69.3 | 89.1 | 84.3 | 89.9 | 83.3 | 84.7 | 61.5 |
| Humana Health Plan-Std | | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | 69.3 | 89.1 | 84.3 | 89.9 | 83.3 | 84.7 | 61.5 |
| Humana Health Plan-High | | \$15/\$25 | \$200/day x 3 | \$10 | \$30/\$50 | Yes | | | | | | | |
| Humana Health Plan-Std | | \$20/\$30 | \$400/day x 3 | \$10 | \$30/\$50 | Yes | | | | | | | |
| Pacificare of Texas-High | | \$20/\$40 | \$250/day x 5 | \$10 | \$30/\$50 | Yes | 57.6 | 83.8 | 85.7 | 93.4 | 75.9 | 83.7 | 52.6 |
| Utah | | | | | | | | | | | | | |
| Altius Health Plans-High | | \$10/\$15 | \$100 | \$5 | \$20/\$50 | Yes | 62.1 | 81.9 | 86.6 | 94.4 | 84 | 88.3 | 53.5 |
| Altius Health Plans-Std | | \$20/\$30 | None | \$10 | \$25/\$50 | Yes | | | | | | | |
| Virgin Islands | | | | | | | | | | | | | |
| Triple-S- | In-Network | \$7.50/\$10 | None | \$7.50 | \$12/\$15 | Yes | | | | | | | |
| Triple-S- | Out-Network | \$7.50 +/\$10 + | None | 25% | 25%/25% | No | | | | | | | |

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

See page 33 for an explanation of the columns on these pages.

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Virginia | | | | | | | |
| Aetna Open Access -high- Northern/Central/Richmond Virginia Areas | 877-459-6604 | JN1 | JN2 | 78.07 | 170.28 | 183.77 | 416.21 |
| Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas | 877-459-6604 | JN4 | JN5 | 19.33 | 45.25 | 152.53 | 356.93 |
| CareFirst BlueChoice -high- Northern Virginia | 866-296-7363 | 2G1 | 2G2 | 23.96 | 52.57 | 183.77 | 414.75 |
| Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area | 1-877-574-3337 | E31 | E32 | 30.39 | 85.49 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area | 1-877-574-3337 | E34 | E35 | 13.73 | 32.68 | 108.35 | 257.84 |
| M.D. IPA -high- N.VA/Cntrl VA/Richmond/Tidewater/Roanoke | 877-835-9861 | JP1 | JP2 | 23.10 | 57.19 | 182.19 | 416.21 |
| Optima Health Plan -high- Hampton Roads and Richmond areas | 800-206-1060 | 9R1 | 9R2 | 44.20 | 123.20 | 183.77 | 416.21 |
| Optima Health Plan -std- Hampton Roads and Richmond areas | 800-206-1060 | 9R4 | 9R5 | 18.42 | 43.58 | 145.30 | 343.81 |
| Piedmont Community Healthcare -high- Lynchburg area | 888-674-3368 | 2C1 | 2C2 | 22.49 | 51.47 | 177.39 | 406.07 |
| Washington | | | | | | | |
| Group Health Cooperative -high- Most of Western Washington | 888-901-4636 | 541 | 542 | 64.94 | 118.51 | 183.77 | 416.21 |
| Group Health Cooperative -std- Most of Western Washington | 888-901-4636 | 544 | 545 | 17.70 | 39.97 | 139.66 | 315.31 |
| Group Health Cooperative -high- Central WA/Spokane/Pullman | 888-901-4636 | VR1 | VR2 | 77.98 | 146.54 | 183.77 | 416.21 |
| Group Health Cooperative -std- Central WA/Spokane/Pullman | 888-901-4636 | VR4 | VR5 | 18.26 | 42.01 | 144.09 | 331.42 |
| KPS Health Plans -std- All of Washington | 800-552-7114 | L11 | L12 | 20.00 | 43.17 | 157.79 | 340.57 |
| KPS Health Plans -high- All of Washington | 800-552-7114 | VT1 | VT2 | 54.56 | 104.57 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview | 800-813-2000 | 571 | 572 | 47.31 | 114.65 | 183.77 | 416.21 |
| Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview | 800-813-2000 | 574 | 575 | 21.52 | 49.44 | 169.77 | 390.00 |
| West Virginia | | | | | | | |
| The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia | 800-624-6961 | U41 | U42 | 21.73 | 49.98 | 171.42 | 394.26 |
| Wisconsin | | | | | | | |
| Dean Health Plan -high- South Central Wisconsin | 800-279-1301 | WD1 | WD2 | 22.06 | 73.97 | 174.01 | 416.21 |
| Group Health Cooperative -high- South Central Wisconsin | 608-828-4827 | WJ1 | WJ2 | 21.79 | 92.75 | 171.91 | 416.21 |
| HealthPartners Open Access Copay -high- Wisconsin | 952-883-5000 | V31 | V32 | 62.02 | 149.11 | 183.77 | 416.21 |
| HealthPartners Three for Free -std- Wisconsin | 952-883-5000 | V34 | V35 | 14.57 | 33.51 | 114.96 | 264.40 |
| Wyoming | | | | | | | |
| Altius Health Plans -high- Uinta County | 800-377-4161 | 9K1 | 9K2 | 45.21 | 87.58 | 183.77 | 416.21 |
| Altius Health Plans -std- Uinta County | 800-377-4161 | DK4 | DK5 | 21.97 | 48.34 | 173.33 | 381.32 |

| Plan Name | Primary care/ Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results (with national averages for HMO/POS plans in each category) | | | | | | |
|----------------------------------|---|------------------------------------|-----------------------|------------------------|---------------------------|--|---------------------------|------------------------------|---|--------------------------|---------------------------|--------------------------------|
| | | | Level I | Level II/ Level III | Mail order discount | Overall plan satisfaction 62.8 | Getting needed care 84 | Getting care quickly 85.6 | How well doctors communicate 92.6 | Customer service 82.1 | Claims processing 85.7 | Shared decision making 58.7 |
| Virginia | | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$25 | \$150/day x3 | \$5 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| Aetna Open Access-Basic | \$20/\$30 | 10% Plan Allow | \$10 | \$25/\$50 | No | 59.2 | 81.6 | 89.1 | 92.9 | 84.7 | 85.1 | 57.4 |
| CareFirst BlueChoice-High | \$20/\$30 | \$100 | \$10 | \$25/\$40 | Yes | 60.5 | 80.2 | 83.9 | 90.9 | 70.6 | 85.2 | 53 |
| Kaiser Foundation HP-High | \$10/\$20 | \$100 | \$7/\$17 Net | \$30/\$50/\$45/\$65 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250/dayx3 | \$12/\$22Net | \$35/\$55/\$50/\$70 | Yes | 63.6 | 74.5 | 75.6 | 88.6 | 77 | 79.3 | 54 |
| M.D. IPA-High | \$20/\$30 | \$150/day x 3 | \$7 | \$25/\$50 | No | 58 | 80.4 | 82.4 | 91 | 81.6 | 80.9 | 54.7 |
| Optima Health Plan-High | \$5/\$0 child<13/\$30 | \$200 | \$5 | \$25/\$45/\$45 | Yes | 67.5 | 90.7 | 87.6 | 91.9 | 84.5 | 88.5 | 59.4 |
| Optima Health Plan-Std | \$20/\$30 | None | \$5 | \$25/50% up to \$3,000 | No | | | | | | | |
| Piedmont - In-Network | \$35/\$35 | 20% | \$15 | \$30/\$55 | Yes | | | | | | | |
| Piedmont - Out-Network | 30%/30% | 30% | \$15 | \$30/\$55 | Yes | | | | | | | |
| Washington | | | | | | | | | | | | |
| Group Health Cooperative-High | \$20/\$20 | \$350/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| Group Health Cooperative-Std | \$20+20%/\$20+20% | \$500/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| Group Health Cooperative-High | \$20/\$20 | \$350/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| Group Health Cooperative-Std | \$20+20%/\$20+20% | \$500/day x 3 | \$15 | \$30/\$60 | Yes | 64.4 | 83.6 | 87.3 | 93.3 | 85.8 | 88.6 | 57.3 |
| KPS Health Plans- In-Network | \$15/3 or 20%/20% | \$100/day x 5 | \$10 | \$30/50% or \$40 | Yes | 68.4 | 90.7 | 89.2 | 92 | 90.1 | 91.5 | 58 |
| KPS Health Plans- Out-Network | \$15/3 or 45%/45% | \$100/day x 5 | Not Covered | Not Covered | No | 68.4 | 90.7 | 89.2 | 92 | 90.1 | 91.5 | 58 |
| KPS Health Plans- In-Network | \$30/\$30 | None | \$5 | \$20/ 50% or \$100 | Yes | 78.9 | 91.5 | 91 | 92.6 | 88.2 | 91.7 | 61.7 |
| KPS Health Plans- Out-Network | \$20+45%/\$20+45% | None | Not covered | N/A/N/A | No | 78.9 | 91.5 | 91 | 92.6 | 88.2 | 91.7 | 61.7 |
| Kaiser Foundation HP-High | \$15/\$15 | \$100 | \$15 | \$30/\$30 | Yes | 61.7 | 75.5 | 77.4 | 92.7 | 81.3 | 85.1 | 53.9 |
| Kaiser Foundation HP-Std | \$20/\$30 | \$250 | \$20 | \$40/\$40 | Yes | 61.7 | 75.5 | 77.4 | 92.7 | 81.3 | 85.1 | 53.9 |
| West Virginia | | | | | | | | | | | | |
| HP of the Upper Ohio Valley-High | \$10/\$20 | \$250 | \$15 | \$30/\$50 | Yes | 73.7 | 90.8 | 90.7 | 95.5 | 90.3 | 95.1 | 62.3 |
| Wisconsin | | | | | | | | | | | | |
| Dean Health Plan-High | \$10/\$10 | None | \$10 | \$0/\$75max/30% | No | 70.7 | 85 | 88.7 | 94 | 84.9 | 91.1 | 61.5 |
| Group Health Cooperative-High | \$10/\$10 | None | \$5 | \$20/\$20 | No | 74.7 | 80.9 | 86.9 | 94.7 | 88.2 | 89.4 | 56.3 |
| HealthPartners OA Copay | \$20/\$20 | 10% of charges | \$10 | \$25/\$50 | Yes | | | | | | | |
| HealthPartners 3 for Free | \$0 for 3, then 20% | \$0 for 3, then 20% | \$6 | \$30/\$60 | Yes | | | | | | | |
| Wyoming | | | | | | | | | | | | |
| Altius Health Plans-High | \$10/\$15 | \$100 | \$5 | \$20/\$50 | Yes | | | | | | | |
| Altius Health Plans-Std | \$20/\$30 | None | \$10 | \$25/\$50 | Yes | | | | | | | |

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 62 through 87)

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 \$1,150 for Self and \$2,300 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,800 for Self and \$11,600 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)

A health savings account allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax 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. You are eligible for an HSA if you are enrolled in an HDHP, not covered by any other health plan that is not an HDHP (including a spouse’s health plan, but does not include specific injury insurance and accident, disability, dental care, vision care, or long-term coverage), not enrolled in Medicare, not received VA benefits within the last three months, not covered by your own or your spouse’s flexible spending account (FSA), and are not claimed as a dependent on someone else’s tax return. If you are enrolled in a High Deductible Health Plan with an HSA you may not participate in a Health Care Flexible Spending Account (HCFSA), but you are permitted to participate in a Limited Expense (LEX) HCFSA. HSA’s 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. The 2009 maximum contribution limits are \$3,000 for Self Only coverage and \$5,950 for Self and Family coverage. 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.

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

Starting in 2007, FDIC employees who are enrolled in HDHPs became eligible to make pre-tax allotments to their HSAs through the FDIC Health Care Flexible Spending Account. By January 1, 2008, eligible employees will be able to make these allotments to their HSAs. OPM has worked with payroll providers and employee self service systems to provide this service.

Features of an HSA include:

- Tax-deductible deposits you make to the HSA. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969.
- 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, leave government service, or change plans.

Health Reimbursement Arrangement (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 not eligible 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.

If you are enrolled in a High Deductible Health Plan with an HRA you may participate in a Health Care Flexible Spending Account (HCFSA).

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

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

| | Health Savings Account (HSA) | Health Reimbursement Arrangement (HRA) |
|-----------------|---|---|
| ELIGIBILITY | You must enroll in a High Deductible Health Plan (HDHP). No other general medical insurance coverage is permitted. You cannot be enrolled in Medicare Part A or Part B. You cannot be claimed as a dependent on someone else's tax returns. | You must enroll in a High Deductible Health Plan (HDHP). |
| FUNDING | The plan deposits a monthly "premium pass through" into your account. | The plan deposits the credit amount directly into your account. |
| CONTRIBUTIONS | The maximum allowed is a combination of the health plan "premium pass through" and the member contribution up to the maximum contribution amount set by the IRS each year. | 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 (even if they are not covered by the HDHP), or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses, including over-the-counter drugs. | May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, 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 change plans, separate from service, or retire. | If you retire and remain in your HDHP 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 HDHP 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.

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

A Consumer-Driven plan provides you with freedom in spending health care dollars the way you want. The typical plan has common features: 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 receive full coverage for In-Network preventive care.

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

The tables on the following pages highlight what you are expected to pay for selected features under each plan. The charts are not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, the covered out-of-pocket expenses under a High Deductible Health Plan, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. *You must read the plan's brochure for details.*

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically deposits or credits into your account on a monthly basis for Self Only/Self and Family enrollments. (Consumer-Driven Health Plans credit accounts annually.) The amount credited under "Premium Contribution" is shown as a monthly amount for comparison purposes only.

Calendar Year (CY) Deductible Self/Family is the maximum amount of covered expenses an individual or family must pay out-of-pocket, including deductibles, coinsurance and copayments, before the plan pays catastrophic benefits.

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

Office Visit shows what you pay for a visit to a primary care physician after the deductible is met for other than preventive care.

Inpatient Hospital shows what you pay after the deductible is met for hospital services when an inpatient. 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

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| APWU Health Plan -CDHP | 866-833-3463 | 474 | 475 | 17.48 | 39.33 | 137.92 | 310.27 |
| GEHA High Deductible Health Plan -HDHP | 800-821-6136 | 341 | 342 | 19.77 | 45.16 | 155.99 | 356.28 |
| Mail Handlers Benefit Plan Consumer Option -HDHP | 800-694-9901 | 481 | 482 | 15.67 | 35.51 | 123.61 | 280.10 |

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include charges from physicians or for services that may not be charged by the hospital such as laboratory or radiology.

Outpatient Surgery shows what you pay the doctor for surgery performed on an outpatient basis.

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

Prescription Drugs are categorized using a variety of terms to define what you pay such as generic, brand, Level I, Level II, Tier I, Tier II, etc. In capturing these differences we use the following: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs with some exceptions for specialty drugs. The level in which a medication is placed and what you pay for prescription drugs is often based on what the plan is charged.

High Deductible Health Plans and Consumer Driven Health Plans are much different from the other types of plans shown in this Guide. You can use in-network providers to save money. If you use out-of-network providers, however, you not only pay more of the costs but you are also usually responsible for any difference between the amount billed for a service and what the plan actually allows. (For example, you receive a bill from an out-of-network provider for \$100 but the plan allows \$85 for the service. You pay the higher copayment for out-of-network care plus the \$15 difference between \$100 – the billed amount – and the plan’s allowance of \$85.) In addition, the difference you pay between the billed amount and the plan’s allowance does not count toward satisfying the catastrophic limit.

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs |
|--|--------------|---------------------------------|---------------------|------------------------|--------------|--------------------|--------------------|----------------------|--------------------|
| APWU Health Plan- | In-Network | N/A | \$600/\$1,200 | \$3,000/\$4,500 | 15% | None | 15% | Nothing | 25%/25%/25% |
| APWU Health Plan- | Out-Network | N/A | \$600/\$1,200 | \$9,000/\$9,000 | 40%+diff. | None | 40%+diff. | Nothing up to \$1200 | Not Covered |
| GEHA HDHP- | In-Network | \$60/\$120 | \$1,500/\$3,000 | \$5,000/\$10,000 | 5% | 5% | 5% | Nothing | 25%/25%/25% |
| GEHA HDHP- | Out-Network | \$60/\$120 | \$1,500/\$3,000 | \$5,000/\$10,000 | 25% | 25% | 25% | Ded/25% | 25%+/25%+/25%+ |
| Mail Handlers Benefit Plan Consumer Option- | In-Network | \$70/\$140 | \$2,000/\$4,000 | \$5,000/\$10,000 | \$15 | \$75 day-\$750 | Nothing | Nothing | \$10/\$25/\$40 |
| Mail Handlers Benefit Plan Consumer Option- | Out-Network | \$70/\$140 | \$2,000/\$4,000 | \$7,500/\$15,000 | 40% | 40% | 40% | Not Covered | Not Covered |

High Deductible Health Plans and Consumer-Driven Health Plan Member Survey Results

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. See Appendix D for a fuller 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"> Was it easy to get an appointment with specialists? Was it easy to get the care, tests, or treatment you thought you needed? |
| 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 as soon as you thought you needed? |
| 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? Did the plan's written materials or the Internet provide you with the information you needed about how the plan works? |
| Claims Processing | <ul style="list-style-type: none"> Did your plan pay your claims quickly and correctly? |
| Shared Decision Making | <ul style="list-style-type: none"> Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you? |

Member Survey Results

(with national averages for High Deductible Health Plans and Consumer-Driven Health Plans in each category)

High Deductible Health Plans

| Plan Name | Plan Code | Overall plan satisfaction 58.2 | Getting needed care 85.1 | Getting care quickly 87.3 | How well doctors communicate 93.8 | Customer service 83.3 | Claims processing 87.5 | Shared decision making 53.8 |
|---|-----------|-----------------------------------|-----------------------------|------------------------------|--------------------------------------|--------------------------|---------------------------|--------------------------------|
| Aetna Health Fund - Nationwide | 22 | 58.6 | 85.3 | 87.5 | 95.3 | 82.8 | 88.1 | 47.8 |
| AultCare HMO - OH | 3A | 67.9 | 90.5 | 88 | 94 | 90.3 | 93.5 | 59.5 |
| Bluegrass Family Health - IN, KY, TN | KV | 62.7 | 87.8 | 89.2 | 94.5 | 82.1 | 91.2 | 61.2 |
| GEHA High Deductible Health Plan - Nationwide | 34 | 58.1 | 84 | 85.3 | 92.9 | 85.6 | 90.4 | 48.2 |
| Mail Handlers Benefit Plan Consumer Option | 48 | 49.8 | 83.5 | 89.2 | 94.7 | 82.4 | 80.4 | 52 |
| UnitedHealthcare Insurance Company, Inc. - 23 States and D.C. | E9 | 52.1 | 79.7 | 84.8 | 91.4 | 76.6 | 81.3 | 54.4 |

Consumer-Driven Health Plans

| Plan Name | Plan Code | Overall plan satisfaction 54 | Getting needed care 85.5 | Getting care quickly 86.1 | How well doctors communicate 92.9 | Customer service 80.1 | Claims processing 85.4 | Shared decision making 55.9 |
|------------------------------------|-----------|---------------------------------|-----------------------------|------------------------------|--------------------------------------|--------------------------|---------------------------|--------------------------------|
| Aetna Health Fund - Nationwide | 22 | 58.6 | 85.3 | 87.5 | 95.3 | 82.8 | 88.1 | 47.8 |
| APWU Health Fund - Nationwide | 47 | 64.3 | 87.9 | 88.8 | 94.1 | 78.9 | 83.2 | 50.5 |
| Humana Coverage First - IN, KY, OH | 18 | 42.5 | 85.9 | 84.3 | 93.3 | 76.4 | 85.8 | 63.3 |
| Humana Coverage First - FL | MJ | 50.6 | 82.7 | 84 | 88.9 | 82.4 | 84.6 | 62.1 |

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High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Alabama | | | | | | | |
| Aetna HealthFund -CDHP- Most of Alabama | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Alabama | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Alaska | | | | | | | |
| Aetna HealthFund -CDHP- Most of Alaska | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Alaska | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Arizona | | | | | | | |
| Aetna HealthFund -CDHP- All of Arizona | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Arizona | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Humana CoverageFirst -CDHP- Phoenix/Tucson Area | 888-393-6765 | DB1 | DB2 | 15.78 | 36.29 | 124.47 | 286.31 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Arizona | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Arizona | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Arkansas | | | | | | | |
| Aetna HealthFund -CDHP- Most of Arkansas | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Arkansas | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Arkansas | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Arkansas | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------|--------------|---------------------------------|---------------------|-----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Alabama | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Alaska | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Arizona | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/ Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Arkansas | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| California | | | | | | | |
| Aetna HealthFund -CDHP- Most of California | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of California | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Most of California | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Most of California | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Colorado | | | | | | | |
| Aetna HealthFund -CDHP- All of Colorado | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Colorado | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Humana CoverageFirst -CDHP- Denver Area | 888-393-6765 | 7T1 | 7T2 | 16.44 | 37.80 | 129.66 | 298.23 |
| Humana CoverageFirst -CDHP- Colorado Springs Area | 888-393-6765 | FC1 | FC2 | 16.44 | 37.80 | 129.66 | 298.23 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Denver Area | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Denver Area | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Connecticut | | | | | | | |
| Aetna HealthFund -CDHP- All of Connecticut | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Connecticut | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Delaware | | | | | | | |
| Aetna HealthFund -CDHP- All of Delaware | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Delaware | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Coventry Health Care HDHP -HDHP- All of Delaware | 800/833-7423 | LK1 | LK2 | 18.34 | 44.43 | 144.65 | 350.47 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| California | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Colorado | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Connecticut | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Delaware | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Coventry Health Care- | In-Network | \$41.66/\$83.33 | \$1,500/\$3,000 | \$4,000/\$8,000 | \$15 | Nothing | Nothing | \$15/\$25 | No copay/\$25/\$50 |
| Coventry Health Care- | Out-Network | \$41.66/\$83.33 | \$1,500/\$3,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | N/A/N/A/ N/A |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| District of Columbia | | | | | | | |
| Aetna HealthFund -CDHP- All of Washington DC | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Washington DC | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Washington DC | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Washington DC | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Florida | | | | | | | |
| Aetna HealthFund -CDHP- Most of Florida | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Florida | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Humana CoverageFirst -CDHP- Pensacola Area | 888-393-6765 | BP1 | BP2 | 20.09 | 46.21 | 158.51 | 364.59 |
| Humana CoverageFirst -CDHP- Daytona Area | 888-393-6765 | DL1 | DL2 | 21.92 | 50.42 | 172.91 | 397.72 |
| Humana CoverageFirst -CDHP- Tampa Area | 888-393-6765 | MJ1 | MJ2 | 19.28 | 44.36 | 152.14 | 349.92 |
| Humana CoverageFirst -CDHP- Jacksonville Area | 888-393-6765 | MQ1 | MQ2 | 20.16 | 46.37 | 159.06 | 365.84 |
| Humana CoverageFirst -CDHP- South Florida Area | 888-393-6765 | QP1 | QP2 | 15.78 | 36.29 | 124.47 | 286.31 |
| Humana CoverageFirst -CDHP- Orlando Area | 888-393-6765 | YG1 | YG2 | 18.26 | 42.00 | 144.07 | 331.37 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Central and Southwest Florida | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Central and Southwest Florida | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------------|--------------|---------------------------------|---------------------|-----------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| District of Columbia | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Florida | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Georgia | | | | | | | |
| Aetna HealthFund -CDHP- Most of Georgia | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Georgia | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Humana CoverageFirst -CDHP- Atlanta Area | 888-393-6765 | AD1 | AD2 | 15.53 | 35.71 | 122.48 | 281.71 |
| Humana CoverageFirst -CDHP- Macon Area | 888-393-6765 | LM1 | LM2 | 19.18 | 44.11 | 151.29 | 347.99 |
| Kaiser Foundation Health Plan of Georgia Inc. HDHP - Atlanta,Athens,Columbus,Macon,Savannah | 888/865-5813 | GW1 | GW2 | 17.08 | 38.40 | 134.76 | 302.95 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Atlanta, Athens, Macon Areas | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Atlanta, Athens, Macon Areas | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Guam | | | | | | | |
| TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau) | 671-647-3526 | KX1 | KX2 | 19.75 | 49.83 | 155.82 | 393.09 |
| Idaho | | | | | | | |
| Aetna HealthFund -CDHP- Most of Idaho | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Idaho | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Altius Health Plans -HDHP- Southern Region | 800-377-4161 | 9K4 | 9K5 | 20.71 | 42.90 | 163.37 | 338.46 |
| Illinois | | | | | | | |
| Aetna HealthFund -CDHP- Most of Illinois | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Illinois | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Group Health Plan, Inc. -HDHP- Southern/Central | 800-755-3901 | MM4 | MM5 | 40.50 | 69.66 | 183.77 | 416.21 |
| Health Alliance HMO -HDHP- Central, E cent.,N. cent.So, W. Illinois | 800-851-3379 | FM1 | FM2 | 20.93 | 46.92 | 165.15 | 370.15 |
| Humana CoverageFirst -CDHP- Chicago Area | 888-393-6765 | MW1 | MW2 | 14.92 | 34.31 | 117.69 | 270.68 |
| Unicare HMO -HDHP- Chicagoland Area | 888-234-8855 | 721 | 722 | 15.13 | 33.08 | 119.35 | 260.98 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- St. Louis Area | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- St. Louis Area | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|----------------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Georgia | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Kaiser Foundation HP- HDHP | | \$62.50/\$125.00 | \$1,500/\$3,000 | \$3,000/\$6,000 | 20% | 20% | 20% | \$15 | 20%/20%/20% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Guam | | | | | | | | | |
| TakeCare- | In-Network | \$86.66/\$222.08 | \$3,000/\$6,000 | \$5,000/\$10,000 | 20% after DED | 20% after DED | 20% after DED | 1st \$300/ded | \$20/\$40/\$150 |
| TakeCare- | Out-Network | \$86.66/\$222.08 | \$3,000/\$6,000 | \$10,000/\$20,000 | 30% after DED | 30% after DED | 30% after DED | 1st \$300/ded | 30% after DED |
| Idaho | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Altius Health Plans | | \$45.83/\$91.66 | \$1,200/\$2,400 | \$5,000/\$10,000 | \$20 | 10% | 10% | Nothing | \$10/\$25/\$50 |
| Illinois | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Group Health Plan, Inc.- | In-Network | \$62.50/\$125.00 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$15 | 10% | 10% | \$15/\$25 | \$15/\$25/\$50 |
| Group Health Plan, Inc.- | Out-Network | \$62.50/\$125.00 | \$2,500/\$5,000 | \$10,000/\$20,000 | 30% | 30% | 30% | 30%+Ded | N/A/N/A/N/A |
| Health Alliance HMO- | In-Network | \$83.34/\$166.67 | \$2000/\$4000 | \$2000/\$4000 | \$0 | None | 0% | N/A | 0%/0% coinsurance/0% |
| Health Alliance HMO- | Out-Network | \$83.34/\$166.67 | \$4000/\$8000 | \$10000/\$20000 | 50% | None | 50% | N/A | 50%/50%/50% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Unicare HMO- | In-Network | \$60/\$120 | \$1,500/\$3,000 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$20/\$40 |
| Unicare HMO- | Out-Network | \$60/\$120 | \$3,000/\$6,000 | \$6,000/\$12,000 | 30% | 30% | 30% | Ded. + 30% | \$10 + 30%/\$20 + 30%/\$40 + 30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Indiana | | | | | | | |
| Aetna HealthFund -CDHP- All of Indiana | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Indiana | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Bluegrass Family Health -HDHP- Southern Indiana | 800-787-2680 | KV1 | KV2 | 22.50 | 45.00 | 177.50 | 354.99 |
| Health Alliance HMO -HDHP- Western Indiana | 800-851-3379 | FM1 | FM2 | 20.93 | 46.92 | 165.15 | 370.15 |
| Humana CoverageFirst -CDHP- Eastern Indiana Area | 888-393-6765 | L81 | L82 | 18.26 | 42.00 | 144.07 | 331.37 |
| Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties | 888-393-6765 | MW1 | MW2 | 14.92 | 34.31 | 117.69 | 270.68 |
| Unicare HMO -HDHP- Lake/Porter Counties | 888-234-8855 | 721 | 722 | 15.13 | 33.08 | 119.35 | 260.98 |
| Iowa | | | | | | | |
| Aetna HealthFund -CDHP- All of Iowa | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Iowa | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa | 800-257-4692 | SV4 | SV5 | 17.05 | 40.69 | 134.49 | 320.96 |
| Health Alliance HMO -HDHP- Central Iowa | 800-851-3379 | FM1 | FM2 | 20.93 | 46.92 | 165.15 | 370.15 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Central Iowa | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Central Iowa | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Kansas | | | | | | | |
| Aetna HealthFund -CDHP- Most of Kansas | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Kansas | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City | Local phone # | 114 | 115 | 19.20 | 44.96 | 151.46 | 354.70 |
| Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City/Wichita/Salina Areas | 800-969-3343 | 9H1 | 9H2 | 15.14 | 35.57 | 119.42 | 280.64 |
| Humana CoverageFirst -CDHP- Kansas City Area | 888-393-6765 | PH1 | PH2 | 14.08 | 32.39 | 111.10 | 255.55 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City Area | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City Area | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|------------------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Indiana | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Bluegrass Family Health- | In-Network | \$104.17/\$208.33 | \$2,500/\$5,000 | \$5,000/\$7,500 | 0% | 0% | 0% | Nothing | \$10/\$20/\$30/\$30 |
| Bluegrass Family Health- | Out-Network | \$104.17/\$208.33 | \$5,000/\$10,000 | \$10,000/\$15,000 | 30% | 30% | 30% | Ded/30% | N/A/N/A/N/A |
| Health Alliance HMO- | In-Network | \$83.34/\$166.67 | \$2000/\$4000 | \$2000/\$4000 | \$0 | None | 0% | N/A | 0%/0% coinsurance/0% |
| Health Alliance HMO- | Out-Network | \$83.34/\$166.67 | \$4000/\$8000 | \$10000/\$20000 | 50% | None | 50% | N/A | 50%/50%/50% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Unicare HMO- | In-Network | \$60/\$120 | \$1,500/\$3,000 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$20/\$40 |
| Unicare HMO- | Out-Network | \$60/\$120 | \$3,000/\$6,000 | \$6,000/\$12,000 | 30% | 30% | 30% | Ded. + 30% | \$10 + 30%/\$20 + 30%/\$40 + 30% |
| Iowa | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Coventry Health Care of Iowa | | \$66.66/\$133.33 | \$1,800/\$3,600 | \$5,000/\$10,000 | \$20 | 10% | 10% | \$20/\$30/10% | \$10/\$30/\$55 |
| Health Alliance HMO- | In-Network | \$83.34/\$166.67 | \$2000/\$4000 | \$2000/\$4000 | \$0 | None | 0% | N/A | 0%/0% coinsurance/0% |
| Health Alliance HMO- | Out-Network | \$83.34/\$166.67 | \$4000/\$8000 | \$10000/\$20000 | 50% | None | 50% | N/A | 50%/50%/50% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Kansas | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| BCBS Service Benefit Plan | | \$75/\$150 | \$2,900/\$5,800 | \$2,900/\$5,800 | Nothing | Nothing | Nothing | Nothing | Nothing |
| Coventry Health Care -HDHP | | \$50.00/\$100.00 | \$2,500/\$5,000 | \$2,500/\$5,000 | \$20 | None | Nothing | \$20/\$35/20% | Nothing |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Kentucky | | | | | | | |
| Aetna HealthFund -CDHP- Most of Kentucky | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Kentucky | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Bluegrass Family Health -HDHP- Kentucky | 800-787-2680 | KV1 | KV2 | 22.50 | 45.00 | 177.50 | 354.99 |
| Humana CoverageFirst -CDHP- Lexington Area | 888-393-6765 | 6N1 | 6N2 | 18.26 | 42.00 | 144.07 | 331.37 |
| Humana CoverageFirst -CDHP- Northern Kentucky | 888-393-6765 | L81 | L82 | 18.26 | 42.00 | 144.07 | 331.37 |
| Louisiana | | | | | | | |
| Aetna HealthFund -CDHP- Most of Louisiana | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Louisiana | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Coventry Health Care of Louisiana HDHP -HDHP- New Orleans area | 800/341-6613 | HB1 | HB2 | 19.66 | 45.66 | 155.10 | 360.23 |
| Humana CoverageFirst -CDHP- New Orleans Area | 888-393-6765 | 9J1 | 9J2 | 17.35 | 39.91 | 136.90 | 314.88 |
| Humana CoverageFirst -CDHP- Baton Rouge Area | 888-393-6765 | 9L1 | 9L2 | 19.18 | 44.11 | 151.29 | 347.99 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Louisiana | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Louisiana | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Maine | | | | | | | |
| Aetna HealthFund -CDHP- All of Maine | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Maine | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|--------------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Kentucky | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Bluegrass Family Health- | In-Network | \$104.17/\$208.33 | \$2,500/\$5,000 | \$5,000/\$7,500 | 0% | 0% | 0% | Nothing | \$10/\$20/\$30/\$30 |
| Bluegrass Family Health- | Out-Network | \$104.17/\$208.33 | \$5,000/\$10,000 | \$10,000/\$15,000 | 30% | 30% | 30% | Ded/30% | N/A/N/A/N/A |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Louisiana | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Coventry Health Care- | In-Network | \$41.67/\$83.34 | \$1,150/\$2,300 | \$4,000/\$8,000 | 20% | 20% | 20% | 20% | \$10/\$35/\$60 |
| Coventry Health Care- | Out-Network | \$41.67/\$83.34 | \$2,000/\$4,000 | \$6,000/\$12,000 | 30% | 30% | 30% | 30% | N/A/N/A/N/A |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Maine | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Maryland | | | | | | | |
| Aetna HealthFund -CDHP- All of Maryland | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Maryland | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Coventry Health Care HDHP -HDHP- All of Maryland | 800/833-7423 | GZ1 | GZ2 | 14.34 | 34.66 | 113.09 | 273.40 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Maryland | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Maryland | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Massachusetts | | | | | | | |
| Aetna HealthFund -CDHP- Most of Massachusetts | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Massachusetts | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Michigan | | | | | | | |
| Aetna HealthFund -CDHP- All of Michigan | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Michigan | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Health Alliance Plan -HDHP- Southeastern Michigan/Flint area | 800-556-9765 | 524 | 525 | 21.07 | 52.75 | 166.20 | 416.17 |
| Minnesota | | | | | | | |
| Aetna HealthFund -CDHP- Most of Minnesota | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Minnesota | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Blue Cross and Blue Shield Service Benefit Plan -HDHP- Minnesota | Local phone # | 114 | 115 | 19.20 | 44.96 | 151.46 | 354.70 |
| Mississippi | | | | | | | |
| Aetna HealthFund -CDHP- Most of Mississippi | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Mississippi | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Mississippi | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Mississippi | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|---------------------------|--------------|---------------------------------|---------------------|------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Maryland | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Coventry Health Care- | In-Network | \$41.67/\$83.34 | \$1,500/\$3,000 | \$4,000/\$8,000 | \$15 | Nothing | Nothing | \$15/\$25 | No copay/\$25/\$50 |
| Coventry Health Care- | Out-Network | \$41.67/\$83.34 | \$1,500/\$3,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | N/A/N/A/ N/A |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Massachusetts | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Michigan | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Health Alliance Plan | | \$62.50/\$125 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$15 | None | \$0 after ded | \$15/\$25 | \$10/\$20/\$50 |
| Minnesota | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| BCBS Service Benefit Plan | | \$75/\$150 | \$2,900/\$5,800 | \$2,900/\$5,800 | Nothing | Nothing | Nothing | Nothing | Nothing |
| Mississippi | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Missouri | | | | | | | |
| Aetna HealthFund -CDHP- Most of Missouri | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Missouri | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City | Local phone # | 114 | 115 | 19.20 | 44.96 | 151.46 | 354.70 |
| Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City Area | 800/969-3343 | 9H1 | 9H2 | 15.14 | 35.57 | 119.42 | 280.64 |
| Group Health Plan, Inc. -HDHP- St. Louis Area | 800-755-3901 | MM4 | MM5 | 40.50 | 69.66 | 183.77 | 416.21 |
| Humana CoverageFirst -CDHP- Kansas City Area | 888-393-6765 | PH1 | PH2 | 14.08 | 32.39 | 111.10 | 255.55 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City, Springfield, St. Louis Area | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City, Springfield, St. Louis Area | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Montana | | | | | | | |
| Aetna HealthFund -CDHP- South/Southeast/Western Montana | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- South/Southeast/Western Montana | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Nebraska | | | | | | | |
| Aetna HealthFund -CDHP- Most of Nebraska | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Nebraska | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Nevada | | | | | | | |
| Aetna HealthFund -CDHP- Las Vegas/Clark and Nye Counties | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Las Vegas/Clark and Nye Counties | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Nevada | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Nevada | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|---------------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Missouri | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| BCBS Service Benefit Plan | | \$75/\$150 | \$2,900/\$5,800 | \$2,900/\$5,800 | Nothing | Nothing | Nothing | Nothing | Nothing |
| Coventry Health Care-HDHP | | \$50.00/\$100.00 | \$2,500/\$5,000 | \$2,500/\$5,000 | \$20 | None | Nothing | \$20/\$35/20% | Nothing |
| Group Health Plan, Inc.- | In-Network | \$62.50/\$125.00 | \$1,500/\$3,000 | \$5,000/\$10,000 | \$15 | 10% | 10% | \$15/\$25 | \$15/\$25/\$50 |
| Group Health Plan, Inc.- | Out-Network | \$62.50/\$125.00 | \$2,500/\$5,000 | \$10,000/\$20,000 | 30% | 30% | 30% | 30%+Ded | N/A/N/A/N/A |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Montana | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Nebraska | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Nevada | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| New Hampshire | | | | | | | |
| Aetna HealthFund -CDHP- All of New Hampshire | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of New Hampshire | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| New Jersey | | | | | | | |
| Aetna HealthFund -CDHP- All of New Jersey | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of New Jersey | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Coventry Health Care HDHP -HDHP- Southern New Jersey | 800/833-7423 | LK1 | LK2 | 18.34 | 44.43 | 144.65 | 350.47 |
| New Mexico | | | | | | | |
| Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Areas | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Albuquerque/Dona Ana/Hobbs Areas | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- New Mexico | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- New Mexico | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| New York | | | | | | | |
| Aetna HealthFund -CDHP- Most of New York | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of New York | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| CDPHP Universal Benefits - HDHP -HDHP- Upstate, Hudson Valley, Central New York | 877/269-2134 | SX1 | SX2 | 14.78 | 38.14 | 116.63 | 300.91 |
| Independent Health Assoc -HDHP- Western New York | 800/501-3439 | QA4 | QA5 | 19.29 | 48.31 | 152.22 | 381.14 |
| North Carolina | | | | | | | |
| Aetna HealthFund -CDHP- All of North Carolina | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of North Carolina | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Most of North Carolina | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Most of North Carolina | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------|--------------|---------------------------------|---------------------|------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| New Hampshire | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| New Jersey | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Coventry Health Care- | In-Network | \$41.67/\$83.34 | \$1,500/\$3,000 | \$4,000/\$8,000 | \$15 | Nothing | Nothing | \$15/\$25 | No copay/\$25/\$50 |
| Coventry Health Care- | Out-Network | \$41.67/\$83.34 | \$1,500/\$3,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | N/A/N/A/ N/A |
| New Mexico | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| New York | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| CDPHP Universal-HDHP- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$5,100/\$10,200 | 10% of Allow | 10% of Allow | 10% of Allow | Nothing | \$15/\$40/\$60 for each |
| CDPHP Universal-HDHP- | Out-Network | \$62.50/\$125 | \$5,000/\$10,000 | \$10,000/\$20,000 | 30% of Allow | 30% of Allow | 30% of Allow | 30% + Ded | N/A/N/A/N/A |
| Independent Health- | In-Network | \$66.42/\$166.67 | \$2000/\$4000 | \$5000/\$10000 | \$15 | Nothing | 20% | \$15 | \$7/\$25/\$40 |
| Independent Health- | Out-Network | \$66.42/\$166.67 | \$2000/\$4000 | \$5000/\$10000 | 40% | 40% | 40% | Ded/40% | N/A/N/A/N/A |
| North Carolina | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| North Dakota | | | | | | | |
| Aetna HealthFund -CDHP- Most of North Dakota | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of North Dakota | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Ohio | | | | | | | |
| Aetna HealthFund -CDHP- All of Ohio | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Ohio | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co. | 330-363-6360 | 3A4 | 3A5 | 18.96 | 37.99 | 149.57 | 299.70 |
| Blue Cross and Blue Shield Service Benefit Plan -HDHP- Ohio | Local phone # | 114 | 115 | 19.20 | 44.96 | 151.46 | 354.70 |
| Humana CoverageFirst -CDHP- Cincinnati/Dayton Area | 888-393-6765 | 181 | 182 | 18.26 | 42.00 | 144.07 | 331.37 |
| Paramount Health Care -HDHP- Northwest/North Central Ohio | 800/462-3589 | U24 | U25 | 20.21 | 47.15 | 159.45 | 371.92 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Cleveland and Columbus Areas | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Cleveland and Columbus Areas | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Oklahoma | | | | | | | |
| Aetna HealthFund -CDHP- Most of Oklahoma | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Oklahoma | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Central and North East Oklahoma | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Central and North East Oklahoma | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Oregon | | | | | | | |
| Aetna HealthFund -CDHP- Most of Oregon | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Oregon | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Metro Portland/Salem/Corvallis/Eugene | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Metro Portland/Salem/Corvallis/Eugene | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|---------------------------|--------------|---------------------------------|---------------------|------------------------|--------------------|--------------------|--------------------|---------------------|--------------------------------------|
| North Dakota | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Ohio | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| AultCare HMO- | In-Network | 83.34/166.67 | \$2,000/\$4,000 | \$4,000/\$8,000 | 20% | 20% | 20% | Nothing | 20%/20%/20% |
| AultCare HMO- | Out-Network | 83.34/166.67 | \$4,000/\$8,000 | \$8,000/\$16,000 | 40% UCR | 40% UCR | 40% UCR | 50% UCR | 40%/40%/40% |
| BCBS Service Benefit Plan | | \$75/\$150 | \$2,900/\$5,800 | \$2,900/\$5,800 | Nothing | Nothing | Nothing | Nothing | Nothing |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/ | Stated Copays \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Paramount Health Care | | \$41.67/\$83.34 | \$1,500/\$3,000 | \$1,500/\$3,000 | Ded./Ded. + Coins. | \$0 after DED | Ded. /Ded + Coins. | Nothing | \$0 after DED |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Oklahoma | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Oregon | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Pennsylvania | | | | | | | |
| Aetna HealthFund -CDHP- All of Pennsylvania | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Pennsylvania | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| HealthAmerica Pennsylvania-HDHP -HDHP- Southeastern Pennsylvania | 866-351-5946 | 9N1 | 9N2 | 22.59 | 51.03 | 178.21 | 402.59 |
| HealthAmerica Pennsylvania-HDHP -HDHP- Greater Pittsburgh Area | 866-351-5946 | Y61 | Y62 | 19.46 | 48.07 | 153.56 | 379.22 |
| HealthAmerica Pennsylvania-HDHP -HDHP- Central Pennsylvania | 866-351-5946 | YW1 | YW2 | 23.20 | 52.52 | 183.03 | 414.36 |
| UPMC Health Plan -HDHP- Western Pennsylvania | 888-876-2756 | 8W4 | 8W5 | 26.16 | 52.43 | 183.77 | 413.61 |
| Rhode Island | | | | | | | |
| Aetna HealthFund -CDHP- All of Rhode Island | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Rhode Island | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Rhode Island | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Rhode Island | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| South Carolina | | | | | | | |
| Aetna HealthFund -CDHP- Most of South Carolina | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of South Carolina | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| South Dakota | | | | | | | |
| Aetna HealthFund -CDHP- Rapid City/Sioux Falls Areas | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Rapid City/Sioux Falls Areas | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------|--------------|---------------------------------|---------------------|------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Pennsylvania | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| HealthAmerica-HDHP | | \$52.09/\$104.17 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| HealthAmerica-HDHP | | \$52.09/\$104.17 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| HealthAmerica-HDHP | | \$52.09/\$104.17 | \$1,250/\$2,500 | \$4,000/\$8,000 | \$15 | None | Nothing | \$15/\$25 | \$5/\$35/\$50 |
| UPMC Health Plan- | In-Network | \$104.17/\$208.34 | \$2,500/\$5,000 | \$4,000/\$8,000 | Nothing | None | Nothing | Nothing | \$15/\$30/\$50 |
| UPMC Health Plan- | Out-Network | \$104.17/\$208.34 | \$2,500/\$5,000 | \$5,500/\$11,000 | 20% | None | 20% | 20% | N/A/N/A/N/A |
| Rhode Island | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| South Carolina | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| South Dakota | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Tennessee | | | | | | | |
| Aetna HealthFund -CDHP- Most of Tennessee | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Tennessee | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Blue Cross and Blue Shield Service Benefit Plan -HDHP- Tennessee | Local phone # | 114 | 115 | 22.50 | 45.00 | 177.50 | 354.99 |
| Bluegrass Family Health -HDHP- Knoxville/Nashville Areas | 800-787-2680 | KV1 | KV2 | 19.20 | 44.96 | 151.46 | 354.70 |
| Humana CoverageFirst -CDHP- Nashville Area | 888-393-6765 | BT1 | BT2 | 18.26 | 42.00 | 144.07 | 331.37 |
| Humana CoverageFirst -CDHP- Memphis Area | 888-393-6765 | L61 | L62 | 18.41 | 42.34 | 145.21 | 334.03 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Tennessee | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Tennessee | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Texas | | | | | | | |
| Aetna HealthFund -CDHP- Most of Texas | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Texas | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Humana CoverageFirst -CDHP- Houston Area | 888-393-6765 | T21 | T22 | 18.39 | 42.30 | 145.07 | 333.67 |
| Humana CoverageFirst -CDHP- Dallas/Ft. Worth Area | 888-393-6765 | T81 | T82 | 22.79 | 52.42 | 179.79 | 413.57 |
| Humana CoverageFirst -CDHP- Corpus Christi Area | 888-393-6765 | TP1 | TP2 | 18.39 | 42.30 | 145.09 | 333.72 |
| Humana CoverageFirst -CDHP- San Antonio Area | 888-393-6765 | TU1 | TU2 | 17.49 | 40.24 | 138.02 | 317.45 |
| Humana CoverageFirst -CDHP- Austin Area | 888-393-6765 | TV1 | TV2 | 18.41 | 42.34 | 145.21 | 334.02 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Texas | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Texas | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|---------------------------|--------------|---------------------------------|---------------------|----------------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Tennessee | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| BCBS Service Benefit Plan | | \$75/\$150 | \$2,900/\$5,800 | \$2,900/\$5,800 | Nothing | Nothing | Nothing | Nothing | Nothing |
| Bluegrass Family Health- | In-Network | \$104.17/\$208.34 | \$2,500/\$5,000 | \$5,000/\$7,500 | Nothing | Nothing | Nothing | Nothing | \$10/\$20/\$30/\$30 |
| Bluegrass Family Health- | Out-Network | \$104.17/\$208.34 | \$5,000/\$10,000 | \$10,000/\$15,000 | 30% | 30% | 30% | Ded/30% | N/A/N/A/N/A |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Texas | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays \$20 | \$0 PV/10% SIC | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|--|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Utah | | | | | | | |
| Aetna HealthFund -CDHP- Most of Utah | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Utah | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Altius Health Plans -HDHP- Wasatch Front | 800-377-4161 | 9K4 | 9K5 | 20.71 | 42.90 | 163.37 | 338.46 |
| Humana CoverageFirst -CDHP- Salt Lake City Area | 888-393-6765 | IA1 | IA2 | 18.26 | 42.00 | 144.07 | 331.37 |
| Vermont | | | | | | | |
| Aetna HealthFund -CDHP- All of Vermont | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Vermont | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Virginia | | | | | | | |
| Aetna HealthFund -CDHP- Most of Virginia | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Virginia | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Virginia | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Virginia | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Washington | | | | | | | |
| Aetna HealthFund -CDHP- Most of Washington | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of Washington | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| KPS Health Plans -HDHP- All of Washington | 800/552-7114 | L14 | L15 | 16.57 | 36.21 | 130.71 | 285.62 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Washington | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Washington | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|-----------------------|--------------|---------------------------------|---------------------|-----------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| Utah | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Altius Health Plans | | \$45.83/\$91.66 | \$1,200/\$2,400 | \$5,000/\$10,000 | \$20 | 10% | 10% | Nothing | \$10/\$25/\$50 |
| Humana CoverageFirst- | In-Network | \$83.33 | \$1,000/\$2,000 | Stated Copays/Stated Copays | \$20 | \$250/day x 5 | \$150 | \$20/\$35 | \$10/\$30/\$50 |
| Humana CoverageFirst- | Out-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | \$10+/\$30+/\$50+ |
| Vermont | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Virginia | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Washington | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| KPS Health Plans- | In-Network | \$50/\$100 | \$1,500/\$3,000 | \$5,000/\$10,000 | 20% | None | 20% | Nothing up to \$400 | \$10/\$30/\$50 |
| KPS Health Plans- | Out-Network | \$50/\$100 | \$1,500/\$3,000 | \$5,000/\$10,000 | 40% | None | 40% | Not Covered | Not Covered |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |

High Deductible and Consumer-Driven Health Plans

See page 62-63 for an explanation of the columns on these pages.

| Plan Name | Telephone Number | Enrollment Code | | Your Share | | FDIC Share | |
|---|------------------|-----------------|---------------|------------|---------------|------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| West Virginia | | | | | | | |
| Aetna HealthFund -CDHP- Most of West Virginia | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- Most of West Virginia | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Wisconsin | | | | | | | |
| Aetna HealthFund -CDHP- All of Wisconsin | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Wisconsin | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| UnitedHealthcare Insurance Company, Inc. -HDHP- Wisconsin | 877-835-9861 | E91 | E92 | 15.85 | 35.41 | 125.06 | 279.39 |
| UnitedHealthcare Insurance Company, Inc. -CDHP- Wisconsin | 877-835-9861 | E94 | E95 | 18.54 | 41.04 | 146.25 | 323.74 |
| Wyoming | | | | | | | |
| Aetna HealthFund -CDHP- All of Wyoming | 877-459-6604 | 221 | 222 | 18.22 | 41.90 | 143.70 | 330.51 |
| Aetna HealthFund -HDHP- All of Wyoming | 877-459-6604 | 224 | 225 | 13.92 | 30.48 | 109.79 | 240.45 |
| Altius Health Plans -HDHP- Uinta County | 800-377-4161 | 9K4 | 9K5 | 20.71 | 42.90 | 163.37 | 338.46 |

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Hospital | Outpatient Surgery | Preventive Services | Prescription Drugs Levels I, II, III |
|----------------------|--------------|---------------------------------|---------------------|------------------------|----------------|--------------------|--------------------|---------------------|--------------------------------------|
| West Virginia | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Wisconsin | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| UnitedHealthcare- | In-Network | \$62.50/125 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$30/\$50 |
| UnitedHealthcare- | Out-Network | \$62.50/125 | \$3000/\$6000 | \$6000/\$12000 | 35% | 35% | 35% | 35% | \$10/\$30/\$50 |
| UnitedHealthcare- | In-Network | \$104.17/208.33 | \$2000/\$4000 | \$3000/\$6000 | \$0 PV/10% SIC | 10% | 10% | Nothing | \$10/\$25/\$40 |
| UnitedHealthcare- | Out-Network | \$104.17/208.33 | \$2000/\$4000 | \$4000/\$8000 | 40% | 40% | 40% | 40% | \$10/\$25/\$40 |
| Wyoming | | | | | | | | | |
| Aetna HealthFund- | In-Network | \$104.16/\$208.33 | \$750/\$1,500 | \$3,000/\$6,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$104.16/208.33 | \$750/\$1,500 | \$4,000/\$8,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund- | In-Network | \$62.50/\$125 | \$1,500/\$3,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund- | Out-Network | \$62.50/\$125 | \$2,500/\$5,000 | \$5,000/\$10,000 | 30% | 30% | 30% | Ded/30% | 30%/30%/30% |
| Altius Health Plans | | \$45.83/\$91.66 | \$1,200/\$2,400 | \$5,000/\$10,000 | \$20 | 10% | 10% | Nothing | \$10/\$25/\$50 |

Appendix F

FEDVIP Program Features

Waiting Periods

Dental – limited only to orthodontic services on most plans; for all other service, you may use your benefits as soon as your coverage becomes effective. There are very few pre-existing condition limitations.

Vision – no waiting period, you may use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

A Choice of Coverage

Choose between Self Only, Self Plus One or Self and Family.

Contributions

There are no Government contributions. The enrollee pays 100% of the premium.

Salary Deduction

You automatically pay your premium through a payroll deduction using pre-tax dollars; employees cannot elect to waive this pre-tax option and annuitants are not eligible for this option. When premium contributions are withheld on a pre-tax basis, Internal Revenue Service (IRS) guidelines affect your ability to change coverage, i.e., you may cancel or change coverage levels only during a FEDVIP Open Season. You may also make changes throughout the plan year if a qualified life status change occurs. Please contact BENEFEDS for details.

Annual Enrollment Opportunity

Each year, you may enroll or change your dental and/or vision plan enrollment. The Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year.

Continued Coverage

Eligibility for you or your family member may continue following your retirement or changes in employment status.

Claim Dispute Resolution

The claim review process will differ among plans. Upon written request from the enrollee and as a final option, the carrier will submit a dispute for resolution through a binding arbitration process. OPM will not review nor resolve disputes regarding FEDVIP. Please see your plan brochure for details.

Appendix G

FEDVIP Definitions

Coordination of Benefits (COB) – Under this rule, the FDIC dental and vision plan are considered the primary payer and pay first, the FEHB plan is considered the secondary payer. Claims for remaining eligible expenses can then be submitted to FEDVIP. Payment is coordinated under the COB rule to ensure that no more than 100% of any claim is paid.

Eligible Dependents – Your spouse and unmarried dependent children under age 22. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

In-Network Services – Services provided by members of the plan's provider network.

Nationwide Plan – A plan which provides services throughout the United States and around the world.

Out-of-Network Services – Services provided by health care professionals who are not a member of the plan's provider network.

Plan – The insurance company which participates in the FEDVIP program. Also called carrier.

Precertification – Also called predetermination. This is the procedure used by dental offices to determine what services a plan will cover and how much will be paid before the service is rendered.

Provider – A licensed health care professional; for example: dentists, oral surgeons, optometrists and ophthalmologists.

Provider Network – A group of health care providers who have a contract with a specific plan to provide services at an agreed upon cost.

Qualifying Life Event (QLE) – An event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season. There is no QLE under FEDVIP which allows for cancellation, except upon deployment to active military duty or transfers to certain agencies.

Regional Plan – A plan which provides services only in specified geographic regions.

Usual, Customary and Reasonable – A widely used method, which may vary from company to company, for determining benefit reimbursement levels. The initials simply mean:

Usual. The fee that an individual dentist most frequently charges for a given dental service.

Customary. A fee determined by the insurance company based on the range of usual fees charged by dentists in the same geographic area.

Reasonable. A fee which is justifiable considering special circumstances of the particular care rendered.

Waiting Period – The length of time a person must be covered under the plan before they are eligible for certain benefits. For example, most plans have a 24 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan for 24 months before you are eligible for orthodontic coverage.

Appendix H

FEDVIP Qualifying Life Events for Enrollment Changes

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

| Qualifying Life Event | From Not Enrolled to Enrolled | Increase Enrollment Type | Decrease Enrollment Type | Cancel | Change from One Plan to Another |
|--|-------------------------------|--------------------------|--------------------------|--------|---------------------------------|
| Acquiring an eligible family member | No | Yes | No | No | No |
| Losing a covered family member | No | No | Yes | No | No |
| Losing other dental/vision coverage (eligible or covered person) | Yes | Yes | No | No | No |
| Moving out of regional plan's service area | No | No | No | No | Yes |
| Going on active military duty, non-pay status (you or your spouse) | No | No | No | Yes | No |
| Return to pay status from active military duty | Yes | No | No | No | No |
| Annuity/compensation restored | Yes | Yes | Yes | No | No |

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plans service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs. you must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date. BENEFEDS is a secure enrollment website sponsored by OPM.

Cancelling an enrollment

You can cancel your enrollment only during the annual Open Season, upon deployment to active military duty, or transfers to certain agencies. An eligible family members coverage also ends upon the effective date of the cancellation.

Appendix I

FEDVIP Plan Comparison Charts

This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, copayments, annual maximums and exclusions set forth in the individual plan brochures. Go to our website at www.opm.gov/insure/dentalvision to find the rating region assigned to the area where you live and the related premium cost you will pay.

Reading the Chart:

The table on the following pages highlights the selected features/classes of dental and/or vision services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Dental Insurance

The deductibles shown for the dental plans are the amount of covered expenses that you pay before the plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

Please Note: Most plans require that you be continuously enrolled in the same dental plan for the full waiting period before accessing orthodontia services. There are no other waiting periods for services.

Dental plans provide a comprehensive range of services, including but not limited to the following:

- Class A (Basic) services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
- Class B (Intermediate) services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
- Class C (Major) services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
- Class D (Orthodontic) services with up to a 24-month waiting period for dependents up to age 19.

Please review the dental plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Vision Insurance

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). Other benefits, such as discounts on lasik surgery, may also be available.

Please review the vision plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Appendix I

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

| Plan Name | Telephone & Website | You pay: | | | | Deductible | Calendar Year Maximum |
|--|--|----------|---------|---------|---------|--------------|--|
| | | Class A | Class B | Class C | Class D | | |
| Aetna High (In-Network Benefits) | 1-800-537-9384 www.aetnafeds.com | 0% | 40% | 60% | 70% | \$0 | \$3,000 per year (standard and high option) per person in-network \$2,000 per year (standard and high option) per person out-of-network \$1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services |
| Aetna High (Out-of-Network Benefits) | | 0% | 40% | 60% | 70% | \$0 | |
| GEHA Standard (In-Network Benefits) | 1-877-434-2336 www.gehadental.com | 0% | 45% | 65% | 50% | \$0 | \$3,500 per year (high option) or \$1,200 per year (standard) per person \$1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services |
| GEHA Standard (Out-of-Network Benefits) | | 0% | 45% | 65% | 50% | \$0 | |
| GEHA High (In-Network Benefits) | | 0% | 20% | 50% | 50% | \$0 | |
| GEHA High (Out-of-Network Benefits) | | 0% | 20% | 50% | 50% | \$0 | |
| MetLife Standard (In-Network Benefits) | 1-888-865-6854 www.federaldental.metlife.com | 0% | 45% | 65% | 50% | \$0 | \$1,200 standard option in-network annual non-orthodontic maximum per person \$600 standard option out-of-network annual non-orthodontic maximum per person \$3,000 high option non-orthodontic maximum per person \$1,500 standard option in-network lifetime max per person for orthodontics \$1,000 standard option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services 24-month waiting period for orthodontia services |
| MetLife Standard (Out-of-Network Benefits) | | 40% | 60% | 80% | 50% | \$100/person | |
| MetLife High (In-Network Benefits) | | 0% | 30% | 50% | 50% | \$0 | |
| MetLife High (Out-of-Network Benefits) | | 10% | 40% | 60% | 50% | \$50/person | |
| United Concordia High | 1-877-438-8224 (Open Season) 1-877-394-8224 (General) www.uccifedvip.com | 0% | 20% | 50% | 50% | \$0 | \$1,200 per year per person \$1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24-month waiting period for orthodontia services |

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix I

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Regional Dental Plans *Only Open to Persons Living in Specific Geographic Areas*

| Plan Name | Telephone & Website | Class A | Class B | Class C | Class D | You pay: | Calendar Year Maximum |
|---|---|---------|-----------|-----------|-----------|---|---|
| | | | | | | Deductible | |
| Humana/CompBenefits High (Open to residents of the Southwestern, Southeastern, Midwestern, and Mid-Atlantic states) (formerly CompBenefits) | 1-877-692-2468 www.MyCBFed.com | 0% | Flat Rate | Flat Rate | Flat Rate | \$0 | \$10,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided No waiting period for orthodontia services |
| GHI High (In-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA) | 212-501-4444 www.ghi.com | 0% | 0% | 0% | 0% | \$50 self/\$150 self & family/self plus one Class B and Class C | \$1,200 per year per person \$2,000 lifetime max per person (orthodontic services only) There is no calendar year deductible for Class A and D services Out-of-network benefits available – paid at the same in-network rate |
| GHI High (Out-of-network benefits) | | 0% | 0% | 0% | 0% | | |
| Triple S High (Open to Puerto Rico residents) | 787-774-6060 787-749-4777 1-800-981-3241 TTY 787-792-1370 TTY 1-866-215-1999 www.ssspr.com | 0% | 30% | 60% / 30% | 50% | 0% | No maximum \$1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24-month waiting period for orthodontia services |

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan’s payment and the non-network provider’s billed charges.

Appendix I

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

| Plan Name | Frames | Lenses | Exams | Co-payments | Lens Options Covered | Additional Features |
|---|-----------------|-----------------|-----------------|-----------------------------|---|--|
| FEP BlueVision Standard | Every 24 months | Every 12 months | Every 12 months | \$0 | Single Conventional Bifocal Conventional Trifocal Lenticular | Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits NOT provided. Flat rate reimbursement in limited access areas and internationally. |
| FEP BlueVision High | Every 12 months | Every 12 months | Every 12 months | \$0 | Single Lined Bifocal Lined Trifocal Lenticular | Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits available at a lower rate. Flat rate reimbursement in limited access areas and internationally. |
| UnitedHealthcare Vision Plan (formerly Spectera) Standard | Every 12 months | Every 12 months | Every 12 months | \$10 exam/ \$25 material | Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating | Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance. Additional lens option discounts. Out-of-network benefits available— paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services. |
| UnitedHealthcare Vision Plan (formerly Spectera) High | Every 12 months | Every 12 months | Every 12 months | \$10 exam/ \$10 material | Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Tinted lenses UV coating | Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance. Additional lens option discounts. Out-of-network benefits available— paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services. |
| VSP (Vision Service Plan) Standard | Every 12 months | Every 12 months | Every 12 months | \$10 exam/ \$20 material | Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating | Laser vision correction discount. \$120 frame allowance. Additional lenses options covered at a discount. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available. |
| VSP (Vision Service Plan) High | Every 12 months | Every 12 months | Every 12 months | \$10 exam and glasses | Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Anti-reflective coating Lenses that transition to light UV coating Select tints | Laser vision correction discount. \$150 frame allowance. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available |

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Rating Regional Chart

Rating Areas

| State | State/ZIP (first 3) | Aetna | GEHA Std | GEHA High | MetLife Std | MetLife High | United Concordia | Comp Benefits | GHI | Triple-S |
|-------|---------------------|-------|----------|-----------|-------------|--------------|------------------|---------------|------|----------|
| AK | entire state | 5 | 5 | 5 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| AL | 356-358 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| AL | rest of state | 2 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| AR | entire state | 2 | 1 | 1 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| AZ | entire state | 3 | 3 | 3 | 1 | 1 | 1 | 2 | #N/A | #N/A |
| CA | 900-918, 922-935 | 3 | 4 | 4 | 5 | 5 | 3 | 4 | #N/A | #N/A |
| CA | 919-921 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | #N/A | #N/A |
| CA | 939-941, 943-954 | 4 | 5 | 5 | 5 | 5 | 5 | 4 | #N/A | #N/A |
| CA | rest of state | 4 | 4 | 4 | 5 | 5 | 4 | 4 | #N/A | #N/A |
| CA | 942, 956-958 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | #N/A | #N/A |
| CO | entire state | 3 | 4 | 4 | 4 | 4 | 3 | 4 | #N/A | #N/A |
| CT | 060-063 | 5 | 4 | 4 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| CT | 064-069 | 3 | 5 | 5 | 5 | 5 | 5 | #N/A | 1 | #N/A |
| DC | entire state | 2 | 4 | 4 | 4 | 4 | 4 | 2 | #N/A | #N/A |
| DE | entire state | 2 | 3 | 3 | 3 | 3 | 2 | #N/A | #N/A | #N/A |
| FL | 327-328, 347 | 2 | 2 | 2 | 1 | 1 | 1 | 2 | #N/A | #N/A |
| FL | 330-334 | 2 | 4 | 4 | 3 | 3 | 3 | 2 | #N/A | #N/A |
| FL | rest of state | 3 | 2 | 2 | 1 | 1 | 1 | 2 | #N/A | #N/A |
| GA | 300-303, 311 | 3 | 3 | 3 | 2 | 2 | 1 | 3 | #N/A | #N/A |
| GA | rest of state | 4 | 2 | 2 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| GU | entire state | 5 | 1 | 1 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| HI | entire state | 4 | 3 | 3 | 4 | 4 | 5 | #N/A | #N/A | #N/A |
| IA | entire state | 3 | 1 | 1 | 1 | 1 | 2 | #N/A | #N/A | #N/A |
| ID | entire state | 4 | 2 | 2 | 1 | 1 | 2 | #N/A | #N/A | #N/A |
| IL | 600-608 | 2 | 3 | 3 | 4 | 4 | 3 | 1 | #N/A | #N/A |
| IL | 620-622 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| IL | rest of state | 3 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| IN | 460-462 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| IN | 463-464 | 2 | 3 | 3 | 4 | 4 | 3 | 1 | #N/A | #N/A |
| IN | rest of state | 3 | 1 | 1 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| KS | 660-662 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| KS | rest of state | 3 | 1 | 1 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| KY | 410 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| KY | rest of state | 1 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

| State | State/ZIP (first 3) | Aetna | GEHA Std | GEHA High | MetLife Std | MetLife High | United Concordia | Comp Benefits | GHI | Triple-S |
|-------|---------------------|-------|----------|-----------|-------------|--------------|------------------|---------------|------|----------|
| LA | entire state | 2 | 2 | 2 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| MA | 101-013 | 5 | 4 | 4 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| MA | rest of state | 5 | 4 | 4 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| MD | 206-218 | 2 | 4 | 4 | 4 | 4 | 4 | 2 | #N/A | #N/A |
| MD | 219 | 2 | 3 | 3 | 3 | 3 | 2 | #N/A | #N/A | #N/A |
| MD | rest of state | 2 | 2 | 2 | 2 | 2 | 4 | #N/A | #N/A | #N/A |
| ME | entire state | 5 | 3 | 3 | 2 | 2 | 3 | #N/A | #N/A | #N/A |
| MI | 480-485 | 3 | 3 | 3 | 3 | 3 | 2 | #N/A | #N/A | #N/A |
| MI | rest of state | 3 | 2 | 2 | 2 | 2 | 3 | #N/A | #N/A | #N/A |
| MN | 550-555 | 2 | 3 | 3 | 4 | 4 | 3 | #N/A | #N/A | #N/A |
| MN | rest of state | 3 | 2 | 2 | 2 | 2 | 2 | #N/A | #N/A | #N/A |
| MO | 630-633 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| MO | 640-641 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| MO | rest of state | 3 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| MS | entire state | 2 | 1 | 1 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| MT | entire state | 4 | 2 | 2 | 1 | 1 | 1 | #N/A | #N/A | #N/A |
| NC | entire state | 4 | 2 | 2 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| ND | entire state | 3 | 1 | 1 | 1 | 1 | 2 | #N/A | #N/A | #N/A |
| NE | entire state | 1 | 1 | 1 | 1 | 1 | 2 | #N/A | #N/A | #N/A |
| NH | entire state | 5 | 4 | 4 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| NJ | 080-084 | 2 | 3 | 3 | 3 | 3 | 2 | #N/A | #N/A | #N/A |
| NJ | rest of state | 3 | 5 | 5 | 5 | 5 | 5 | #N/A | 1 | #N/A |
| NM | entire state | 3 | 3 | 3 | 1 | 1 | 1 | #N/A | #N/A | #N/A |
| NV | 897 | 4 | 4 | 4 | 4 | 4 | 4 | #N/A | #N/A | #N/A |
| NV | rest of state | 2 | 3 | 3 | 2 | 2 | 2 | #N/A | #N/A | #N/A |
| NY | 004, 005 | 3 | 5 | 5 | 5 | 5 | 5 | #N/A | 1 | #N/A |
| NY | 100-119, 124-126 | 3 | 5 | 5 | 5 | 5 | 5 | #N/A | 1 | #N/A |
| NY | rest of state | 4 | 2 | 2 | 2 | 2 | 3 | #N/A | 1 | #N/A |
| OH | 430-432 | 2 | 2 | 2 | 1 | 1 | 2 | 3 | #N/A | #N/A |
| OH | 440-443 | 2 | 2 | 2 | 1 | 1 | 3 | 1 | #N/A | #N/A |
| OH | 450-452 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| OH | 453-455 | 2 | 2 | 2 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| OH | rest of state | 3 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| OK | entire state | 2 | 2 | 2 | 1 | 1 | 1 | 3 | #N/A | #N/A |
| OR | 970-973 | 4 | 3 | 3 | 4 | 4 | 5 | #N/A | #N/A | #N/A |
| OR | rest of state | 5 | 3 | 3 | 3 | 3 | 4 | #N/A | #N/A | #N/A |

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

| State | State/ZIP (first 3) | Aetna | GEHA Std | GEHA High | MetLife Std | MetLife High | United Concordia | Comp Benefits | GHI | Triple-S |
|-------|---------------------|----------|----------|-----------|-------------|--------------|------------------|---------------|------|----------|
| PA | 150-154, 156, 160 | 1 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A | #N/A |
| PA | 183 | 3 | 5 | 5 | 5 | 5 | 5 | #N/A | 1 | #N/A |
| PA | 189-194 | 2 | 3 | 3 | 3 | 3 | 2 | #N/A | #N/A | #N/A |
| PA | rest of state | 3 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A | #N/A |
| PR | entire state | 3 | 1 | 1 | 1 | 1 | 1 | #N/A | #N/A | 1 |
| RI | entire state | 5 | 4 | 4 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| SC | entire state | 4 | 2 | 2 | 1 | 1 | 1 | 5 | #N/A | #N/A |
| SD | entire state | 3 | 1 | 1 | 1 | 1 | 2 | #N/A | #N/A | #N/A |
| TN | entire state | 1 | 2 | 2 | 1 | 1 | 1 | 1 | #N/A | #N/A |
| TX | 750-753, 760-762 | 2 | 3 | 3 | 1 | 1 | 1 | 3 | #N/A | #N/A |
| TX | 770-775 | 2 | 3 | 3 | 1 | 1 | 1 | 3 | #N/A | #N/A |
| TX | rest of state | 2 | 2 | 2 | 1 | 1 | 1 | 3 | #N/A | #N/A |
| UT | entire state | 2 | 1 | 1 | 1 | 1 | 2 | 1 | #N/A | #N/A |
| VA | 201, 220-226 | 2 | 4 | 4 | 4 | 4 | 4 | 2 | #N/A | #N/A |
| VA | 230-232, 238 | 3 | 2 | 2 | 1 | 1 | 2 | 5 | #N/A | #N/A |
| VA | rest of state | 3 | 2 | 2 | 1 | 1 | 1 | 4 | #N/A | #N/A |
| VI | entire state | overseas | 1 | 1 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| VT | entire state | 5 | 2 | 2 | 2 | 2 | 3 | #N/A | #N/A | #N/A |
| WA | 980-985 | 5 | 5 | 5 | 5 | 5 | 5 | #N/A | #N/A | #N/A |
| WA | 986 | 4 | 3 | 3 | 4 | 4 | 5 | #N/A | #N/A | #N/A |
| WA | rest of state | 5 | 4 | 4 | 4 | 4 | 4 | #N/A | #N/A | #N/A |
| WI | 530-534 | 3 | 2 | 2 | 2 | 2 | 3 | #N/A | #N/A | #N/A |
| WI | 540 | 2 | 3 | 3 | 4 | 4 | 3 | #N/A | #N/A | #N/A |
| WI | rest of state | 3 | 2 | 2 | 2 | 2 | 2 | #N/A | #N/A | #N/A |
| WV | entire state | 4 | 2 | 2 | 1 | 1 | 1 | 3 | #N/A | #N/A |
| WY | entire state | 4 | 1 | 1 | 1 | 1 | 2 | #N/A | #N/A | #N/A |

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

| Plan Name | Option | Rating Region | Biweekly Premium | | | Monthly Premium | | |
|----------------------|--|---------------|------------------|---------------|---------------|-----------------|---------------|---------------|
| | | | Self Only | Self Plus One | Self & Family | Self Only | Self Plus One | Self & Family |
| Aetna PPO | High (In and Out-of-Network benefits) | 1 | \$12.85 | \$25.70 | \$38.55 | \$27.84 | \$55.68 | \$83.53 |
| | | 2 | \$14.11 | \$28.24 | \$42.35 | \$30.57 | \$61.19 | \$91.76 |
| | | 3 | \$15.00 | \$30.02 | \$45.02 | \$32.50 | \$65.04 | \$97.54 |
| | | 4 | \$16.53 | \$33.06 | \$49.59 | \$35.82 | \$71.63 | \$107.45 |
| | | 5 | \$17.92 | \$35.85 | \$53.77 | \$38.83 | \$77.68 | \$116.50 |
| GEHA PPO | Standard (In and Out-of-Network benefits) | 1 | \$9.37 | \$18.75 | \$28.12 | \$20.30 | \$40.63 | \$60.93 |
| | | 2 | \$10.27 | \$20.53 | \$30.80 | \$22.25 | \$44.48 | \$66.73 |
| | | 3 | \$11.62 | \$23.23 | \$34.85 | \$25.18 | \$50.33 | \$75.51 |
| | | 4 | \$12.52 | \$25.04 | \$37.56 | \$27.13 | \$54.25 | \$81.38 |
| | | 5 | \$13.87 | \$27.74 | \$41.61 | \$30.05 | \$60.10 | \$90.16 |
| GEHA PPO | High (In and Out-of-Network benefits) | 1 | \$13.06 | \$26.12 | \$39.18 | \$28.30 | \$56.59 | \$84.89 |
| | | 2 | \$14.34 | \$28.66 | \$43.00 | \$31.07 | \$62.10 | \$93.17 |
| | | 3 | \$16.22 | \$32.45 | \$48.67 | \$35.14 | \$70.31 | \$105.45 |
| | | 4 | \$17.49 | \$34.99 | \$52.48 | \$37.90 | \$75.81 | \$113.71 |
| | | 5 | \$19.40 | \$38.79 | \$58.19 | \$42.03 | \$84.05 | \$126.08 |
| MetLife PPO | Standard (In and Out-of-Network benefits) | 1 | \$8.41 | \$16.84 | \$25.26 | \$18.22 | \$36.49 | \$54.73 |
| | | 2 | \$9.08 | \$18.16 | \$27.24 | \$19.67 | \$39.35 | \$59.02 |
| | | 3 | \$10.02 | \$20.04 | \$30.06 | \$21.71 | \$43.42 | \$65.13 |
| | | 4 | \$11.11 | \$22.21 | \$33.32 | \$24.07 | \$48.12 | \$72.19 |
| | | 5 | \$12.17 | \$24.35 | \$36.53 | \$26.37 | \$52.76 | \$79.15 |
| MetLife PPO | High (In and Out-of-Network benefits) | 1 | \$14.05 | \$28.11 | \$42.15 | \$30.44 | \$60.91 | \$91.33 |
| | | 2 | \$15.70 | \$31.41 | \$47.11 | \$34.02 | \$68.06 | \$102.07 |
| | | 3 | \$17.07 | \$34.14 | \$51.21 | \$36.99 | \$73.97 | \$110.96 |
| | | 4 | \$18.45 | \$36.90 | \$55.34 | \$39.98 | \$79.95 | \$119.90 |
| | | 5 | \$20.64 | \$41.27 | \$61.91 | \$44.72 | \$89.42 | \$134.14 |
| United Concordia PPO | High (In-Network benefits only except for emergency services) | 1 | \$12.60 | \$25.18 | \$37.78 | \$27.30 | \$54.56 | \$81.86 |
| | | 2 | \$14.41 | \$28.82 | \$43.22 | \$31.22 | \$62.44 | \$93.64 |
| | | 3 | \$15.63 | \$31.23 | \$46.86 | \$33.87 | \$67.67 | \$101.53 |
| | | 4 | \$16.84 | \$33.65 | \$50.50 | \$36.49 | \$72.91 | \$109.42 |
| | | 5 | \$18.65 | \$37.29 | \$55.93 | \$40.41 | \$80.80 | \$121.18 |

Appendix K Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Regional Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

| Plan Name | Option | Rating Region | Biweekly Premium | | | Monthly Premium | | |
|---------------------|--------|---------------|------------------|---------------|---------------|-----------------|---------------|---------------|
| | | | Self Only | Self Plus One | Self & Family | Self Only | Self Plus One | Self & Family |
| Humana/CompBenefits | High | 1 | \$10.00 | \$20.00 | \$30.00 | \$21.67 | \$43.33 | \$65.00 |
| | | 2 | \$10.26 | \$20.51 | \$30.77 | \$22.23 | \$44.44 | \$66.67 |
| | | 3 | \$10.82 | \$21.65 | \$32.47 | \$23.44 | \$46.91 | \$70.35 |
| | | 4 | \$14.05 | \$28.10 | \$42.14 | \$30.44 | \$60.88 | \$91.30 |
| | | 5 | \$14.80 | \$29.60 | \$44.40 | \$32.07 | \$64.13 | \$96.20 |
| GHI PPO | High | 1 | \$17.35 | \$34.69 | \$52.04 | \$37.59 | \$75.16 | \$112.75 |
| Triple S PPO | High | 1 | \$4.51 | \$9.02 | \$11.93 | \$9.77 | \$19.54 | \$25.85 |

International Dental Rates

Please note: International premium rates are not regionally based.

| Plan Name | Biweekly Premium | | | Monthly Premium | | |
|------------------|------------------|---------------|---------------|-----------------|---------------|---------------|
| | Self Only | Self Plus One | Self & Family | Self Only | Self Plus One | Self & Family |
| Aetna | \$19.13 | \$38.28 | \$57.41 | \$41.45 | \$82.94 | \$124.39 |
| GEHA Standard | \$9.37 | \$18.75 | \$28.12 | \$20.30 | \$40.63 | \$60.93 |
| GEHA High | \$13.06 | \$26.12 | \$39.18 | \$28.30 | \$56.59 | \$84.89 |
| MetLife Standard | \$12.17 | \$24.35 | \$36.53 | \$26.37 | \$52.76 | \$79.15 |
| MetLife High | \$20.64 | \$41.27 | \$61.91 | \$44.72 | \$89.42 | \$134.14 |
| United Concordia | \$18.65 | \$37.29 | \$55.93 | \$40.41 | \$80.80 | \$121.18 |

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Vision Rates

| Plan Name | Telephone & Website | Plan Option | Biweekly Premium | | | Monthly Premium | | |
|--|--|-------------|------------------|---------------|---------------|-----------------|---------------|---------------|
| | | | Self Only | Self Plus One | Self & Family | Self Only | Self Plus One | Self & Family |
| FEP BlueVision | 1-888-550-2583 fepblue.org | Standard | \$4.00 | \$8.00 | \$12.00 | \$8.67 | \$17.33 | \$26.00 |
| | | High | \$5.00 | \$10.00 | \$15.00 | \$10.83 | \$21.67 | \$32.50 |
| UnitedHealthcare Vision Plan (formerly Spectera) | 1-866-249-1999 unitedhealthcarevisionplan.com | Standard | \$2.94 | \$5.76 | \$8.56 | \$6.37 | \$12.48 | \$18.55 |
| | | High | \$3.93 | \$7.67 | \$11.43 | \$8.52 | \$16.62 | \$24.77 |
| VSP (Vision Service Plan) | 1-800-807-0764 choosevsp.com | Standard | \$3.84 | \$7.68 | \$11.52 | \$8.32 | \$16.64 | \$24.96 |
| | | High | \$5.39 | \$10.78 | \$16.17 | \$11.68 | \$23.36 | \$35.04 |

International Vision Rates

| Plan Name | Telephone & Website | Plan Option | Biweekly Premium | | | Monthly Premium | | |
|--|--|-------------|------------------|---------------|---------------|-----------------|---------------|---------------|
| | | | Self Only | Self Plus One | Self & Family | Self Only | Self Plus One | Self & Family |
| FEP BlueVision | 1-888-550-2583 fepblue.org | Standard | \$4.00 | \$8.00 | \$12.00 | \$8.67 | \$17.33 | \$26.00 |
| | | High | \$5.00 | \$10.00 | \$15.00 | \$10.83 | \$21.67 | \$32.50 |
| UnitedHealthcare Vision Plan (formerly Spectera) | 1-866-249-1999 unitedhealthcarevisionplan.com | Standard | \$2.94 | \$5.76 | \$8.56 | \$6.37 | \$12.48 | \$18.55 |
| | | High | \$3.93 | \$7.67 | \$11.43 | \$8.52 | \$16.62 | \$24.77 |
| VSP (Vision Service Plan) | 1-800-807-0764 choosevsp.com | Standard | \$3.84 | \$7.68 | \$11.52 | \$8.32 | \$16.64 | \$24.96 |
| | | High | \$5.39 | \$10.78 | \$16.17 | \$11.68 | \$23.36 | \$35.04 |

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