



Guide to Federal
Employees
Health Benefits Plans

**For United States
Postal Service
Inspectors and Office
of Inspector General
Employees**





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

OFFICE OF THE DIRECTOR

Dear Federal Employees Health Benefits Program Participant:

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

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

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

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

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

Sincerely,


Kay Cotes James
Director

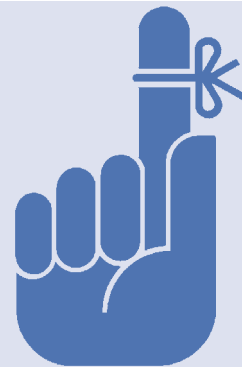
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Things to Remember

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



The information in this Guide gives you an overview of the FEHB Program and its participating plans. Read the plan brochures before you make any final decisions about health plans. Note that some union and association plans available to all federal employees charge a membership fee in addition to health coverage premiums.

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FEHB and You

Overview

The United States Postal Service (USPSO) provides health benefits to its career employees by participating in the Federal Employees Health Benefits (FEHB) Program, which is administered by the U.S. Office of Personnel Management (OPM), Office of Retirement and Insurance Services. FEHB began operation in July 1960 and almost 815 million people are in the program, including 2.2 million federal and postal employees, 1.85 million retirees, and eligible family members. It is the largest employer-sponsored health insurance program in the world. OPM interprets health insurance laws and writes regulations for the FEHB Program. It gives advice and guidance to the USPS and other participating agencies to process your enrollment changes and to deduct your premiums. OPM also contracts with and monitors all of the plans participating in the FEHB Program.

The purpose of this 2005 Guide to Federal Employees Health Benefits (FEHB) Plans is to provide information about enrollment and premium features that USPS career employees must consider when selecting a health insurance plan under the FEHB Program. The Guide is a summary of FEHB plans – the plan brochures give specific benefit information. You can get individual plan brochures directly from the health plans, from your local personnel office, or from the OPM web site www.opm.gov/insure which also has a copy of this guide in addition to various health plan brochures and helpful information.

You may choose from among Fee-for-Service (FFS) plans regardless of where you live (see pages 27 through 36) and from Health Maintenance Organizations (HMO's) plans if you live (or sometimes if you work) within the area serviced by the plan (see pages 37 through 63). Some HMOs also offer a Point-of-Service (POS) product which allows you to use providers who are not part of the HMO network, but at an increased cost.

FEHB eligibility, enrollment requirements, plans available, and premiums for 2005 are the same for federal employees, Inspection Service employees, and OIG

employees alike. All employee premium rates are calculated using the "Fair Share Formula."

Supplemental Sources

While this FEHB Guide (RI 70-2IN) contains rates for USPS IS and OIG employees, other versions of the 2004 Guide that provides rates for career and temporary employees, are available as follows:

RI 70-2, 2004 Guide to Federal Employees Health Benefits Plans for United States Postal Service Employees.

RI 70-8PS, 2004 Guide to Federal Employees Health Benefits Plans for Certain Temporary (Non-Career) United States Postal Service Employees.

Coverage

New Employees – New employees have the opportunity to select a health plan with 60 days of being hired.

Current Employees – Current employees have an opportunity to select or change plans:

- During Open Season
- When certain life events occur (see table on pages 17 through 20 of this Guide) **NOTE: These elections MUST be made within certain time limits as specified in the table.**

Your choice of plans and options includes Self Only coverage just for you, or Self and Family coverage for you, your spouse, and unmarried dependent children under age 22 (and in some cases, a disabled child 22 years or older who is incapable of self-support).

Eligible Family Members – Eligible family members for "self and family" health benefits registration purposes include an enrollee's:

- Spouse
- Unmarried dependent children under age 22, including legally adopted children and recognized natural (born out-of-wedlock) children.
- Unmarried dependent stepchildren and foster children, (including foster children who are also

FEHB and You

your grandchildren) under age 22 if they live with the enrollee in a regular parent-child relationship.

- Unmarried dependent children age 22 or over who are incapable of self-support because of physical or mental incapacity that existed before their 22nd birthday.

Ineligible Members – Even though the following family members may live with and/or be dependent upon the enrollee, they are NOT ELIGIBLE for coverage under the enrollee’s “self and family” FEHB program enrollment:

- Parents and other relatives
- Former spouses.

Loss of Coverage – When an event occurs that causes you or your family member to lose coverage, the FEHB Program offers a continuation of coverage feature, either temporarily or by permanent conversion to a private sector policy. Such events include but are not limited to:

- Child reaching age 22
- Separation
- Retirement
- Divorce
- Application for Spouse Equity
- Death
- Relocation
- LWOP Status*
- Leave Without Pay Status – FEHB Program regulations state that you may continue your FEHB coverage for up to 365 days while you are in an LWOP status, provided that you continue to pay the employee share of the premium. The Postal Service will invoice you for your share of the premium unless you complete and submit to your personnel office PS Form 3111, FEHB Coverage or Termination While In Leave Without Pay (LWOP) Status, to terminate coverage. At 365 days in LWOP status, your FEHB coverage terminates.

It is your responsibility to report life events that may cause you or your family member to lose eligibility. It is also your responsibility to complete and submit any required paperwork to change your enrollment and/or apply for any continuation of coverage, if eligible, within the time limits specified in the Table of Qualifying Life Events on pages 17 through 20 of this guide. If you have questions, see your local personnel office.

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.

FEHB Open Season

Each year you have the opportunity to enroll or change enrollment during an open season. The 2004 Open Season is from November 8 through December 14 at 5:00 p.m. Central Time. Employees may make any one – or a combination – of the following changes:

- Enroll if not enrolled
- Change from one plan to another
- Change from one option to another
- Change from Self Only to Self and Family
- Change from Self and Family to Self Only
- Change from pre-tax to post tax premium deductions or vice versa (see pages 4 through 6 of this Guide)
- Cancel enrollment

If you decide to do any of the above actions, you MUST follow the instructions on the FEHB Worksheet contained in the center of this Guide and enter your election in *PostalEASE* by 5:00 p.m. Central Time on December 14, 2004. It is critical that this be done timely.

Your new enrollment or any changes that you make to your existing coverage will take effect on January 8, 2005 and the change in premium rate deductions will be seen in your January 28, 2005, earnings statement.

FEHB and You

If you change plans, any covered expenses incurred between January 1-7, 2005, will count toward the prior year deductible of the plan you are changing from.

If you decide NOT to change your enrollment, DO NOTHING, and your present enrollment will continue automatically unless your plan is not participating in 2005. If your plan is not participating in 2005 you MUST choose another plan during open season or you will not have FEHB coverage. Ask your local personnel office for a list of the plans that will terminate at the end of the 2004 plan year.

If you decide to cancel your coverage during open season, you must cancel your enrollment in *PostalEASE*, which includes a confirmation by you that you clearly accept the consequences of canceling. The cancellation will become effective on January 7, 2005.

If you pay premium contributions on a pre-tax basis (which most career employees do) you will not be able to cancel or reduce (change from Self and Family to Self Only) coverage unless you experience a qualifying life event and your election is in keeping with the change. See pages 4 through 6 of this Guide on Pre-tax Payment of Premium Contributions and the OPM table of permissible changes on pages 17 through 20 of this Guide.

Note to those considering retirement: To be eligible to carry your FEHB enrollment into retirement, you must have been continuously covered, either as an enrollee or as an eligible family member under another FEHB enrollment, for the 5 years immediately preceding retirement, or if less than 5 years, for the entire period since your first opportunity to enroll.

You, as an employee, are responsible for being informed about your health benefits. You should thoroughly read this Guide, the brochures of plans that

interest you, and the bulletin board notices on health benefits topics. These include family member eligibility, the option to continue or terminate an enrollment during periods of non-pay status or insufficient pay, dual enrollment prohibition, coverage for former spouses, and discontinued health insurance plans. Be sure to read the section on the pre-tax payment of health insurance premium contributions, which specifies Internal Revenue Service (IRS) restrictions for reducing or canceling coverage (see pages 4 through 6 of this Guide). Also be sure to refer to the table of permissible changes on pages 17 through 20 of this Guide.

After referring to these sources, if you still have questions regarding eligibility, enrollment criteria, continued coverage after certain life events, or on any other FEHB policies, or if you need assistance making your choice in *PostalEASE*, contact your local personnel office.

NOTE: Falsifying or misrepresenting family member eligibility or enrollment is a violation of federal law and may subject an employee to fine, imprisonment and/or disciplinary action.

You can also look at and download:

- All of the FEHB Guides including the Guide for USPS Employees, the FEHB Guide for United States Postal Service Inspectors and Office of Inspector General Employees, the FEHB Guide for Certain Temporary (Non-career) USPS Employees, and the FEHB Guide For TCC and Former Spouse Enrollees.
- Plan brochures that include benefits, cost, and other major features of each health plan.

Pre-Tax Payment of Premium Contributions

The Postal Service has established the pre-tax payment of health insurance premium contributions as a tax-saving benefit feature for its employees. This feature has been sponsored by the Postal Service since 1994. Payment of premiums on a pre-tax basis prohibits enrollees from reducing coverage unless they qualify as described in the section “Reducing Coverage” below.

Pre-Tax Withholding

If you are a career employee, your premium contributions will automatically be withheld from pay as “pre-tax money,” which means the premium amount is not subject to income, Social Security, or Medicare taxes.

Premiums are collected on a pre-tax basis automatically, unless you waive this treatment. Once you begin to pay FEHB premiums with pre-tax money, this method continues each year.

Although you are automatically enrolled to pay premium contributions with pre-tax money, you do have an opportunity during FEHB Open Season, or if you have a qualifying life event, to waive this treatment and pay your premiums with “after-tax money”. This means you give up the tax savings of paying with pre-tax money.

There are two possible disadvantages of paying your premiums with pre-tax money that you should balance against the tax savings you receive.

First, when you retire, if you begin to collect Social Security (normally this occurs at age 62 at the earliest), you may receive a slightly lower Social Security benefit. Paying your FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration. (Your Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits are not affected.)

Second, there are some restrictions on reducing or canceling your coverage outside FEHB Open Season that apply if you pay your premium contributions with pre-

tax money. These are explained in the section “Reducing Coverage” below.

Most employees prefer paying their premiums with pre-tax money because they save on taxes. Nevertheless, if for any reason you do not want this method of payment, and instead wish to have premiums paid with after-tax money, you must submit a form that is available from your local personnel office to waive the pre-tax treatment. For more information, see the section “How to Waive or Restore Pre-Tax Payment” on page 5 of this Guide.

Reducing Coverage

When your premium contributions are withheld on a pre-tax basis, certain Internal Revenue Service (IRS) guidelines affect your ability to change coverage. You may elect to reduce your coverage, that is, to cancel your FEHB enrollment, or to go from Self and Family to Self Only coverage, only during an FEHB Open Season, unless you have a qualifying life event. These are shown in the chart on pages 17 to 20 of this Guide titled “USPS Employees: Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment.” Refer to the column labeled “FEHB Enrollment Change That May Be Permitted” and the header “Cancel or Change to Self Only.” You also must satisfy the time limits shown in the column labeled “Time Limits in Which Change May Be Permitted.”

If you are the only person left in your Self and Family enrollment as a result of a qualifying life event in marital or family status, you must elect to reduce the enrollment (elect Self Only coverage or cancel coverage) by submitting the FEHB PostEASE Worksheet to your local personnel office within the time limit shown in the column labeled “Time Limits in Which Change May Be Permitted” in the chart on pages 17 to 20 of this Guide. Otherwise, your self and family enrollment will continue until another event (that is, a qualifying life event or FEHB Open Season) occurs that allows you to elect to reduce coverage.

Pre-Tax Payment of Premium Contributions

Reducing your FEHB coverage outside of FEHB Open Season must be in keeping with, or on account of, your qualifying life event. For example, if you have a new baby, you usually would not change from Self and Family to a Self Only enrollment, or cancel coverage.

To reduce your FEHB coverage outside of FEHB Open Season, submit an FEHB PostalEASE Worksheet to your local personnel office within the time limits shown in the column labeled “Time Limits in Which Change May be Permitted” in the table on pages 17 to 20 of this Guide. You must provide any supporting documentation requested by your local personnel office. The effective date of a change from Self and Family to Self Only will be the first day of the pay period that follows the pay period in which your Worksheet is received by your personnel office. The effective date of a cancellation will be the last day of the pay period in which your Worksheet is received by your personnel office, if received within the specified time limits.

It is your responsibility to notify and submit necessary forms to your local personnel office on time when you are the only person left on your enrollment.

Retirement is NOT a qualifying life event that allows cancellation prior to the date of your retirement. If you wish to cancel an enrollment at retirement, your personnel office will accept your completed SF 2809 and forward it to OPM for processing after separation from the Postal Service. (Annuitants’ FEHB premium contributions are not withheld as a pre-tax payment, thus once you are an annuitant, reduction in coverage is allowed at any time.)

During periods of non-pay status or insufficient pay, you may terminate your FEHB enrollment. The effective date of termination is retroactive to the end of the last pay period in which a premium contribution was withheld from pay. Contact your local personnel office for more information about how termination during periods of non-pay status or insufficient pay affects FEHB enrollment.

How to Waive or Restore Pre-Tax Payments

If you pay premiums with after-tax money, you will not be affected by the IRS guidelines described above that restrict reductions in coverage. You may reduce your level of FEHB coverage at any time of year without having a qualifying life event. You will give up the tax savings from paying your premium contributions with pre-tax money.

If you wish to pay your premiums with after-tax money, you must contact your local personnel office and ask for Postal Service (PS) Form 8201, Pre-tax Health Insurance Premium Waiver/Restoration Form. During Open Season, complete the form and return it to your local personnel office by close of business December 14, 2004. If this is your initial opportunity to enroll in FEHB, you have 60 days to submit your election to your local personnel office. You also may make such an election when you have a qualifying life event which is shown in the chart on pages 17 to 20 of this Guide. Refer to the column labeled “Premium Conversion Election Change That May Be Permitted.” You must also satisfy the time limits shown in the column labeled “Time Limits in Which Change May Be Permitted.”

If you submit a waiver, your premiums will continue to be paid with after-tax money in future years, unless you later submit another PS 8201 to restore pre-tax payment of FEHB premiums.

If you previously submitted a waiver in order to pay with after-tax money, and you want to begin paying your premiums with pre-tax money, you may submit PS 8201 to restore pre-tax payment of your premium contributions. You may change the method of payment from pre-tax to after-tax, or the reverse only during the annual FEHB Open Season or following a qualifying life event and within the time limits described earlier in this section.

Pre-Tax Payment of Premium Contributions

Your Right To More Information

This section of the FEHB Guide serves as your summary plan description of the USPS Plan for the Pre-tax Payment of Health Insurance Premiums. There is also a legal plan document containing the full legal plan provisions, which you may arrange to view by writing to:

PRETAX PAYMENT OF HEALTH INSURANCE PREMIUMS
PLAN ADMINISTRATOR
475 L'ENFANT PLAZA SW ROOM 9670
WASHINGTON DC 20260-4210

USPS Flexible Spending Accounts

Flexible Spending Accounts for U.S. Postal Service Career Employees

Any of these expenses in your future?

Doctor visits. Orthodontia. Eye exams, contacts and eyeglasses. Laser vision surgery. Medical and dental deductibles and co-pays. Prescription and over-the-counter drugs. Nursery school. Day care. Summer day camp. Day care for a dependent parent.

Plan ahead and save money.

Set aside dollars in a Flexible Spending Account (FSA). They're tax free. And, FSAs cover eligible expenses for you and your eligible dependents.

Start saving now.

Whether you're selecting a new health benefits plan, or keeping the same one you have now, plan to cover your out-of-pocket health care expenses, including dental and vision expenses, with a Health Care FSA. Enroll in the FSA program during the current open season and your full annual Health Care FSA contribution will be available to you beginning Jan. 1, 2005, even though your payments are spread out over the 2005 pay dates.

What a difference an FSA makes!

You won't pay federal income, Social Security or Medicare taxes on the amount you contribute to an FSA. When you take the tax savings into consideration, an FSA can make a big difference in the amount of money you spend on your family's health.

- Without an FSA you might spend \$400 next year on prescriptions and over-the-counter drugs. With an FSA you may only pay \$250.

- Without an FSA you'll pay about \$325 for eyeglasses compared to \$200 with an FSA.
- Without an FSA, you could pay your dentist or orthodontist \$2,000 next year. An FSA can help trim that cost down to about \$1,250.

Better hurry.

FSA open season ends 5 p.m. Central Time, Dec. 31, 2004. An FSA brochure coming soon to your mailbox will explain more about how you can save with FSAs.

Enroll now!

Call 1-800-842-2026 for more information on how an FSA can work for you and your family and to make sure the expenses you're planning to cover are eligible. Then use convenient *PostalEASE* to enroll.

FSAs and HSAs

Please note that you are not eligible to enroll in a Health Care FSA if you have a Health Savings Account (HSA). To have an HSA, you must enroll in one of the "High Deductible Health Plans" listed at the end of this Guide. If you have an HSA, you may enroll in a Dependent Care FSA as long as you are otherwise eligible.

Now when you access *PostalEASE* by phone or on the Web, instead of your Social Security Number, use your eight-digit employee ID — found at the top of your earnings statement — and your USPS PIN.

The change helps safeguard your Social Security Number by reducing its exposure on printed documents and other media, and that helps protect your privacy.

Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- **A Choice of Coverage.** Choose between Self Only or Self and Family.
- **A Choice of Plans and Options.** Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven plans, or High Deductible Health Plans.
- **A Government Contribution.** The USPS pays 72 percent of the average premium toward the total cost of your premium, up to a maximum of 75 percent of the total premium for any plan.
- **Salary Deduction.** You pay your share of the premium through a payroll deduction and have the choice of doing so using pre-tax dollars. When your premium contributions are withheld on a pre-tax basis, certain Internal Revenue Service guidelines affect your ability to change coverage. You may elect to cancel your FEHB enrollment, or to go from Self and Family to Self Only coverage, only during an FEHB Open Season, unless a qualified life status change occurs. See your Human Resources office for details.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment. This year the Open Season runs from November 8, 2004, through December 14, 2004. Other events allow for certain types of changes throughout the year. See your Human Resources office for details.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce, death, or changes in employment status. See your Human Resources office for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible for temporary continuation of FEHB coverage or for conversion to non-group (private) coverage when FEHB coverage ends or while awaiting for approval by OPM for an application for Spouse Equity. See your Human Resources office for more information.
- **Consumer Protections.** Go to www.opm.gov/insure/health/consumers to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program and; learn about your privacy protections when it comes to your medical information.



Federal Employees
Health Benefits Program

Better Information
Better Choices
Better Health

Picking a Health Plan

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

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

See Definitions starting on page 8 for a more detailed description of each type of plan.

Picking a Health Plan

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

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

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

Picking a Health Plan

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

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

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

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

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

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

Picking a Health Plan

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

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

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

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

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

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

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

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

Preventing Medical Mistakes

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

1. Ask questions if you have doubts or concerns.

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

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

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

3. Get the results of any test or procedure.

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

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

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

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

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

Want more information on patient safety?

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

FEHB Web Resources

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

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

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

Stop Health Care Fraud

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

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

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

CALL – THE HEALTH CARE FRAUD HOTLINE

202-418-3300

OR WRITE TO:

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

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

USPS Employees:

Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment

The following chart combines and replaces the OPM chart titled "Table of Permissible Changes in Enrollment for SF2809," previously published in the SF2809 Health Benefits Election Form, and the list of qualified life status changes published in 2002 and earlier editions of RI 70-2, Guide to Federal Employees Health Benefits Plans For United States Postal Service Employees, and the FEHB guides for USPS law enforcement and noncareer employees. (Since USPS is using PostalEASE for Federal Employees Health Benefits (FEHB) elections, SF2809 is no longer used.)

All employees must meet the time limits stated in the far right column. Employees who are paying premiums on a pre-tax basis may only make changes that are in keeping with, or on account of, the change described in the table. For example, if you have a new baby, you would usually not cancel coverage. This restriction does not apply to open season changes, or to the initial opportunity to enroll. USPS career employees are automatically enrolled for pre-tax payment of health insurance premiums; noncareer employees must elect it. Employees who are paying premiums on an after-tax basis may cancel coverage or reduce coverage from Self and Family to Self Only at any time—they do not need to have an event.

USPS Employees: Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment

See explanatory note on first page of this chart.

| Code | Event | FEHB ENROLLMENT CHANGE THAT MAY BE PERMITTED | | | | PREMIUM CONVERSION ELECTION CHANGE THAT MAY BE PERMITTED | | TIME LIMITS IN WHICH CHANGE MAY BE PERMITTED |
|------|--|--|-----------------------------------|------------------------------------|-------------------------------|--|---|--|
| | | From Not Enrolled to Enrolled | From Self Only to Self and Family | From One Plan or Option to Another | Cancel or Change to Self Only | Participate | Waive | When You Must File Health Benefits Election with Your Employing Office |
| 1A | Initial Opportunity to Enroll, for example: <ul style="list-style-type: none"> • New employee • Change from excluded position • Temporary (Non-career) employee who completes 1 year of service and is eligible to enroll under 5 USC 8906a | Yes | N/A | N/A | N/A | Automatic unless waived (except for temporary employees) | Yes (Automatic for temporary employees) | Within 60 days after becoming eligible |
| 1B | Open Season | Yes | Yes | Yes | Yes | Yes | Yes | As announced by OPM |
| 1C | Change in family status that results in increase or decrease in number of eligible family members, for example: <ul style="list-style-type: none"> • Marriage, divorce, annulment, legal separation • Birth, adoption, acquiring foster child or stepchild, issuance of court order requiring employee to provide coverage for child • Last dependent child loses coverage, for example child reaches age 22 or marries, stepchild moves out of employee's home, disabled child becomes capable of self-support, child acquires other coverage by court order • Death of spouse or dependent | Yes | Yes | Yes | Yes | Yes | Yes | Within 60 days after change in family status |
| | | <i>Employees may enroll or change beginning 31 days before the event</i> | | | | | | |
| 1D | Any change in employee's employment status that could result to entitlement to coverage, for example: <ul style="list-style-type: none"> • Reemployment after a break in service of more than 3 days • Return to pay status from nonpay status, or return to receiving pay sufficient to cover premium withholdings, if coverage terminated (If coverage did not terminate, see 1G) | Yes | N/A | N/A | N/A | Automatic unless waived | Yes | Within 60 days after employment status change |
| 1E | Any change in employee's employment status that could affect the cost of insurance, including: <ul style="list-style-type: none"> • Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of government contribution • Change from full time to part time career or the reverse | Yes | Yes | Yes | Yes | Yes | Yes | Within 60 days after employment status change |

USPS Employees: Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment

See explanatory note on first page of this chart.

| Code | Event | FEHB ENROLLMENT CHANGE THAT MAY BE PERMITTED | | | | PREMIUM CONVERSION ELECTION CHANGE THAT MAY BE PERMITTED | | TIME LIMITS IN WHICH CHANGE MAY BE PERMITTED |
|------|---|--|-----------------------------------|---------------------------------------|--|--|----------------|--|
| | | From Not Enrolled to Enrolled | From Self Only to Self and Family | From One Plan or Option to Another | Cancel or Change to Self Only ¹ | Participate | Waive | When You Must File Health Benefits Election with Your Employing Office |
| 1F | Employee restored to civilian position after serving in uniformed service ² | Yes | Yes | Yes | Yes | Yes | Yes | Within 60 days after return to civilian position |
| 1G | Employee, spouse or dependent: <ul style="list-style-type: none"> • begins nonpay status or insufficient pay³ or • ends nonpay status or insufficient pay if coverage continued • (If employee's coverage terminated, see 1D) • (If spouse's or dependent's coverage terminated, see 1M) | No | No | No | Yes | Yes | Yes | Within 60 days after employment status change |
| 1H | Salary of temporary employee insufficient to make withholdings for plan in which enrolled | N/A | No | Yes | Yes | Yes | Yes | Within 60 days after receiving notice from employing office |
| 1I | Employee (or covered family member) enrolled in FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollments or, if already outside the area, moves further from this area. ⁴ | N/A | Yes | Yes | N/A (see M1) | No (see M1) | No (see M1) | Upon notifying employing office of move |
| 1J | Transfer from post of duty within a state of the United States or the District of Columbia to post of duty outside a State of the United States or District of Columbia, or reverse | Yes | Yes | Yes | Yes | Yes | Yes | Within 60 days after arriving at new post |
| 1K | Separation from Federal Employment when the employee or employee's spouse is pregnant | Yes | Yes | Yes | N/A | N/A | N/A | During employee's final pay period |
| 1L | Employee becomes entitled to Medicare and wants to change to another plan or option. ⁵ | No | No | Yes (Change may be made only once) | N/A (see M1) | No (see M1) | No (see M1) | Any time beginning on the 30th day before becoming eligible for Medicare |

¹ Employees may change to Self Only outside of Open Season only if **the QLE caused** the enrollee to be the last eligible family member under the FEHB enrollment. Employees may cancel enrollment outside of Open Season only if **the QLE caused** the enrollee and all the eligible family members to acquire other health insurance coverage.

² Employees who enter active military service are given the opportunity to terminate coverage. Termination for this reason does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement. Additional information on the FEHB coverage of employees who return from active military service will be forthcoming.

³ Employees who begin nonpay status or insufficient pay **must** be given an opportunity to elect to continue or terminate coverage. A termination differs from a cancellation as it allows conversion to nongroup coverage and does not count against the employee for purposes of meeting the requirements for continuing coverage after retirement.

USPS Employees: Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment

See explanatory note on first page of this chart.

| Code | Event | FEHB ENROLLMENT CHANGE THAT MAY BE PERMITTED | | | | PREMIUM CONVERSION ELECTION CHANGE THAT MAY BE PERMITTED | | TIME LIMITS IN WHICH CHANGE MAY BE PERMITTED |
|------|--|--|-----------------------------------|------------------------------------|-------------------------------|--|-------|---|
| | | From Not Enrolled to Enrolled | From Self Only to Self and Family | From One Plan or Option to Another | Cancel or Change to Self Only | Participate | Waive | When You Must File Health Benefits Election with Your Employing Office |
| 1M | <p>Employees or eligible family member loses coverage under FEHB or another group insurance plan including the following:</p> <ul style="list-style-type: none"> • Loss of coverage under another FEHB enrollment due to termination, cancellation, or change to self-only of the covering enrollment • Loss of coverage due to termination of membership in employee organization sponsoring the FEHB plan ⁶ • Loss of coverage under another federally-sponsored health benefits program, including: TRICARE, Medicare, Indian Health Service • Loss of coverage under Medicaid or similar State-sponsored program of medical assistance for the needy • Loss of coverage under a non-Federal health plan, including foreign, state or local government, private sector • Loss of coverage due to change in worksite or residence (<i>Employees in an FEHB HMO, also see 1I</i>) | Yes | Yes | Yes | Yes | Yes | Yes | Within 60 days after loss of coverage |
| | | <i>Employees may enroll or change beginning 31 days before the event</i> | | | | | | |
| 1N | Loss of coverage under a non-Federal group health plan because an employee moves out of the commuting area to accept another position and the employee's non-Federally employed spouse terminates employment to accompany the employee | Yes | Yes | Yes | Yes | Yes | Yes | From 31 days before the employee leaves the commuting area to 180 days after arriving in the new commuting area |

⁴ This code reflects the FEHB regulation that gives employees enrolled in an FEHB HMO who **change from Self Only to Self and Family or from one plan or option to another** a different timeframe than that allowed under 1M. For change to Self Only, cancellation, or change in premium conversion status see 1M.

⁵ This code reflects the FEHB regulation that gives employees enrolled in FEHB a one-time opportunity to change plans or options under a different timeframe than that allowed by 1P. For change to Self Only, cancellation, or change in premium conversion status, see 1P.

⁶ If employees membership terminates, (e.g., for failure to pay membership dues), the employee organization will notify the agency to **terminate** the enrollment.

USPS Employees: Table of Permissible Changes in FEHB Enrollment and Pre-Tax/After-Tax Premium Payment

See explanatory note on first page of this chart.

| Code | QUALIFYING LIFE EVENTS (QLEs) THAT MAY PERMIT CHANGE IN FEHB ENROLLMENT OR PREMIUM CONVERSION ELECTION | FEHB ENROLLMENT CHANGE THAT MAY BE PERMITTED | | | | PREMIUM CONVERSION ELECTION CHANGE THAT MAY BE PERMITTED | | TIME LIMITS IN WHICH CHANGE MAY BE PERMITTED |
|------|---|--|-----------------------------------|------------------------------------|-------------------------------|--|-------|--|
| | Event | From Not Enrolled to Enrolled | From Self Only to Self and Family | From One Plan or Option to Another | Cancel or Change to Self Only | Participate | Waive | When You Must File Health Benefits Election with Your Employing Office |
| 10 | Employee or eligible family member loses coverage due to discontinuation in whole or part of FEHB plan ⁷ | Yes | Yes | Yes | Yes | Yes | Yes | During open season, unless OPM sets a different time |
| 1P | Employee or eligible family member gains coverage under FEHB or another group insurance plan, including the following: <ul style="list-style-type: none"> • Medicare (<i>Employees who become eligible for Medicare and want to change plans or options, see 1I</i>) • TRICARE for Life, due to enrollment in Medicare • TRICARE due to change in employment status, including: (1) entry into active military service, (2) retirement from reserve military service under chapter 67, title 10 • Medicaid or similar state sponsored program of medical assistance for the needy • Health insurance acquired due to change of worksite or residence that affects eligibility for coverage • Health insurance acquired due to spouse's or dependent's change in employment status (including state, local or foreign government or private sector employment) ⁸ | No | No | No | Yes | Yes | Yes | Within 60 days after QLE |
| 1Q | Change in spouse's or dependent's coverage options under a non-Federal health plan, for example: <ul style="list-style-type: none"> • Employer starts or stops offering a different type of coverage (<i>If no other coverage is available, also see 1M</i>) • Change in cost of coverage • HMO adds a geographic service area that now makes spouse eligible to enroll in that HMO • HMO removes a geographic area that makes spouse ineligible for coverage under that HMO, but other plans or options are available (<i>If no other coverage is available, see 1M</i>) | No | No | No | Yes | Yes | Yes | Within 60 days after QLE |

⁷ Employee's failure to select another FEHB plan is deemed a cancellation for purposes of meeting the requirements for continuing coverage after retirement.

⁸ Under IRS rules, this includes start/stop of employment or nonpay status, strike or lockout, and change in worksite.

FEHB and *PostalEASE*

The United States Postal Service is now using *PostalEASE* to enter Federal Employee Health Benefit (FEHB) Program Open Season enrollments and changes. By using *PostalEASE* for health benefits, and by sending information to health insurance companies electronically instead of via paper forms as in past open seasons, the Postal Service expects that employees who make health benefits changes will get their new insurance cards more quickly. All the information you need for using *PostalEASE* is included in the FEHB *PostalEASE* Worksheet found on pages 22 to 25 of this Guide. Just follow the instructions to:

- Enroll
- Change Enrollment
- Cancel Enrollment
- Review or change your pending open season transaction
- Review or update your dependent information
- Review your current enrollment information
- Receive a copy of a health benefits election that was processed using *PostalEASE*

If you want to make a change for the 2005 plan year, you may do so during the annual FEHB Open Season, which is from November 8 through December 14, 2004, at 5:00 PM Central Time. If you currently have an FEHB enrollment and you do not want to make any changes, *do nothing*. Your coverage will continue automatically.

Please do not wait until late in the open season to enter your choice via *PostalEASE*. If you select Self and Family coverage, then you'll need to enter information about your dependents. Although this will take extra time, providing this information is required under FEHB regulations. Just complete the FEHB *PostalEASE* Worksheet and follow the instructions carefully.

All open season Self Only enrollments, changes to Self Only coverage, and cancellations, should be entered as employee "self service" transactions using *PostalEASE*. Since dependent information is not required, such transactions are simple. Most Self and Family enrollments can also be completed as employee self service transactions, although they require additional information. The easiest way to do this is via the *PostalEASE* Employee Web, which is available through the Blue page or on a kiosk. Many Self and Family transactions can also be completed by telephone. If you are unable to enter your dependent information via the telephone, the *PostalEASE* system will refer you to the Web, a kiosk, or your local personnel office. *PostalEASE* provides the enrollment date, processing date, and effective date when you complete your transaction. You may delete or change a pending transaction until it is processed. If you are newly eligible for FEHB as a career employee, you may also use *PostalEASE* during the first 60 days after your date of appointment.

This Guide contains important FEHB policy information that used to be provided to you as part of the SF 2809 *Health Benefits Election Form*. Be sure you understand how your health benefits work, including information on which family members are eligible, how you pay for your health benefits premiums using pre-tax dollars, and the limitations on making a health benefits change outside of open season. As a reminder, to continue health benefits coverage during retirement, you must have had five consecutive years of FEHB coverage immediately prior to your retirement. If you need help understanding any of this information, or you need help using *PostalEASE*, you should contact your local personnel office for assistance.

FEHB Program *PostalEASE* Worksheet

Federal Employees Health Benefits (FEHB) Program *PostalEASE* Worksheet

The *PostalEASE* telephone system and web site provide a convenient, confidential, and secure way for you to newly enroll, change your current enrollment, or cancel your enrollment in the Federal Employees Health Benefits (FEHB) Program. If you have access to *PostalEASE* on the Intranet (from the blue page) or at an Employee Self-Service Kiosk (available in some facilities), using either of these may be easier than using the telephone.

Through *PostalEASE* you may:

- Make a change to your current enrollment during FEHB Open Season (November 8, 2004 – December 14, 2004, 5 p.m. Central Time)
- Make an election as a new employee within 60 days of your date of hire.
- Update your dependents' information — **although if you are not making a change in your enrollment at the same time, you must also contact your health plan carrier directly** with this information. *PostalEASE* will not transmit dependent change information to the insurance carrier if an enrollment transaction has not occurred.

You cannot use *PostalEASE* to newly enroll or change your enrollment due to the occurrence of a permitting event, nor to cancel or reduce your coverage due to a qualified life status change. You must contact your local personnel office to assist you with these actions.

If you are not making any changes to your current FEHB enrollment, then you do not need to do anything.

Preparing for *PostalEASE* FEHB Enrollment

1. **Read the Privacy Act Statement** on the other side of this page.
2. **Read and understand the RI 70-2, *Guide to FEHB Plans***, which is mailed to you each FEHB open season.
3. **Make sure you have the following information** ready before using *PostalEASE*:
 - a. Your USPS personal identification number (**PIN**). If you don't know your PIN, just call *PostalEASE*. When prompted to enter your PIN, pause and you will be given the option of having it mailed to your address of record. Usually it will be mailed by the next business day. Or, request your USPS PIN from *PostalEASE* on the Intranet (from the blue page) or at an Employee Self-Service Kiosk (available in some facilities).
 - b. Your Employee Identification number (EID).
 - c. Your daytime **phone number**.
 - d. The name of the **health benefits plan** in which you are enrolling.
 - e. The **code** of the health benefits plan in which you are **enrolling**. For the name and code, refer to the list of codes in RI 70-2, *Guide to FEHB Plans*, or to the health plan brochure.
 - f. The names, Social Security Numbers (optional), addresses, and dates of birth for all **eligible family members** that will be covered under your health benefits enrollment. For more information on family member eligibility, see RI 70-2, *Guide to FEHB Plans*.
 - g. The name and policy number of any **other group insurance** you or any of your eligible family members may have (including Tricare, Medicare, etc.).
 - h. If you are changing plans or canceling coverage, the **code** of the health benefits plan in which you are **currently enrolled** — that is, the plan that you will not have after your choice takes effect. The code for your current plan is found on your biweekly earnings statement. It is the three-character code that follows the letters "HP" or "HB." For example, the Blue Cross Self and Family Standard plan will be shown as HP105 or HB105, and you will enter the code 105 in *PostalEASE*. You may also refer to the list of codes in RI 70-2, *Guide to FEHB Plans*.
4. **Complete the worksheet** on following pages, using the information you prepared above.

PostalEASE FEHB Worksheet

Now You Are Ready To Call

- If you have access to the *PostalEASE* Employee Web on the Intranet (from the blue page) or to an Employee Self-Service Kiosk (available in some facilities), using either may be simpler than using the telephone. Just follow the instructions.
- Otherwise, call *PostalEASE* toll-free at 1-877-4PS-EASE (1-877-477-3273).
- When prompted, select Federal Employees Health Benefits.
- Follow the script and prompts to enter your EID, your USPS PIN, and other required information. (Having your completed *PostalEASE* FEHB Worksheet on hand will help you complete your transaction.)
- If you currently have an FEHB enrollment and you do not want to make any changes . . . do nothing.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)

PRIVACY ACT STATEMENT: The collection of this information is authorized by 39 USC 401, 1001, 1003, 1005; 5 USC 8339; 42 USC 2000e-16, and Executive Orders 11478 and 11590. This information will be used to process your enrollment in the Federal Employees Health Benefit system and to manage your claim under that plan. As a routine use, the information may be disclosed to an appropriate government agency, domestic or foreign, for law enforcement purposes; where pertinent, in a legal proceeding to which the USPS is a party or has an interest; to a government agency in order to obtain information relevant to a USPS decision concerning employment, security clearances, contracts, licenses, grants, permits or other benefits; to a government agency upon its request when relevant to its decision concerning employment, security clearances, security or suitability investigations, contracts, licenses, grants or other benefits; to a congressional office at your request; to an expert, consultant, or other person under contract with the USPS to fulfill an agency function; to the Federal Records Center for storage; to the Office of Management and Budget for review of private relief legislation; to an independent certified public accountant during an official audit of USPS finances; to an investigator, administrative judge or complaints examiner appointed by the Equal Employment Opportunity Commission for investigation of a formal EEO complaint under 29 CFR 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings or investigations involving personnel practices and other matters within their jurisdiction; to a labor organization as required by the National Labor Relations Act; to agencies having taxing authority for taxing purposes; to financial organizations receiving allotments; to State Employment Security Agencies to process unemployment compensation claims; to a Federal or state agency providing parent locator service or to other authorized persons as defined by Pub. L. 93-647; to the National Association of Postal Supervisors that relates to postal supervisors; to a prospective employer for consideration of employment; to management for compilation of a local seniority list for posting; to the EEOC for enforcement of Federal EEO regulations; to the appropriate finance center as required under the provisions of the Dual Compensation Act; to the Office of Personnel Management, Social Security Administration, Veterans Administration, Office of Workers' Compensation Programs; health insurance carriers, or plans, or other program management agencies or retirement systems for use in determining a claim for benefits; and to OPM for its active employee/annuitant data systems used to analyze Federal retirement and insurance costs. Providing the information is voluntary; however, if this information is not provided, we may not be able to process your enrollment. We also request that you provide your social security number so that it may be used as your individual identifier in the Federal Employee Health Benefits system. Executive order 9397 dated November 22, 1943, allows Federal Agencies to use the social security number as an individual identifier to distinguish between people with the same or similar names.

Computer Matching: Limited information may be disclosed to a Federal, state, or local government administering benefits or other programs pursuant to statute for purpose of conducting computer matching programs under the Act. These programs include, but are not limited to, matches performed to verify an individual's initial or continuing eligibility for, indebtedness to, or compliance with requirements of a benefit program.

PostalEASE FEHB Worksheet

This worksheet will help you prepare to call *PostalEASE*, or use *PostalEASE* on the Intranet (from the blue page), or on an Employee Self-Service Kiosk (now available in some facilities). You may also prepare this worksheet and contact your local personnel office if you cannot enroll or make a change because *PostalEASE* does not accept the required documentation.

Note: If you have any trouble using *PostalEASE*, or if you are unable to use the telephone because you are deaf or hard of hearing, or you cannot use the telephone, Intranet, or Employee Self-Service Kiosk for medical reasons, you may contact your local personnel office for assistance. **If you contact your local personnel office, be sure to complete this worksheet first.**

Part 1 – Employee Information

| | |
|---|--------------------------------|
| Your Name (Last, First, Middle Initial) | Employee Identification Number |
|---|--------------------------------|

Type Of Action You Are Requesting

Open Season: New Enrollment Change Current Enrollment Cancel Enrollment

New Hire: New Enrollment Waive Enrollment

Special Enrollment (if you are notified that your current plan is being discontinued or your service are is reduced):

Change Current Enrollment Cancel Enrollment

New Plan Enrollment Code _____ **New Plan Name** _____

Old Plan Enrollment Code (if you are changing plans or cancelling your current plan) _____

Please note:

Changes due to a qualifying life event (QLE) cannot be made via *PostalEASE*.

If you wish to make any change that is not listed under "Type of Action You Are Requesting" above, you must contact your local personnel office. You will need to present documentation showing that your election is due to a QLE and that you are contacting personnel within the required time frame.

For more information on qualifying life events, please refer to the RI 70-2, *Guide to FEHB Plans*, which is mailed to you each FEHB open season.

| | |
|---|---|
| Your Other Group Insurance (Not used for cancelling enrollment or waiving enrollment as a new employee) | |
| Do you have any group health insurance coverage other than under the FEHB plan in which you are now enrolling or already enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No | Identify Type of Other Insurance Coverage <input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B <input type="checkbox"/> Tricare or Champus Policy No. (if known) _____ |
| | Other Group Insurance Co. Name _____ Policy No. (if known) _____ |

| | | |
|--|---|--|
| Your Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Married: <input type="checkbox"/> Yes <input type="checkbox"/> No | Daytime Telephone Number (with area code) |
|--|---|--|

PostalEASE FEHB Worksheet

Part 2 – Dependent Information (for Self and Family coverage only)

A complete mailing address (if different from yours) and other insurance information (if any) must be provided for each covered dependent. If you are adding or updating information for a dependent who does not reside with you, you will need to use the PostalEASE Employee Web on the Intranet (blue page) or at an Employee Self-Service Kiosk (available in some facilities) or visit your local personnel office to make or change your FEHB enrollment.

| <input type="checkbox"/> Please check here if all dependents reside with you. | | | | | | |
|--|---|--------|---------------|--------------------|----------------------------------|---|
| Family Members Names <small>(Last, First, Middle Initial)</small> | Address <small>(Street, City, State, Zip)</small> <small>(If different from yours)</small> | Gender | Date of Birth | Relationship Code* | SSN <small>(Optional)</small> | Other Group Insurance Co. <small>Name & Policy No.</small> |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| * Relationship Codes: 01 = Spouse 02 = Spouse from a common law marriage (requires certification to be filed with local personnel office) 19 = Child 09 = Adopted child 10 = Foster child (requires certification to be filed with local personnel office) 17 = Stepson or stepdaughter 99 = Unmarried child over age 22 incapable of self-support (requires certification to be filed with local personnel office) | | | | | | |

| | |
|--|--|
| Employee Signature _____ | Record the Confirmation Number You Receive From PostalEASE Here _____ |
| For Personnel Office Use Only REMARKS: Specific information on type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided here. _____ _____ _____ _____ | |
| Employing Office _____ | Date Received in Personnel Office _____ |
| Address _____ | |
| Contact Name _____ | Date of QLE/Birth _____ |
| File copy in OPF for any FEHB transaction processed by HR and ASC | |

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Plan Comparisons

Nationwide Fee-For-Service Plans Open to All

(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 a contract with the health plan to offer discounted charges. You can also choose medical providers who are not contracted with the plan, but you will pay more of the cost.

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

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

Nationwide Fee-for-Service Plans Open to All

How to read this chart:

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

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

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| APWU Health Plan-High (APWU) | 800/222-2798 | 471 | 472 | 129.39 | 261.10 | 59.72 | 120.51 |
| Blue Cross and Blue Shield Service Benefit Plan-Std (BCBS) | Local phone # | 104 | 105 | 109.87 | 255.79 | 50.71 | 118.06 |
| Blue Cross and Blue Shield Service Benefit Plan-Basic (BCBS) | Local phone # | 111 | 112 | 82.32 | 192.82 | 37.99 | 88.99 |
| GEHA Benefit Plan-High (GEHA) | 800/821-6136 | 311 | 312 | 193.46 | 392.99 | 89.29 | 181.38 |
| GEHA Benefit Plan-Std (GEHA) | 800/821-6136 | 314 | 315 | 72.10 | 163.85 | 33.28 | 75.62 |
| Mail Handlers-High (MH) | 800/410-7778 | 451 | 452 | 327.19 | 643.04 | 151.01 | 296.79 |
| Mail Handlers-Std (MH) | 800/410-7778 | 454 | 455 | 97.84 | 207.22 | 45.16 | 95.64 |
| NALC | 888/636-6252 | 321 | 322 | 126.34 | 230.75 | 58.31 | 106.50 |
| PBP Health Plan-High (PBP) | 800-544-7111 | 361 | 362 | 375.65 | 777.05 | 173.38 | 358.64 |
| PBP Health Plan-Std (PBP) | 800-544-7111 | 364 | 365 | 158.94 | 357.19 | 73.36 | 164.86 |

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

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

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

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

Nationwide Fee-for-Service Plans Open to All

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

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

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

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

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

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

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

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

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Plan Comparisons

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

(Pages 34 through 36)

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

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

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

How to read this chart:

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

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

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|------------------------------------|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Rural Carrier Benefit Plan (Rural) | 800/638-8432 | 381 | 382 | 167.91 | 273.34 | 77.50 | 126.16 |
| SAMBA-High | 800/638-6589 | 441 | 442 | 163.43 | 407.61 | 75.43 | 188.13 |
| SAMBA-Std | 800/638-6589 | 444 | 445 | 90.43 | 214.33 | 41.74 | 98.92 |

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

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

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

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

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

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

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

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

| Plan Name | Plan Code | Member Survey Results | | | | | |
|----------------------------|-----------|---------------------------|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| Rural Carrier Benefit Plan | 38 | ● | ● | ● | ◐ | ● | ◐ |
| SAMBA-High | 44 | ● | ◐ | ◐ | ◐ | ● | ◐ |
| SAMBA-Std | 44 | | | | | | |

Plan Comparisons

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

(Pages 38 through 63)

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

- The HMO provides a comprehensive set of services – as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and 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 most appropriate to your condition.
- Medical Care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Arizona | | | | | | | | |
| Aetna - Phoenix/Tucson Areas | 800/537-9384 | WQ1 | WQ2 | 76.29 | 190.70 | 35.21 | 88.02 | NCQA |
| Health Net of Arizona, Inc. - Maricopa/Pima/Other AZ counties | 800/289-2818 | A71 | A72 | 82.02 | 207.83 | 37.85 | 95.92 | NCQA |
| PacifiCare of Arizona - Maricopa, Pima County & Apache Junction | 800-531-3341 | A31 | A32 | 86.81 | 218.53 | 40.07 | 100.86 | NCQA |
| California | | | | | | | | |
| Aetna - Los Angeles and San Diego Areas | 800/537-9384 | 2X1 | 2X2 | 62.30 | 153.50 | 28.75 | 70.85 | NCQA |
| Blue Cross- HMO - Most of California | 800/235-8631 | M51 | M52 | 83.70 | 214.69 | 38.63 | 99.09 | NCQA |
| Blue Shield of CA Access+ - Most of California | 800/880-8086 | SJ1 | SJ2 | 86.20 | 213.83 | 39.78 | 98.69 | NCQA |
| Health Net of California - Most of California | 800/522-0088 | LB1 | LB2 | 83.28 | 197.16 | 38.44 | 91.00 | NCQA |
| Kaiser Foundation Health Plan, Inc.-High -Northern California | 800/464-4000 | 591 | 592 | 92.29 | 235.12 | 42.60 | 108.52 | NCQA |
| Kaiser Foundation Health Plan, Inc.-Std - Northern California | 800/464-4000 | 594 | 595 | 71.09 | 169.70 | 32.81 | 78.32 | NCQA |
| Kaiser Foundation Health Plan, Inc.-High -Southern California | 800/464-4000 | 621 | 622 | 84.37 | 195.00 | 38.94 | 90.00 | NCQA |
| Kaiser Foundation Health Plan, Inc.-Std - Southern California | 800/464-4000 | 624 | 625 | 66.04 | 152.63 | 30.48 | 70.44 | NCQA |
| PacifiCare of California - Most of California | 800-531-3341 | CY1 | CY2 | 76.36 | 177.16 | 35.24 | 81.76 | NCQA |
| UHP Healthcare - LA/Orange/San Bernardino Counties | 800/544-0088 | C41 | C42 | 53.46 | 114.78 | 24.67 | 52.98 | JCAHO |
| Universal Care-High -Southern California | 800/635-6668 | 6Q1 | 6Q2 | 70.31 | 185.61 | 32.45 | 85.67 | NCQA |
| Colorado | | | | | | | | |
| Aetna - Denver Area | 800/537-9384 | 9E1 | 9E2 | 85.77 | 236.99 | 39.59 | 109.38 | NCQA |
| Kaiser Permanente-High -Denver/Colorado Springs areas | 800/632-9700 | 651 | 652 | 87.14 | 210.00 | 40.22 | 96.92 | NCQA |
| Kaiser Permanente-Std - Denver/Colorado Springs areas | 800/632-9700 | 654 | 655 | 66.15 | 159.42 | 30.53 | 73.58 | NCQA |
| PacifiCare of Colorado - Denver/Colorado Springs/Ft.Collins | 800/877-9777 | D61 | D62 | 93.98 | 243.31 | 43.37 | 112.30 | NCQA |
| Connecticut | | | | | | | | |
| ConnectiCare - All of Connecticut | 800/251-7722 | TE1 | TE2 | 91.16 | 276.38 | 42.07 | 127.56 | NCQA |
| Delaware | | | | | | | | |
| Coventry Health Care of Delaware -High -Most of Delaware | 800/833-7423 | 2J1 | 2J2 | 134.85 | 411.45 | 62.24 | 189.90 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | Self only | Self & family | Monthly | | Biweekly | | |
| | | | | Self only | Self & family | Self only | Self & family | |
| District of Columbia | | | | | | | | |
| Aetna Open Access-High -Washington, DC Area | 800/537-9384 | JN1 | JN2 | 97.32 | 213.54 | 44.92 | 98.56 | NCQA |
| Aetna Open Access-Basic - Washington, DC Area | 800/537-9384 | JN4 | JN5 | 62.77 | 146.88 | 28.97 | 67.79 | NCQA |
| CareFirst BlueChoice - Washington, D.C. Metro Area | 866/520-6099 | 2G1 | 2G2 | 109.54 | 239.20 | 50.56 | 110.40 | NCQA |
| Kaiser Permanente-High -Washington, DC area | 301/468-6000 | E31 | E32 | 86.24 | 205.27 | 39.80 | 94.74 | NCQA |
| Kaiser Permanente-Std - Washington, DC area | 301/468-6000 | E34 | E35 | 69.41 | 165.21 | 32.04 | 76.25 | NCQA |
| M.D. IPA - Washington, DC area | 800/251-0956 | JP1 | JP2 | 87.26 | 209.46 | 40.27 | 96.67 | NCQA |
| Florida | | | | | | | | |
| Av-Med Health Plan-High -Broward, Dade and Palm Beach | 800/882-8633 | ML1 | ML2 | 85.08 | 238.68 | 39.27 | 110.16 | NCQA |
| Av-Med Health Plan-Std - Broward, Dade and Palm Beach | 800/882-8633 | ML4 | ML5 | 67.99 | 176.76 | 31.38 | 81.58 | NCQA |
| Capital Health Plan - Tallahassee area | 850/383-3311 | EA1 | EA2 | 88.30 | 289.83 | 40.75 | 133.77 | NCQA |
| Humana Medical Plan - South Florida | 888/393-6765 | EE1 | EE2 | 82.26 | 189.19 | 37.96 | 87.32 | URAC |
| JMH Health Plan - Broward-Dade counties | 800/721-2993 | J81 | J82 | 79.58 | 196.91 | 36.73 | 90.88 | |
| Total Health Choice - Broward/Dade/Palm Beach Counties | 800/213-1133 | 4A1 | 4A2 | 71.85 | 179.01 | 33.16 | 82.62 | |
| Vista Healthplan - South Florida | 866/847-8235 | 3N1 | 3N2 | 105.21 | 423.90 | 48.56 | 195.65 | |
| Vista Healthplan - Gainesville | 866/847-8235 | UL1 | UL2 | 85.37 | 265.63 | 39.40 | 122.60 | |
| Vista Healthplan - Tallahassee | 866/847-8235 | Y91 | Y92 | 71.60 | 191.21 | 33.05 | 88.25 | |
| Vista Healthplan of South Florida - Southern Florida | 800/441-5501 | 5E1 | 5E2 | 72.63 | 199.73 | 33.52 | 92.18 | |
| Georgia | | | | | | | | |
| Aetna - Atlanta and Athens Areas | 800/537-9384 | 2U1 | 2U2 | 82.75 | 199.61 | 38.19 | 92.13 | NCQA |
| Kaiser Permanente-High -Atlanta area | 800/611-1811 | F81 | F82 | 76.36 | 193.86 | 35.24 | 89.47 | NCQA |
| Kaiser Permanente-Std - Atlanta area | 800/611-1811 | F84 | F85 | 57.48 | 145.92 | 26.53 | 67.35 | NCQA |
| Guam | | | | | | | | |
| PacifiCare Asia Pacific-High -Guam/N.Mariana Islands/Belau | 671/647-3526 | JK1 | JK2 | 134.50 | 354.57 | 62.08 | 163.65 | |
| PacifiCare Asia Pacific-Std - Guam/N.Mariana Islands/Belau | 671/647-3526 | JK4 | JK5 | 74.13 | 195.75 | 34.21 | 90.34 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Hawaii | | | | | | | | |
| HMSA - All of Hawaii | 808/948-6499 | 871 | 872 | 80.03 | 178.15 | 36.94 | 82.22 | NCQA |
| Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu | 808/432-5955 | 631 | 632 | 92.49 | 198.86 | 42.69 | 91.78 | NCQA |
| Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu | 808/432-5955 | 634 | 635 | 71.81 | 154.39 | 33.14 | 71.26 | NCQA |
| Idaho | | | | | | | | |
| Group Health Cooperative-High -Kootenai and Latah | 888/901-4636 | VR1 | VR2 | 94.20 | 272.54 | 43.48 | 125.79 | NCQA |
| Group Health Cooperative-Std - Kootenai and Latah | 888/901-4636 | VR4 | VR5 | 79.69 | 183.28 | 36.78 | 84.59 | NCQA |
| Illinois | | | | | | | | |
| Aetna - Chicago Area | 800/537-9384 | IK1 | IK2 | 82.39 | 203.35 | 38.03 | 93.85 | NCQA |
| BlueCHOICE - Madison and St. Clair counties | 800/634-4395 | 9G1 | 9G2 | 100.57 | 208.16 | 46.42 | 96.07 | NCQA |
| Group Health Plan-High -Southern/Cental | 800/755-3901 | MM1 | MM2 | 161.91 | 316.98 | 74.73 | 146.30 | URAC |
| Health Alliance HMO - Central/E.Central/N.West/South/West IL | 800/851-3379 | FX1 | FX2 | 108.94 | 270.87 | 50.28 | 125.02 | NCQA |
| Humana Health Plan Inc.-High -Chicago area | 888/393-6765 | 751 | 752 | 93.05 | 214.02 | 42.94 | 98.78 | URAC |
| Humana Health Plan Inc.-Std - Chicago area | 888/393-6765 | 754 | 755 | 66.00 | 151.78 | 30.46 | 70.05 | URAC |
| John Deere Health Plan - BloomingtN/Moline/Peoria/RockIsld | 800/247-9110 | YH1 | YH2 | 82.07 | 201.06 | 37.88 | 92.80 | NCQA |
| Mercy Health Plans/Premier Health Plans - Southwest Illinois | 800/327-0763 | 7M1 | 7M2 | 185.66 | 368.33 | 85.69 | 170.00 | |
| OSF HealthPlans-High -Central/Central-Northwestern Illinois | 800/673-5222 | 9F1 | 9F2 | 89.09 | 290.96 | 41.12 | 134.29 | NCQA |
| PersonalCare's HMO - Central Illinois | 800/431-1211 | GE1 | GE2 | 71.70 | 184.29 | 33.09 | 85.06 | NCQA |
| Unicare HMO - Chicagoland Area | 888/234-8855 | 171 | 172 | 90.73 | 285.54 | 41.88 | 131.79 | NCQA |
| Union Health Service - Chicago area | 312/829-4224 | 761 | 762 | 71.06 | 176.24 | 32.80 | 81.34 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Indiana | | | | | | | | |
| Advantage Health Solutions, Inc.-High -Most of Indiana | 800/553-8933 | 6Y1 | 6Y2 | 113.96 | 288.27 | 52.60 | 133.05 | NCQA |
| Aetna - Northern Indiana | 800/537-9384 | IK1 | IK2 | 82.39 | 203.35 | 38.03 | 93.85 | NCQA |
| Aetna - Southeastern Indiana | 800/537-9384 | RD1 | RD2 | 87.77 | 213.27 | 40.51 | 98.43 | NCQA |
| Arnett HMO - Lafayette area | 765/448-7440 | G21 | G22 | 78.20 | 203.34 | 36.09 | 93.85 | NCQA |
| Health Alliance HMO - Fountain/Vermillion/Warren Counties | 800/851-3379 | FX1 | FX2 | 108.94 | 270.87 | 50.28 | 125.02 | NCQA |
| Humana Health Plan - Southern Indiana | 888/393-6765 | D21 | D22 | 146.90 | 344.91 | 67.80 | 159.19 | NCQA |
| Humana Health Plan Inc.-High -Lake/Porter/LaPorte Counties | 888/393-6765 | 751 | 752 | 93.05 | 214.02 | 42.94 | 98.78 | URAC |
| Humana Health Plan Inc.-Std - Lake/Porter/LaPorte Counties | 888/393-6765 | 754 | 755 | 66.00 | 151.78 | 30.46 | 70.05 | URAC |
| Physicians Health Plan of Northern Indiana - Northeast Indiana | 260/432-6690 | DQ1 | DQ2 | 184.19 | 405.16 | 85.01 | 187.00 | |
| Unicare HMO - Lake/Porter Counties | 888/234-8855 | 171 | 172 | 90.73 | 285.54 | 41.88 | 131.79 | NCQA |
| Iowa | | | | | | | | |
| Avera Health Plans - Northwestern Iowa | 888/322-2115 | AV1 | AV2 | 137.93 | 339.19 | 63.66 | 156.55 | |
| Coventry Health Care of Iowa-High -Central Iowa/Cedar Rapids/Sioux City | 800/257-4692 | SV1 | SV2 | 81.99 | 239.50 | 37.84 | 110.54 | |
| Health Alliance HMO - Central and Eastern Iowa | 800/851-3379 | FX1 | FX2 | 108.94 | 270.87 | 50.28 | 125.02 | NCQA |
| John Deere Health Plan - Eastern Iowa | 800/247-9110 | YH1 | YH2 | 82.07 | 201.06 | 37.88 | 92.80 | NCQA |
| Sioux Valley Health Plan-High -Northwestern Iowa | 800/752-5863 | AU1 | AU2 | 197.45 | 461.71 | 91.13 | 213.10 | NCQA |
| Sioux Valley Health Plan-Std - Northwestern Iowa | 800/752-5863 | AU4 | AU5 | 148.15 | 347.29 | 68.38 | 160.29 | NCQA |
| Kansas | | | | | | | | |
| Aetna - Kansas City Area | 800/537-9384 | KS1 | KS2 | 78.18 | 200.85 | 36.08 | 92.70 | NCQA |
| Coventry Health Care of Kansas-Wichita/Salinas-High -Wichita/Salina areas | 800/664-9251 | 7W1 | 7W2 | 85.06 | 221.47 | 39.26 | 102.22 | |
| Coventry Health Care of Kansas-Wichita/Salinas-Std - Wichita/Salina areas | 800/664-9251 | 7W4 | 7W5 | 80.54 | 205.38 | 37.17 | 94.79 | |
| Coventry Health Care of Kansas-Kansas City-High -Kansas City area | 800/969-3343 | HA1 | HA2 | 80.62 | 208.06 | 37.21 | 96.03 | |
| Coventry Health Care of Kansas-Kansas City-Std - Kansas City area | 800/969-3343 | HA4 | HA5 | 76.36 | 197.05 | 35.24 | 90.95 | |
| Humana Health Plan, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 133.83 | 314.86 | 61.77 | 145.32 | NCQA |
| Humana Health Plan, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 68.87 | 158.40 | 31.78 | 73.11 | NCQA |
| Preferred Plus of Kansas - S. Central Area | 800/660-8114 | VA1 | VA2 | 191.62 | 619.03 | 88.44 | 285.71 | JCAHO |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|--|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing | |
| | | | | | | | | | | | | |
| Indiana | | | | | | | | | | | | |
| Advantage Health Solutions, Inc.-High | \$15/\$30 | \$400x2/Yr | \$10 | \$30/\$50 | Yes | ○ | ● | ● | ● | ● | ○ | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ○ | ● | ● | ● | ○ | ○ | |
| Arnett HMO | \$10/\$10 | \$100 | \$10 | \$20/\$40 | N/A | ● | ● | ● | ● | ● | ● | |
| Health Alliance HMO | \$15/\$15 | \$250 | \$10 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● | |
| Humana Health Plan | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ○ | ○ | |
| Humana Health Plan Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$15 | \$15/\$35 | No | ○ | ● | ○ | ● | ○ | ○ | |
| Humana Health Plan Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ○ | ● | ○ | ○ | |
| Physicians Health Plan of Northern Indiana | \$15/\$15 | 20% | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● | |
| Unicare HMO | \$15/\$15 | None | \$5 | \$15/\$25 | N/A | ● | ● | ● | ● | ● | ○ | |
| Iowa | | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/dayx3 | \$10 | \$20 | Yes | | | | | | | |
| Coventry Health Care of Iowa-High | \$15/\$15 | \$100/day x 3 | \$5 | \$15/\$30 | Yes | ● | ● | ● | ● | ● | ● | |
| Health Alliance HMO | \$15/\$15 | \$250 | \$10 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● | |
| John Deere Health Plan | \$15/\$25 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● | |
| Sioux Valley Health Plan - In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ | |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ○ | ● | ● | ● | ● | ○ | |
| Sioux Valley Health Plan - In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ | |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ○ | ● | ● | ● | ● | ○ | |
| Kansas | | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | | |
| Coventry Health Care of Kansas-Wichita/Salinas-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ | |
| Coventry Health Care of Kansas-Wichita/Salinas-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ | |
| Coventry Health Care of Kansas-Kansas City-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ | |
| Coventry Health Care of Kansas-Kansas City-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ | |
| Humana Health Plan, Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ○ | ● | ● | ○ | ○ | ○ | |
| Humana Health Plan, Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ● | ○ | ○ | ○ | |
| Preferred Plus of Kansas | \$20/\$25 | \$150 X 5 days per yr | \$10 | \$30/\$50 | Yes | | | | | | | |

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|--------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Kentucky | | | | | | | | |
| Aetna - Northern Kentucky | 800/537-9384 | RD1 | RD2 | 87.77 | 213.27 | 40.51 | 98.43 | NCQA |
| Humana Health Plan - Louisville area | 888/393-6765 | D21 | D22 | 146.90 | 344.91 | 67.80 | 159.19 | NCQA |
| United Healthcare of Ohio, Inc.-High -Northern Kentucky | 800/231-2918 | 3U1 | 3U2 | 260.41 | 556.11 | 120.19 | 256.67 | NCQA |
| United Healthcare of Ohio, Inc.-Std - Northern Kentucky | 800/231-2918 | 3U4 | 3U5 | 154.07 | 308.85 | 71.11 | 142.55 | NCQA NCQA |
| Louisiana | | | | | | | | |
| Coventry Healthcare Louisiana-High -New Orleans area | 800/341-6613 | BJ1 | BJ2 | 84.02 | 195.14 | 38.78 | 90.06 | |
| Coventry Healthcare Louisiana-High -Baton Rouge area | 800/341-6613 | JA1 | JA2 | 88.07 | 204.54 | 40.65 | 94.40 | |
| Vantage Health Plan - Monroe/Shreveport/Alexandria Areas | 888/823-1910 | MV1 | MV2 | 122.35 | 288.49 | 56.47 | 133.15 | |
| Maryland | | | | | | | | |
| Aetna Open Access-High -Northern/Central/Southern Maryland | 800/537-9384 | JN1 | JN2 | 97.32 | 213.54 | 44.92 | 98.56 | NCQA |
| Aetna Open Access-Basic - Northern/Central/Southern Maryland | 800/537-9384 | JN4 | JN5 | 62.77 | 146.88 | 28.97 | 67.79 | NCQA |
| CareFirst BlueChoice - All of Maryland | 866/520-6099 | 2G1 | 2G2 | 109.54 | 239.20 | 50.56 | 110.40 | NCQA |
| Coventry Health Care of Delaware -High -Most of Maryland | 800/833-7423 | IG1 | IG2 | 133.62 | 408.30 | 61.67 | 188.45 | |
| Kaiser Permanente-High -Baltimore/Washington, DC areas | 301/468-6000 | E31 | E32 | 86.24 | 205.27 | 39.80 | 94.74 | NCQA |
| Kaiser Permanente-Std - Baltimore/Washington, DC areas | 301/468-6000 | E34 | E35 | 69.41 | 165.21 | 32.04 | 76.25 | NCQA |
| M.D. IPA - All of Maryland | 800/251-0956 | JP1 | JP2 | 87.26 | 209.46 | 40.27 | 96.67 | NCQA |
| Massachusetts | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - Southeastern Massachusetts | 401/459-5500 | DA1 | DA2 | 124.19 | 435.50 | 57.32 | 201.00 | NCQA |
| ConnectiCare - Counties Hampden, Hampshire, Franklin | 800/251-7722 | TE1 | TE2 | 91.16 | 276.38 | 42.07 | 127.56 | NCQA |
| Fallon Community Health Plan-High -Central/Eastern Massachusetts | 800/868-5200 | JV1 | JV2 | 123.43 | 344.13 | 56.97 | 158.83 | NCQA |
| Fallon Community Health Plan-Std - Central/Eastern Massachusetts | 800/868-5200 | JV4 | JV5 | 87.88 | 213.58 | 40.56 | 98.58 | NCQA |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Kentucky | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Humana Health Plan | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ○ | ○ |
| United Healthcare of Ohio, Inc.-High | \$15/\$15 | \$250 | \$10 | \$15/\$30 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - In-Network | \$20/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| United Healthcare of Ohio, Inc. - Out-of-Network | 30%/30% | 30% | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ○ | ● |
| Louisiana | | | | | | | | | | | |
| Coventry Healthcare Louisiana-High | \$15/\$15 | \$100/day x 3 | \$10 | \$20/\$45 | Yes | ● | ● | ○ | ● | ● | ● |
| Coventry Healthcare Louisiana-High | \$15/\$15 | \$100/day x 3 | \$10 | \$20/\$45 | Yes | ● | ● | ○ | ● | ● | ● |
| Vantage Health Plan | \$15/\$15 | \$250 | \$10 | \$20/\$35 | Yes | | | | | | |
| Maryland | | | | | | | | | | | |
| Aetna Open Access-High | \$15/\$20 | \$150/day x 3 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| Aetna Open Access-Basic | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | No | ○ | ● | ● | ● | ● | ● |
| CareFirst BlueChoice | \$20/\$30 | \$100 per adm | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ● | ○ | ○ |
| Coventry Health Care of Delaware -High | \$10/\$20 | None | \$10 | \$20/\$45 | Yes | | | | | | |
| Kaiser Permanente-High | \$10/\$20 | \$100 | \$10/\$20Net | \$20/\$55 | Yes | ● | ○ | ○ | ○ | ● | ● |
| Kaiser Permanente-Std | \$30/\$30 | \$250/dayx3 | \$15 | \$25/\$40 | Yes | ● | ○ | ○ | ○ | ● | ● |
| M.D. IPA | \$10/\$20 | \$100 | \$8 | \$20/\$35 | No | ● | ● | ○ | ● | ● | ● |
| Massachusetts | | | | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - In-Network | \$15/\$25 | \$500 | \$7 | \$30/\$50 | Yes | ○ | ● | ● | ● | ● | ● |
| BlueChip, Coordinated Health Partners, Inc. - Out-of-Network | 30%/30% | None | \$50+20% | \$50+20% | N/A | ○ | ● | ● | ● | ● | ● |
| ConnectiCare | \$15/\$20 | \$50/day x 5 | \$15 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Fallon Community Health Plan-High | \$15/\$25 | \$250 | \$5 | \$25/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Fallon Community Health Plan-Std | \$20/\$20 | Nothing after Deduct | \$10 | \$30/\$60 | Yes | ● | ● | ● | ● | ● | ● |

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Michigan | | | | | | | | |
| Bluecare Network of MI - Midland County Area | 800/662-6667 | K51 | K52 | 84.26 | 297.09 | 38.89 | 137.12 | NCQA |
| Bluecare Network of MI - Kent County Area | 800/662-6667 | KR1 | KR2 | 168.56 | 661.67 | 77.80 | 305.39 | NCQA |
| Bluecare Network of MI - Mid Michigan | 800/662-6667 | LN1 | LN2 | 176.32 | 462.36 | 81.38 | 213.40 | NCQA |
| Bluecare Network of MI - Southeast MI | 800/662-6667 | LX1 | LX2 | 70.92 | 212.24 | 32.73 | 97.96 | NCQA |
| Grand Valley Health Plan - Grand Rapids area | 616/949-2410 | RL1 | RL2 | 90.33 | 370.11 | 41.69 | 170.82 | NCQA |
| Health Alliance Plan - Southeastern Michigan/Flint area | 800/422-4641 | 521 | 522 | 76.29 | 202.17 | 35.21 | 93.31 | NCQA |
| HealthPlus MI - Flint/Saginaw areas | 800/332-9161 | X51 | X52 | 152.79 | 351.34 | 70.52 | 162.16 | NCQA |
| M-Care - Southeastern Michigan and Flint area | 800/658-8878 | EG1 | EG2 | 72.76 | 192.82 | 33.58 | 88.99 | NCQA |
| Total Health Care - Greater Detroit/Flint areas | 800/826-2862 | N21 | N22 | 67.12 | 164.88 | 30.98 | 76.10 | JCAHO |
| Minnesota | | | | | | | | |
| Avera Health Plans - Southwestern Minnesota | 888/322-2115 | AV1 | AV2 | 137.93 | 339.19 | 63.66 | 156.55 | |
| HealthPartners Classic-High -Minneapolis/St. Paul/St.Cloud | 952-883-5000 | 531 | 532 | 218.92 | 560.82 | 101.04 | 258.84 | NCQA |
| HealthPartners Open Access Deductible - Minneapolis/St. Paul/St.Cloud | 952-883-5000 | 534 | 535 | 106.77 | 291.67 | 49.28 | 134.62 | NCQA |
| HealthPartners Primary Clinic Plan - Minneapolis/St. Paul/St. Cloud | 952-883-5000 | HQ1 | HQ2 | 340.06 | 851.58 | 156.95 | 393.04 | NCQA |
| Missouri | | | | | | | | |
| Aetna - Kansas City Area | 800/537-9384 | KS1 | KS2 | 78.18 | 200.85 | 36.08 | 92.70 | NCQA |
| BlueCHOICE - StLouis/Central/SW areas | 800/634-4395 | 9G1 | 9G2 | 100.57 | 208.16 | 46.42 | 96.07 | NCQA |
| Community Health Plan - MISSOURI | 800-990-9247 | IC1 | IC2 | 75.10 | 206.76 | 34.66 | 95.43 | |
| Coventry Health Care of Kansas-Kansas City-High -Kansas City area | 800/969-3343 | HA1 | HA2 | 80.62 | 208.06 | 37.21 | 96.03 | |
| Coventry Health Care of Kansas-Kansas City-Std - Kansas City area | 800/969-3343 | HA4 | HA5 | 76.36 | 197.05 | 35.24 | 90.95 | |
| Group Health Plan-High -St. Louis area | 800/755-3901 | MM1 | MM2 | 161.91 | 316.98 | 74.73 | 146.30 | URAC |
| Humana Health Plan, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 133.83 | 314.86 | 61.77 | 145.32 | NCQA |
| Humana Health Plan, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 68.87 | 158.40 | 31.78 | 73.11 | NCQA |
| Mercy Health Plans/Premier Health Plans - East/Central/Southwest Missouri | 800/327-0763 | 7M1 | 7M2 | 185.66 | 368.33 | 85.69 | 170.00 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| Michigan | | | | | | | | | | | |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ● | ○ | ● | ● | ○ | ● |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ● | ○ | ● | ● | ○ | ● |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ● | ○ | ● | ● | ○ | ● |
| Bluecare Network of MI | \$10/\$10 | Nothing | \$5 | \$20/\$20 | Yes | ● | ○ | ● | ● | ○ | ● |
| Grand Valley Health Plan | \$10/\$10 | None | \$5 | \$5/\$5 | No | ● | ● | ● | ○ | ● | ● |
| Health Alliance Plan | \$10/\$10 | None | \$10 | \$20/\$20 | Yes | ● | ● | ● | ● | ● | ● |
| HealthPlus MI | \$10/\$10 | None | \$10 | \$20/\$20 | Yes | ● | ● | ● | ● | ● | ● |
| M-Care | \$10/\$10 | None | \$10 | \$20/\$30 | No | ● | ● | ● | ● | ● | ● |
| Total Health Care | \$10/\$10 | None | Nothing | Nothing | No | ● | ○ | ○ | ○ | ● | ○ |
| Minnesota | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/dayx3 | \$10 | \$20 | Yes | | | | | | |
| HealthPartners Classic-High | \$15/\$15 | \$100 | \$12 | \$12/\$24 | No | ● | ● | ● | ● | ● | ● |
| HealthPartners Open Access Deductible | \$15/\$15 | \$100 | \$10 | \$10/\$35 | No | ● | ● | ● | ● | ● | ● |
| HealthPartners Primary Clinic Plan | \$20/\$20 | \$200 | \$12 | \$12/\$24 | No | ● | ● | ● | ● | ● | ● |
| Missouri | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| BlueCHOICE | \$10/\$10 | None | \$7 | \$12/\$25 | Yes | ● | ● | ● | ● | ● | ● |
| Community Health Plan | \$15/\$30 | \$100/day x 4 | \$10 | \$25/\$40 | Yes | | | | | | |
| Coventry Health Care of Kansas-Kansas City-High | \$15/\$30 | \$100/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Coventry Health Care of Kansas-Kansas City-Std | \$20/\$35 | \$300/day x 3 | \$10 | \$30/\$55 | Yes | ○ | ● | ● | ● | ● | ○ |
| Group Health Plan-High | \$10/\$20 | \$100 | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Humana Health Plan, Inc.-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ○ | ● | ● | ○ | ○ | ○ |
| Humana Health Plan, Inc.-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ○ | ● | ● | ○ | ○ | ○ |
| Mercy Health Plans/Premier Health Plans - In-Network | \$10/\$20 | None | \$10 | \$20/\$35 | Yes | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - Out-of-Network | 30%/30% | 30% | N/A | N/A | N/A | ● | ● | ● | ● | ● | ● |

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | Self only | Self & family | Monthly | | Biweekly | | |
| | | | | Self only | Self & family | Self only | Self & family | |
| Montana | | | | | | | | |
| New West Health Services - Most of Montana | 800/290-3657 | NV1 | NV2 | 91.37 | 195.16 | 42.17 | 90.07 | |
| Nebraska | | | | | | | | |
| Coventry Health Care of Nebraska - Omaha Metropolitan area | 800/471-0240 | IE1 | IE2 | 91.51 | 275.05 | 42.24 | 126.95 | |
| Nevada | | | | | | | | |
| Aetna - Las Vegas Area | 800/537-9384 | Y11 | Y12 | 83.78 | 208.61 | 38.67 | 96.28 | NCQA |
| Health Plan of Nevada - Northern Area | 702/242-7300 | 2L1 | 2L2 | 85.38 | 228.15 | 39.40 | 105.30 | NCQA |
| Health Plan of Nevada - Las Vegas area | 702/242-7300 | NM1 | NM2 | 50.16 | 128.44 | 23.15 | 59.28 | NCQA |
| NevadaCare - Clark County | 702/304-5500 | IF1 | IF2 | 89.62 | 226.43 | 41.36 | 104.51 | |
| Pacificare of Nevada - Las Vegas/Clark County | 800-531-3341 | K91 | K92 | 75.33 | 171.00 | 34.77 | 78.92 | NCQA |
| New Jersey | | | | | | | | |
| Aetna - All of New Jersey | 800/537-9384 | P31 | P32 | 117.13 | 321.77 | 54.06 | 148.51 | NCQA |
| AmeriHealth HMO - All of New Jersey | 800/454-7651 | FK1 | FK2 | 89.27 | 213.06 | 41.20 | 98.34 | NCQA |
| Coventry Health Care of Delaware -High -Southern New Jersey | 800/833-7423 | 2I1 | 2I2 | 134.85 | 411.45 | 62.24 | 189.90 | |
| GHI Health Plan-High -Northern New Jersey | 212/501-4444 | 801 | 802 | 151.30 | 442.10 | 69.83 | 204.05 | URAC |
| New Mexico | | | | | | | | |
| Lovelace Health Plan - All of New Mexico | 800/808-7363 | Q11 | Q12 | 83.37 | 204.58 | 38.48 | 94.42 | NCQA |
| Presbyterian Health Plan - All NM counties except Otero & S. Eddy | 800/356-2219 | P21 | P22 | 90.25 | 295.25 | 41.65 | 136.27 | NCQA |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | Self only | Self & family | Monthly | | Biweekly | | |
| | | | | Self only | Self & family | Self only | Self & family | |
| New York | | | | | | | | |
| Aetna - NYC Area and Dutchess/Sullivan/Ulster | 800/537-9384 | JC1 | JC2 | 100.90 | 301.31 | 46.57 | 139.07 | NCQA |
| Blue Choice - Rochester area | 800/462-0108 | MK1 | MK2 | 70.45 | 176.51 | 32.52 | 81.47 | NCQA |
| CDPHP Universal Benefits, Inc. | 877/269-2134 | SG1 | SG2 | 84.14 | 212.03 | 38.83 | 97.86 | NCQA |
| GHI Health Plan-High - All of New York | 212/501-4444 | 801 | 802 | 151.30 | 442.10 | 69.83 | 204.05 | URAC |
| GHI Health Plan-Std - All of New York | 212/501-4444 | 804 | 805 | 92.16 | 215.15 | 42.54 | 99.30 | URAC |
| GHI HMO Select-High -Brnx/Brklyn/Manhat/Queen/Richmon/Westche | 877/244-4466 | 6V1 | 6V2 | 114.12 | 367.35 | 52.67 | 169.55 | NCQA |
| GHI HMO Select-Std - Brnx/Brklyn/Manhat/Queen/Richmon/Westche | 877/244-4466 | 6V4 | 6V5 | 85.42 | 223.66 | 39.42 | 103.23 | NCQA |
| GHI HMO Select-High -Capital/Hudson Valley Regions | 877/244-4466 | X41 | X42 | 91.95 | 301.73 | 42.44 | 139.26 | NCQA |
| GHI HMO Select-Std - Capital/Hudson Valley Regions | 877/244-4466 | X44 | X45 | 83.61 | 211.41 | 38.59 | 97.57 | NCQA |
| HIP of Greater New York-High -New York City area | 800/HIP-TALK | 511 | 512 | 86.35 | 320.92 | 39.85 | 148.12 | NCQA |
| HIP of Greater New York-Std - New York City area | 800/HIP-TALK | 514 | 515 | 71.23 | 199.46 | 32.88 | 92.06 | NCQA |
| HMO Blue - Utica/Rome/Central New York areas | 800/722-7884 | AH1 | AH2 | 94.23 | 312.47 | 43.49 | 144.22 | NCQA |
| HMOBlue-CNY - Syracuse/Binghamton/Elmira areas | 800/828-2887 | EB1 | EB2 | 93.43 | 309.83 | 43.12 | 143.00 | NCQA |
| Independent Health Assoc - Western New York | 800/453-1910 | QA1 | QA2 | 70.22 | 192.59 | 32.41 | 88.89 | NCQA |
| MVP Health Care - Eastern Region | 888/687-6277 | GA1 | GA2 | 80.18 | 207.07 | 37.01 | 95.57 | NCQA |
| MVP Health Care - Central Region | 888/687-6277 | M91 | M92 | 87.24 | 254.99 | 40.26 | 117.69 | NCQA |
| MVP Health Care - Mid-Hudson Region | 888/687-6277 | MX1 | MX2 | 89.94 | 282.90 | 41.51 | 130.57 | NCQA |
| Preferred Care - Rochester area | 800/950-3224 | GV1 | GV2 | 68.82 | 183.74 | 31.76 | 84.80 | NCQA |
| Univera Healthcare - Western New York (Southern Counties) | (800) 427-8490 | KQ1 | KQ2 | 79.51 | 210.64 | 36.70 | 97.22 | NCQA |
| Univera Healthcare - Western New York (Northern Counties) | (800) 427-8490 | Q81 | Q82 | 63.85 | 181.05 | 29.47 | 83.56 | NCQA |
| Vytra Health Plans - Queens/Nassau/Suffolk Counties | 800/406-0806 | J61 | J62 | 129.02 | 437.34 | 59.55 | 201.85 | NCQA |
| North Dakota | | | | | | | | |
| Heart of America Health Plan - Northcentral North Dakota | 800-525-5661 | RU1 | RU2 | 67.80 | 174.27 | 31.29 | 80.43 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|---|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| New York | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Blue Choice | \$15/\$15 | None | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ● | ● |
| CDPHP Universal Benefits, Inc. | \$20/\$20 | \$100/day X5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| GHI Health Plan - In-Network | \$15/\$15 | \$100/adm x2 | \$15 | \$25/\$50 | Yes | ● | ● | ● | ○ | ○ | ○ |
| GHI Health Plan - Out-of-Network | + 50% of sch | + 50% of sch | N/A | N/A | N/A | ● | ● | ● | ○ | ○ | ○ |
| GHI Health Plan-Std | \$25/\$25 | \$250/day x3 | \$10 | \$25/\$50 | Yes | ● | ● | ● | ○ | ○ | ○ |
| GHI HMO Select-High | \$10/\$10 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-Std | \$20/\$20 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-High | \$10/\$10 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| GHI HMO Select-Std | \$20/\$20 | None | \$10 | \$20/\$30 | Yes | ○ | ● | ● | ● | ● | ○ |
| HIP of Greater New York-High | \$10/\$10 | None | \$10 | \$15/\$40 | Yes | ● | ○ | ○ | ○ | ● | ○ |
| HIP of Greater New York-Std | \$10/\$20 | \$500 | \$10 | \$20/\$40 | Yes | ● | ○ | ○ | ○ | ● | ○ |
| HMO Blue | \$20/\$20 | \$240 | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ○ | ● |
| HMOBlue-CNY | \$20/\$20 | \$240 | \$10 | \$25/\$40 | No | ● | ● | ● | ● | ○ | ● |
| Independent Health Assoc - In-Network | \$15/\$15 | None | \$10 | \$20/\$35 | No | ● | ● | ● | ● | ● | ● |
| Independent Health Assoc - Out-of-Network | Ded+25%/50%+ | Ded+25%/50%+ | Ded+25%/50%+ | N/A | No | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Preferred Care | \$15/\$15 | \$100 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Univera Healthcare | \$20/\$20 | None | \$10 | \$20/\$45 | No | ● | ● | ● | ● | ● | ● |
| Univera Healthcare | \$20/\$20 | None | \$10 | \$20/\$45 | No | ● | ● | ● | ● | ● | ● |
| Vytra Health Plans | \$10/\$10 | None | \$10 | \$15/\$15 | Yes | ● | ● | ● | ● | ● | ● |
| North Dakota | | | | | | | | | | | |
| Heart of America Health Plan | \$10/Nothing | None | 50% | 50%/50% | None | | | | | | |

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Ohio | | | | | | | | |
| Aetna - Cleveland and Toledo Areas | 800/537-9384 | 7D1 | 7D2 | 80.36 | 191.25 | 37.09 | 88.27 | NCQA |
| Aetna - Columbus Area | 800/537-9384 | ND1 | ND2 | 89.15 | 285.76 | 41.14 | 131.89 | NCQA |
| Aetna - Greater Cincinnati Area | 800/537-9384 | RD1 | RD2 | 87.77 | 213.27 | 40.51 | 98.43 | NCQA |
| AultCare HMO-High -Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/363-6360 | 3A1 | 3A2 | 87.46 | 214.71 | 40.37 | 99.10 | |
| Blue HMO - Most of Ohio | 800/228-4375 | R51 | R52 | 137.52 | 335.33 | 63.47 | 154.77 | |
| HMO Health Ohio - Northeast Ohio | 800/522-2066 | L41 | L42 | 89.86 | 273.34 | 41.47 | 126.16 | NCQA |
| Hometown Health Plan - Massillon | 800-426-9013 | MZ1 | MZ2 | 73.28 | 183.20 | 33.82 | 84.55 | |
| Kaiser Permanente - Cleveland/Akron areas | 800/686-7100 | 641 | 642 | 93.10 | 267.67 | 42.97 | 123.54 | NCQA |
| Paramount Health Care - Northwest/North Central Ohio | 800/462-3589 | U21 | U22 | 90.05 | 307.51 | 41.56 | 141.93 | NCQA |
| SummaCare Health Plan - Cleveland, Akron areas | 330/996-8700 | 5W1 | 5W2 | 111.47 | 263.48 | 51.45 | 121.61 | NCQA |
| SuperMed HMO - Northeast Ohio | 800/522-2066 | 5M1 | 5M2 | 201.39 | 595.46 | 92.95 | 274.83 | NCQA |
| The Health Plan of the Upper Ohio Valley - Eastern Ohio | 800/624-6961 | U41 | U42 | 78.71 | 181.03 | 36.33 | 83.55 | NCQA |
| United Healthcare of Ohio, Inc.-High -Cincinnati/Dayton/Springfield areas | 800/231-2918 | 3U1 | 3U2 | 260.41 | 556.11 | 120.19 | 256.67 | NCQA |
| United Healthcare of Ohio, Inc.-Std - Cincinnati/Dayton/Springfield areas | 800/231-2918 | 3U4 | 3U5 | 154.07 | 308.85 | 71.11 | 142.55 | NCQA |
| Oklahoma | | | | | | | | |
| Aetna - Oklahoma City/Tulsa Areas | 800/537-9384 | SL1 | SL2 | 92.84 | 215.47 | 42.85 | 99.45 | NCQA |
| Globalhealth, Inc. - OKLAHOMA | 405-280-5600 | IM1 | IM2 | 81.25 | 195.84 | 37.50 | 90.39 | |
| PacifiCare Southwest Region (OK & TX) - Central/Northeastern Oklahoma | 800-531-3341 | 2N1 | 2N2 | 92.29 | 236.83 | 42.60 | 109.31 | NCQA |
| Oregon | | | | | | | | |
| Kaiser Permanente-High -Portland/Salem areas | 800/813-2000 | 571 | 572 | 93.70 | 213.83 | 43.25 | 98.69 | NCQA |
| Kaiser Permanente-Std - Portland/Salem areas | 800/813-2000 | 574 | 575 | 86.06 | 196.40 | 39.72 | 90.64 | NCQA |
| PacifiCare Northwest Region (Oregon/Washington) - Metro Portland/Salem/Corvallis/Eugene | 800-531-3341 | 7Z1 | 7Z2 | 119.19 | 256.05 | 55.01 | 118.18 | NCQA |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|--------------|
| | | Self only | Self & family | Monthly | | Biweekly | | |
| | | | | Self only | Self & family | Self only | Self & family | |
| Pennsylvania | | | | | | | | |
| Aetna - Philadelphia and Southeastern PA | 800/537-9384 | P31 | P32 | 117.13 | 321.77 | 54.06 | 148.51 | NCQA |
| Aetna - Pittsburgh Area | 800/537-9384 | YE1 | YE2 | 72.71 | 200.49 | 33.56 | 92.53 | NCQA |
| Coventry Health Care of Delaware -High -Southeastern Pennsylvania | 800/833-7423 | 2J1 | 2J2 | 134.85 | 411.45 | 62.24 | 189.90 | |
| HealthAmerica Pennsylvania-High -Greater Pittsburgh area | 866/351-5946 | 261 | 262 | 92.26 | 294.90 | 42.58 | 136.11 | NCQA |
| HealthAmerica Pennsylvania-Std - Greater Pittsburgh area | 866/351-5946 | 264 | 265 | 86.11 | 232.22 | 39.74 | 107.18 | NCQA |
| HealthAmerica Pennsylvania-High -Northeast Pennsylvania | 866/351-5946 | 4N1 | 4N2 | 231.79 | 540.17 | 106.98 | 249.31 | NCQA |
| HealthAmerica Pennsylvania-Std - Northeast Pennsylvania | 866/351-5946 | 4N4 | 4N5 | 173.27 | 405.57 | 79.97 | 187.19 | NCQA |
| HealthAmerica Pennsylvania-High -Southeastern Pennsylvania | 866/351-5946 | PN1 | PN2 | 222.12 | 515.97 | 102.52 | 238.14 | NCQA |
| HealthAmerica Pennsylvania-Std - Southeastern Pennsylvania | 866/351-5946 | PN4 | PN5 | 169.69 | 395.35 | 78.32 | 182.47 | NCQA |
| HealthAmerica Pennsylvania-High -Central Pennsylvania | 866/351-5946 | SW1 | SW2 | 155.24 | 364.10 | 71.65 | 168.05 | NCQA |
| HealthAmerica Pennsylvania-Std - Central Pennsylvania | 866/351-5946 | SW4 | SW5 | 119.99 | 283.03 | 55.38 | 130.63 | NCQA |
| Keystone Health Plan Central - Harrisburg/Northern Region/Lehigh Valley | 800/622-2843 | S41 | S42 | 167.11 | 430.21 | 77.13 | 198.56 | NCQA |
| Keystone Health Plan East - Philadelphia area | 800/227-3115 | ED1 | ED2 | 89.16 | 294.29 | 41.15 | 135.83 | NCQA |
| UPMC Health Plan - Western Pennsylvania area | 888/876-2756 | 8W1 | 8W2 | 92.61 | 298.65 | 42.74 | 137.84 | NCQA |
| Puerto Rico | | | | | | | | |
| Humana Health Plans of Puerto Rico - Puerto Rico | 800/314-3121 | ZJ1 | ZJ2 | 50.66 | 116.51 | 23.38 | 53.77 | |
| Triple-S - All of Puerto Rico | 787/749-4777 | 891 | 892 | 64.22 | 137.95 | 29.64 | 63.67 | |
| Rhode Island | | | | | | | | |
| BlueChip, Coordinated Health Partners, Inc. - All of Rhode Island | 401/459-5500 | DA1 | DA2 | 124.19 | 435.50 | 57.32 | 201.00 | NCQA NCQA |
| South Carolina | | | | | | | | |
| Carolina Care - South Carolina | 800/868-6734 | IB1 | IB2 | 94.24 | 211.98 | 43.50 | 97.84 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| South Dakota | | | | | | | | |
| Avera Health Plans - Eastern and Central South Dakota | 888/322-2115 | AV1 | AV2 | 137.93 | 339.19 | 63.66 | 156.55 | |
| Sioux Valley Health Plan-High -Eastern/Central/Rapid City Areas | 800/752-5863 | AU1 | AU2 | 197.45 | 461.71 | 91.13 | 213.10 | NCQA |
| Sioux Valley Health Plan-Std - Eastern/Central/Rapid City Areas | 800/752-5863 | AU4 | AU5 | 148.15 | 347.29 | 68.38 | 160.29 | NCQA |
| Tennessee | | | | | | | | |
| Aetna - Nashville Area | 800/537-9384 | 6J1 | 6J2 | 101.57 | 233.02 | 46.88 | 107.55 | NCQA |
| Aetna - Memphis Area | 800/537-9384 | UB1 | UB2 | 80.54 | 205.38 | 37.17 | 94.79 | NCQA |
| Texas | | | | | | | | |
| Aetna - Houston Area | 800/537-9384 | 8G1 | 8G2 | 92.93 | 281.90 | 42.89 | 130.11 | NCQA |
| Aetna - Austin/San Antonio Areas | 800/537-9384 | P11 | P12 | 83.76 | 211.02 | 38.66 | 97.39 | NCQA |
| Aetna - Dallas/Ft Worth Areas | 800/537-9384 | PU1 | PU2 | 102.00 | 300.86 | 47.08 | 138.86 | NCQA |
| FirstCare - Waco area | 800/884-4901 | 6U1 | 6U2 | 86.68 | 186.21 | 40.00 | 85.94 | |
| FirstCare - West Texas | 800/884-4901 | CK1 | CK2 | 176.06 | 342.07 | 81.26 | 157.88 | |
| HMO Blue Texas - Houston | 877/299-2377 | YM1 | YM2 | 113.49 | 326.84 | 52.38 | 150.85 | NCQA |
| Humana Health Plan of Texas-High -San Antonio area | 888/393-6765 | UR1 | UR2 | 163.58 | 383.30 | 75.50 | 176.91 | URAC |
| Humana Health Plan of Texas-Std - San Antonio area | 888/393-6765 | UR4 | UR5 | 80.36 | 184.82 | 37.09 | 85.30 | URAC |
| Mercy Health Plans/Premier Health Plans - Webb/Zapata/Duval/Jim Hogg Counties | 800/617-3433 | HM1 | HM2 | 94.31 | 296.96 | 43.53 | 137.06 | |
| PacifiCare Southwest Region (OK & TX) - San Antonio/Dallas/Ft.Worth | 800-531-3341 | GF1 | GF2 | 96.05 | 226.61 | 44.33 | 104.59 | NCQA |
| Utah | | | | | | | | |
| Altius Health Plans - Wasatch Front | 800/377-4161 | 9K1 | 9K2 | 134.59 | 274.79 | 62.12 | 126.83 | |
| Vermont | | | | | | | | |
| MVP Health Care - All of Vermont | 888/687-6277 | VW1 | VW2 | 150.91 | 477.23 | 69.65 | 220.26 | NCQA |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

| Plan Name | Primary care / Specialist office copay | Hospital per stay deductible | Prescription Drugs | | | Member Survey Results ● above average, ● average, ○ below average | | | | | |
|--|--|------------------------------|--------------------|---------------------------|---------------------|--|---------------------|----------------------|------------------------------|------------------|-------------------|
| | | | Generic | Brand name/ Non-formulary | Mail order discount | Overall plan satisfaction | Getting needed care | Getting care quickly | How well doctors communicate | Customer service | Claims processing |
| | | | | | | | | | | | |
| South Dakota | | | | | | | | | | | |
| Avera Health Plans | \$10/\$15 | \$100/dayx3 | \$10 | \$20 | Yes | | | | | | |
| Sioux Valley Health Plan - In-Network | \$20/\$30 | \$100/day x 5 | \$15 | \$30/\$50 | \$30 | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - In-Network | \$25/\$25 | \$100/day x 5 | \$15 | \$30/\$50 | No | ○ | ● | ● | ● | ● | ○ |
| Sioux Valley Health Plan - Out-of-Network | 40%/40% | 40% | N/A | N/A | No | ○ | ● | ● | ● | ● | ○ |
| Tennessee | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ○ | ● | ● | ● |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ○ | ● | ● | ● |
| Texas | | | | | | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | | | | | | |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Aetna | \$20/\$30 | \$150/day x 5 | \$10 | \$25/\$40 | Yes | ● | ○ | ○ | ● | ● | ● |
| FirstCare | \$20/\$20 | \$100/day x 5 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| FirstCare | \$20/\$20 | \$100/day x 5 | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| HMO Blue Texas | \$20/\$20 | \$100/dayx4 | \$10 | \$25/\$40 | Yes | ○ | ○ | ○ | ○ | ● | ○ |
| Humana Health Plan of Texas-High | \$10/\$20 | \$100/day x 3 | \$5/\$20 | \$20/\$40 | No | ● | ● | ● | ● | ● | ● |
| Humana Health Plan of Texas-Std | \$15/\$25 | \$250/day x 3 | \$10/\$25 | \$25/\$45 | No | ● | ● | ● | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - In-Network | \$10 | None | \$7 | \$12/\$25 | Yes | ● | ● | ○ | ● | ● | ● |
| Mercy Health Plans/Premier Health Plans - Out-of-Network | 40%/40% | 40% | N/A | N/A | N/A | ● | ● | ○ | ● | ● | ● |
| PacifiCare Southwest Region (OK & TX) | \$20/\$40 | \$400/day x 5 | \$10 | \$40/\$50 | Yes | ● | ● | ● | ● | ● | ● |
| Utah | | | | | | | | | | | |
| Altius Health Plans | \$10/\$15 | None | \$10 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |
| Vermont | | | | | | | | | | | |
| MVP Health Care | \$15/\$15 | \$240 | \$5 | \$20/\$40 | Yes | ● | ● | ● | ● | ● | ● |

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| Virginia | | | | | | | | |
| Aetna Open Access-High -Northern/Central/Richmond, Virginia Area | 800/537-9384 | JN1 | JN2 | 97.32 | 213.54 | 44.92 | 98.56 | NCQA |
| Aetna Open Access-Basic - Northern/Central/Richmond, Virginia Area | 800/537-9384 | JN4 | JN5 | 62.77 | 146.88 | 28.97 | 67.79 | NCQA |
| CareFirst BlueChoice - Northern Virginia | 866/520-6099 | 2G1 | 2G2 | 109.54 | 239.20 | 50.56 | 110.40 | NCQA |
| Kaiser Permanente-High -Washington, DC area | 301/468-6000 | E31 | E32 | 86.24 | 205.27 | 39.80 | 94.74 | NCQA |
| Kaiser Permanente-Std - Washington, DC area | 301/468-6000 | E34 | E35 | 69.41 | 165.21 | 32.04 | 76.25 | NCQA |
| M.D. IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke | 800/251-0956 | JP1 | JP2 | 87.26 | 209.46 | 40.27 | 96.67 | NCQA |
| Optima Health Plan - Peninsula/Southside Hampton Roads | 800/206-1060 | 9R1 | 9R2 | 105.12 | 274.56 | 48.52 | 126.72 | NCQA |
| Piedmont Community Healthcare - Lynchburg area | 888/674-3368 | 2C1 | 2C2 | 88.71 | 203.13 | 40.94 | 93.75 | |
| Washington | | | | | | | | |
| Aetna - Seattle/Puget Sound Areas | 800/537-9384 | 8J1 | 8J2 | 75.37 | 191.66 | 34.78 | 88.46 | NCQA |
| Group Health Cooperative-High -Most of Western Washington | 888/901-4636 | 541 | 542 | 103.00 | 227.52 | 47.54 | 105.01 | NCQA |
| Group Health Cooperative-Std - Most of Western Washington | 888/901-4636 | 544 | 545 | 76.62 | 172.97 | 35.36 | 79.83 | NCQA |
| Group Health Cooperative-High -Central WA/Spokane/Pullman | 888/901-4636 | VR1 | VR2 | 94.20 | 272.54 | 43.48 | 125.79 | NCQA |
| Group Health Cooperative-Std - Central WA/Spokane/Pullman | 888/901-4636 | VR4 | VR5 | 79.69 | 183.28 | 36.78 | 84.59 | NCQA |
| Kaiser Permanente-High -Vancouver/Longview | 800/813-2000 | 571 | 572 | 93.70 | 213.83 | 43.25 | 98.69 | NCQA |
| Kaiser Permanente-Std - Vancouver/Longview | 800/813-2000 | 574 | 575 | 86.06 | 196.40 | 39.72 | 90.64 | NCQA |
| KPS Health Plans - High -All of Washington | 800/552-7114 | VT1 | VT2 | 123.15 | 243.51 | 56.84 | 112.39 | |
| KPS Health Plans - Std - All of Washington | 800/552-7114 | L11 | L12 | 83.36 | 179.92 | 38.47 | 83.04 | |
| PacifiCare Northwest Region (Oregon/Washington) - Clark County | 800-531-3341 | 7Z1 | 7Z2 | 119.19 | 256.05 | 55.01 | 118.18 | NCQA |
| PacifiCare Northwest Region (Oregon/Washington) - Washington | 800-531-3341 | SA1 | SA2 | 69.48 | 162.41 | 32.07 | 74.96 | NCQA |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

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

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

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

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

| Plan Name – Location | Telephone Number | Enrollment Code | | Your Share of Premium | | | | Accredited |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|------------|
| | | | | Monthly | | Biweekly | | |
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family | |
| West Virginia | | | | | | | | |
| The Health Plan of the Upper Ohio Valley - Northern/Central West Virginia | 800/624-6961 | U41 | U42 | 78.71 | 181.03 | 36.33 | 83.55 | NCQA |
| Wisconsin | | | | | | | | |
| Dean Health Plan - South Central Wisconsin | 800/279-1301 | WD1 | WD2 | 85.04 | 255.14 | 39.25 | 117.76 | NCQA |
| Group Health Cooperative - South Central Wisconsin | 608/828-4827 | WJ1 | WJ2 | 74.16 | 200.44 | 34.23 | 92.51 | NCQA |
| HealthPartners Classic-High -West Central Wisconsin | 952-883-5000 | 531 | 532 | 218.92 | 560.82 | 101.04 | 258.84 | NCQA |
| HealthPartners Open Access Deductible - West Central Wisconsin | 952-883-5000 | 534 | 535 | 106.77 | 291.67 | 49.28 | 134.62 | NCQA |
| HealthPartners Primary Clinic Plan - West Central Wisconsin | 952-883-5000 | HQ1 | HQ2 | 340.06 | 851.58 | 156.95 | 393.04 | NCQA |
| PHP Insurance Plan, Inc. - Northeastern Wisconsin | 888/711-1444 | ID1 | ID2 | 90.54 | 254.84 | 41.79 | 117.62 | |
| Wyoming | | | | | | | | |
| WINhealth Partners - Wyoming | 307/638-7700 | PV1 | PV2 | 90.67 | 337.06 | 41.85 | 155.57 | |

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

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

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

Member Survey Results — See page 3 for a description.

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

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

High Deductible and Consumer-Driven Health Plans

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

(Pages 64 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 \$1,050 for Self and \$2,100 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,000 for Self and \$10,000 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using in-network and out-of-network providers. There may be higher deductibles and out-of-pocket limits when you use out-of-network providers. Using in-network providers will save you money.

Health Savings Account (HSA)

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

Features of an HSA include:

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

Health Reimbursement Arrangement (HRA)

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

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

Features of an HRA include:

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

High Deductible and Consumer-Driven Health Plans

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

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

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

High Deductible and Consumer-Driven Health Plans

How to read this chart

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| APWU Health Plan Consumer Driven Plan (CDHP) | 866/833-3463 | 474 | 475 | 88.60 | 206.34 | 40.89 | 95.23 |
| GEHA High Deductible Health Plan (HDHP) | 800/821-6136 | 341 | 342 | 96.80 | 223.62 | 44.68 | 103.21 |
| Mail Handlers High Deductible Health Plan (HDHP) | 800/410-7778 | 481 | 482 | 91.55 | 207.47 | 42.25 | 95.75 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Alabama | | | | | | | |
| Aetna HealthFund CDHP - Lamar and Pickens Counties | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Lamar and Pickens Counties | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Alaska | | | | | | | |
| Aetna HealthFund CDHP - Anchorage and Fairbanks Areas | 800/537/9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Anchorage and Fairbanks Areas | 800/537/9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Arizona | | | | | | | |
| Aetna HealthFund CDHP - Phoenix and Tucson Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Phoenix and Tucson Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Phoenix | 888/393-6765 | DB1 | DB2 | 50.53 | 116.19 | 23.32 | 53.62 |
| Arkansas | | | | | | | |
| Aetna HealthFund CDHP - Eastern Arkansas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Eastern Arkansas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| California | | | | | | | |
| Aetna HealthFund CDHP - Northern/Central Valley/Southern CA | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Northern/Central Valley/Southern CA | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Colorado | | | | | | | |
| Aetna HealthFund CDHP - Denver Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Denver Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Denver | 888/393-6765 | 7T1 | 7T2 | 58.49 | 134.54 | 26.99 | 62.09 |
| Connecticut | | | | | | | |
| Aetna HealthFund CDHP - All of Connecticut | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Connecticut | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Delaware | | | | | | | |
| Aetna HealthFund CDHP - All of Delaware | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Delaware | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Delaware HDHP - Most of Delaware | 800/833-7423 | 214 | 215 | 86.34 | 212.26 | 39.85 | 97.97 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| District of Columbia | | | | | | | |
| Aetna HealthFund CDHP -All of Washington D.C. | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Washington D.C. | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Florida | | | | | | | |
| Aetna HealthFund CDHP -Jacksonville/Miami/Orlando/Tampa Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Jacksonville/Miami/Orlando/Tampa Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP- Tampa | 888/393-6765 | MI1 | MI2 | 55.83 | 128.42 | 25.77 | 59.27 |
| Humana CoverageFirst CDHP - Jacksonville | 888/393-6765 | MQ1 | MQ2 | 58.49 | 134.54 | 26.99 | 62.09 |
| Humana CoverageFirst CDHP - South Florida | 888/393-6765 | QP1 | QP2 | 53.18 | 122.31 | 24.54 | 56.45 |
| Humana CoverageFirst CDHP - Orlando | 888/393-6765 | YG1 | YG2 | 61.16 | 140.65 | 28.23 | 64.92 |
| Georgia | | | | | | | |
| Aetna HealthFund CDHP -Atlanta Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Atlanta Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Georgia HDHP - Atlanta Area | 800/395-2545 | L51 | L52 | 60.98 | 140.26 | 28.14 | 64.74 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | Self Only | Self & Family | Monthly | | Biweekly | |
| | | | | Self Only | Self & Family | Self Only | Self & Family |
| Illinois | | | | | | | |
| Aetna HealthFund CDHP - Chicago Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Chicago Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Group Health Plan, Inc. HDHP - Southern/Central | 800/755-3901 | MM4 | MM5 | 92.24 | 197.50 | 42.57 | 91.15 |
| Humana CoverageFirst CDHP - Chicago | 888/393-6765 | MW1 | MW2 | 42.54 | 97.85 | 19.63 | 45.16 |
| OSF HealthPlans HDHP -Central/Central-Northwestern Illinois | 800/673-5222 | 9F4 | 9F5 | 80.30 | 199.66 | 37.06 | 92.15 |
| Indiana | | | | | | | |
| Advantage Health Solutions, Inc.HDHP -Most of Indiana | 800/553-8933 | 6Y4 | 6Y5 | 94.49 | 214.76 | 43.61 | 99.12 |
| Aetna HealthFund CDHP -Lake and Porter Counties | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Lake and Porter Counties | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Southern Indiana | 888/393-6765 | BM1 | BM2 | 63.81 | 146.77 | 29.45 | 67.74 |
| Humana CoverageFirst CDHP - Indiana | 888/393-6765 | L81 | L82 | 53.18 | 122.31 | 24.54 | 56.45 |
| Humana CoverageFirst CDHP - Lake/Porter/LaPorte Counties | 888/393-6765 | MW1 | MW2 | 42.54 | 97.85 | 19.63 | 45.16 |
| Iowa | | | | | | | |
| Coventry Health Care of Iowa HDHP -Central Iowa/Cedar Rapids/Sioux City | 800/257-4692 | SV4 | SV5 | 65.95 | 170.43 | 30.44 | 78.66 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Kansas | | | | | | | |
| Aetna HealthFund CDHP - Kansas City Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Kansas City Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Kansas, Inc. HDHP - Wichita/Salina areas | 800/664-9251 | 7G1 | 7G2 | 65.56 | 161.91 | 30.26 | 74.73 |
| Coventry Health Care of Kansas - Kansas City-HDHP - Kansas City area | 800/969-3343 | 9H1 | 9H2 | 69.81 | 180.12 | 32.22 | 83.13 |
| Humana CoverageFirst CDHP Plan - Kansas City | 888/393-6765 | PH1 | PH2 | 42.54 | 97.85 | 19.63 | 45.16 |
| Kentucky | | | | | | | |
| Aetna HealthFund CDHP - Northern KY/Fulton and Lewis Counties | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Northern KY/Fulton and Lewis Counties | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Lexington | 888/393-6765 | 6N1 | 6N2 | 66.47 | 152.89 | 30.68 | 70.56 |
| Humana CoverageFirst CDHP - Louisville | 888/393-6765 | BM1 | BM2 | 63.81 | 146.77 | 29.45 | 67.74 |
| Humana CoverageFirst CDHP - Northern Kentucky | 888/393-6765 | L81 | L82 | 53.18 | 122.31 | 24.54 | 56.45 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Louisiana | | | | | | | |
| Coventry Healthcare Louisiana-HDHP - New Orleans area | 800/341-6613 | BJ4 | BJ5 | 66.73 | 154.98 | 30.80 | 71.53 |
| Coventry Healthcare Louisiana-HDHP -Baton Rouge area | 800/341-6613 | JA4 | JA5 | 70.70 | 164.22 | 32.63 | 75.79 |
| Humana CoverageFirst CDHP - New Orleans | 888/393-6765 | 9J1 | 9J2 | 50.53 | 116.19 | 23.32 | 53.62 |
| Humana CoverageFirst (CDHP) - Baton Rouge | 888/393-6765 | 9L1 | 9L2 | 61.16 | 140.65 | 28.23 | 64.92 |
| Humana CoverageFirst (CDHP) - Shreveport | 888/393-6765 | 9S1 | 9S2 | 69.13 | 159.00 | 31.91 | 73.38 |
| Maryland | | | | | | | |
| Aetna HealthFund CDHP -All of Maryland | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of Maryland | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Delaware HDHP -Most of Maryland | 800/833-7423 | IG4 | IG5 | 83.12 | 204.15 | 38.36 | 94.22 |
| Massachusetts | | | | | | | |
| Aetna HealthFund CDHP -Boston Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Boston Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Michigan | | | | | | | |
| Aetna HealthFund CDHP -Detroit Area | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Detroit Area | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Mississippi | | | | | | | |
| Aetna HealthFund CDHP -Northern Mississippi | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Northern Mississippi | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Missouri | | | | | | | |
| Aetna HealthFund CDHP -Kansas City and St. Louis Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Kansas City and St. Louis Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Kansas - Kansas City-HDHP -Kansas City area | 800-969-3343 | 9H1 | 9H2 | 69.81 | 180.12 | 32.22 | 83.13 |
| Group Health Plan, Inc. - St. Louis Area | 800/755-3901 800/755-3901 | MM4 | MM5 | 92.24 | 197.50 | 42.57 | 91.15 |
| Humana CoverageFirst CDHP - Kansas City | 888/393-6765 | PH1 | PH2 | 42.54 | 97.85 | 19.63 | 45.16 |
| Nevada | | | | | | | |
| Aetna HealthFund CDHP -Las Vegas/Clark and Nye Counties | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Las Vegas/Clark and Nye Counties | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| New Hampshire | | | | | | | |
| Aetna HealthFund CDHP -Most of New Hampshire | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Most of New Hampshire | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| New Jersey | | | | | | | |
| Aetna HealthFund CDHP - All of New Jersey | 800/537-9382 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - All of New Jersey | 800/537-9382 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Delaware HDHP -Southern New Jersey | 800/833-7423 | 214 | 215 | 86.34 | 212.26 | 39.85 | 97.97 |
| New York | | | | | | | |
| Aetna HealthFund CDHP - NY City Area/Upstate NY (Syr. & Roch.) | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - NY City Area/Upstate NY (Syr. & Roch.) | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| North Carolina | | | | | | | |
| Aetna HealthFund CDHP -Charlotte/Central/Raleigh/Durham Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Charlotte/Central/Raleigh/Durham Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Ohio | | | | | | | |
| Aetna HealthFund CDHP -Cincinnati/Cleveland/Columbus/Toledo | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Cincinnati/Cleveland/Columbus/Toledo | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| AultCare HMO-HDHP -Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/363-6360 | 3A4 | 3A5 | 91.29 | 182.91 | 42.13 | 84.42 |
| Humana CDHP - Cincinnati | 888/393-6765 | L81 | L82 | 53.18 | 122.31 | 24.54 | 56.45 |

High Deductible and Consumer-Driven Health Plans

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

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

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

| Plan Name | Benefit Type | Premium Contribution to HSA/HRA | CY Ded. Self/Family | Cat. Limit Self/Family | Office Visit | Inpatient Surgery | Outpatient Surgery | Preventive Services | Prescription Drugs |
|---------------------------------------|------------------|---------------------------------|---------------------|------------------------|--------------|-------------------|--------------------|---------------------|--------------------|
| New Jersey | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Coventry Health Care of Delaware-HDHP | | \$41.66/\$83.33 | \$1,050/\$2,100 | \$5,000/\$10,000 | \$15 | 15% | 15% | \$15/\$25/15% | \$10/\$20/\$45 |
| New York | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| North Carolina | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| Ohio | | | | | | | | | |
| Aetna HealthFund CDHP | - In-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 15% | 15% | 15% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund CDHP | - Out-of-Network | N/A | \$1,000/\$2,000 | \$3,000/\$6,000 | 40% | 40% | 40% | Fund/Ded/40% | 40%/40%/40% |
| Aetna HealthFund HDHP | - In-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 10% | 10% | 10% | Nothing | \$10/\$25/\$40 |
| Aetna HealthFund HDHP | - Out-of-Network | \$104/\$208 | \$2,500/\$5,000 | \$4,000/\$8,000 | 30% | 30% | 30% | All | 30%/30%/30% |
| AultCare HDHP | - In-Network | \$166.67/\$333.33 | \$2,000/\$4,000 | \$4,000/\$8,000 | 20% | 20% | 20% | Nothing | 20%/20%/20% |
| AultCare HDHP | - Out-of-Network | \$166.67/\$333.33 | \$4,000/\$8,000 | \$8,000/\$16,000 | 40% | 40% | 40% | 50% UCR | 40%/40%/40% |
| Humana CoverageFirst (CDHP) | - In-Network | N/A | \$1,000/\$2,000 | Stated copays | \$20 | \$100/day x 5 | \$50 | \$20/\$35 | \$10/\$25 \$25/50% |
| Humana CoverageFirst (CDHP) | - Out-of-Network | N/A | \$3,000/\$6,000 | \$4,000/\$8,000 | 30% | 30% | 30% | 30% | Copay + 30% |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Oklahoma | | | | | | | |
| Aetna HealthFund CDHP -Oklahoma City and Tulsa Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Oklahoma City and Tulsa Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Pennsylvania | | | | | | | |
| Aetna HealthFund CDHP -Philadelphia/Pittsburgh/Southeastern PA | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Philadelphia/Pittsburgh/Southeastern PA | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Coventry Health Care of Delaware HDHP -Southeastern PA | 800/833-7423 | 2I4 | 2I5 | 86.34 | 212.26 | 39.85 | 97.97 |
| HealthAmerica Pennsylvania-HDHP -Southeastern Pennsylvania | 866/351-5946 | 9N1 | 9N2 | 114.14 | 251.81 | 52.68 | 116.22 |
| HealthAmerica Pennsylvania-HDHP - Greater Pittsburgh area | 866/351-5946 | Y61 | Y62 | 82.27 | 202.27 | 37.97 | 93.35 |
| HealthAmerica Pennsylvania-HDHP -Northeast Pennsylvania | 866/351-5946 | YN1 | YN2 | 129.30 | 288.01 | 59.68 | 132.93 |
| HealthAmerica Pennsylvania-HDHP - Central Pennsylvania | 866/351-5946 | YW1 | YW2 | 92.94 | 209.68 | 42.90 | 96.77 |
| South Carolina | | | | | | | |
| Aetna HealthFund CDHP -York County | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - York County | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Tennessee | | | | | | | |
| Aetna HealthFund CDHP - Memphis and Nashville Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Memphis and Nashville Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CDHP - Memphis | 888/393-6765 | L61 | L62 | 53.18 | 122.31 | 24.54 | 56.45 |

High Deductible and Consumer-Driven Health Plans

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

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

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

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

High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

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

| Plan Name | Telephone Number | Enrollment Code | | Your Share of Premium | | | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-----------|---------------|
| | | | | Monthly | | Biweekly | |
| | | Self Only | Self & Family | Self Only | Self & Family | Self Only | Self & Family |
| Texas | | | | | | | |
| Aetna HealthFund CDHP - Austin/Dallas/FtWorth/Houston/SanAntonio | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Austin/Dallas/FtWorth/Houston/SanAntonio | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Humana CoverageFirst CDHP - Houston | 888/393-6765 | T21 | T22 | 63.81 | 146.77 | 29.45 | 67.74 |
| Humana CoverageFirst CDHP - Dallas/Ft. Worth | 888/393-6765 | T81 | T82 | 61.16 | 140.65 | 28.23 | 64.92 |
| Humana CoverageFirst CDHP - Corpus Christi | 888/393-6765 | TP1 | TP2 | 55.83 | 128.42 | 25.77 | 59.27 |
| Humana CoverageFirst CDHP - San Antonio | 888/393-6765 | TU1 | TU2 | 53.18 | 122.31 | 24.54 | 56.45 |
| Humana CoverageFirst CDHP - Austin | 888/393-6765 | TV1 | TV2 | 58.49 | 134.54 | 26.99 | 62.09 |
| Virginia | | | | | | | |
| Aetna HealthFund CDHP -Northern/Central/Richmond VA Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Northern/Central/Richmond VA Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Washington | | | | | | | |
| Aetna HealthFund CDHP -Seattle/Puget Sound Areas | 800/537-9384 | 221 | 222 | 74.10 | 170.43 | 34.20 | 78.66 |
| Aetna HealthFund HDHP - Seattle/Puget Sound Areas | 800/537-9384 | 224 | 225 | 83.27 | 191.53 | 38.43 | 88.40 |
| Wisconsin | | | | | | | |
| Humana CoverageFirst CDHP - Milwaukee | 888/393-6765 | FB1 | FB2 | 58.49 | 134.54 | 26.99 | 62.09 |

High Deductible and Consumer-Driven Health Plans

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

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

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

