



1999 Plan Satisfaction Survey Results and Benefit Information

How Members Rated Their FEHB Plans

(With benefit information and plan accreditations)

*Be sure to visit our web site at
www.opm.gov/insure*



UNITED STATES OFFICE OF
PERSONNEL MANAGEMENT
RETIREMENT AND
INSURANCE SERVICE

OUR COMMITMENT TO OUR CUSTOMERS

The U.S. Office of Personnel Management (OPM) administers the Federal Employees Health Benefits (FEHB) Program, the largest employer-sponsored health insurance program in the world. We interpret the health insurance laws and write regulations for the FEHB Program. We give advice and help to agencies and retirement systems so they can process your enrollment changes and deduct your premium. We also contract with and monitor your plan — and all the other health plans — that pay claims or provide care to covered members.

THIS IS OUR COMMITMENT TO YOU:

- Your choice of health benefits plans will compare favorably for value and selection with the private sector.
- When you use the FEHB Guide and plan benefit brochures, you will find they are clear, factual and give you the information you need.
- When you change plans or options, your new plan will issue your identification card within 15 calendar days after it gets your enrollment form from your agency or retirement system.
- Your fee-for-service plan should pay your claims within 20 work days; if more information is needed, it should pay within 60 calendar days.
- If you ask us to review a claim dispute with your plan, our decision will be fair and easy to understand, and we will send it to you within 60 calendar days. If you need to do more before we can review a claim dispute, we will tell you within 14 work days what you still need to do.
- When you write to us about other matters, we will respond within 30 calendar days after we get your letter. If we need time to give you a complete response, we will let you know.



BETTER INFORMATION
BETTER CHOICES
BETTER HEALTH

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THINGS TO REMEMBER

- A number of plans withdrew from the FEHB Program.
 Make sure your plan will be offered in 2000
 - Be aware of benefit changes for 2000
 - Check the premium for 2000

The information in the 2000 Guide to Federal Employees Health Benefits (FEHB) Plans gives you an overview of the FEHB Program and its participating plans. Do not make any final decisions about health plans without first reading the plans' brochures.

FEHB AND YOU

The Federal Employees Health Benefits (FEHB) Program can help you meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country. You can choose from among Fee-for-Service (FFS) plans, regardless of where you live, or Plans offering a Point of Service (POS) product and Health Maintenance Organizations (HMO) if you live (or sometimes if you work) within the area serviced by the plan.

Some FFS plans are open to all enrollees, but some require that you join the organization that sponsors the plan. Some plans limit enrollment to certain employee groups. Membership requirements and/or limitations also apply to any POS product the FFS plan may be offering.

Managed care is an important part of the FEHB Program. You will find managed care features in all the plans described in this Guide. Common features of managed care are pre-approval of hospital stays, the use of primary care providers as “gatekeepers” to coordinate your medical care, and networks of physicians and other providers.

You are fortunate to be able to choose from among many different health plans competing for your business. Use this Guide to compare the costs, benefits, and features of different plans. We combined the HMO and POS plans in a single section. We also now show comparative benefit information for all plans. The benefit categories we list were chosen based on enrollee requests, differences among plans, and simplicity. However, we urge you to consider the total benefit package, in addition to service and cost, when choosing a health plan.

The plan brochures tell you what services and supplies are covered and the level of coverage. Look over the brochures carefully, especially the Changes page of your current plan to see how benefits have changed from last year. The brochures reflect the efforts of OPM and health plan representatives to eliminate jargon and use plain language. We also formatted the brochures to ensure they are all organized alike. You can get brochures from the health

plans or your human resource office. They are also available on our web site at www.opm.gov/insure. When it comes to your health care, the best surprise is no surprise.

CHOOSING A PLAN

COST — certainly the premium you pay is an important consideration, but there are some other things you should consider. When thinking about premiums, what can you afford biweekly or monthly? Should you enroll in a High Option – and pay High Option premiums – if a Standard Option would do?

If you need to go to the hospital, how much will you have to pay? Do you know how much you will pay for an emergency room visit? If you have children, what will it cost you for a well-child care visit?

Do you have to pay a deductible for the services you might use? Your share of medical expenses is either a coinsurance (a percentage of the bill) or a copayment (a fixed dollar amount). Which option do you prefer and what does the plan require? Does the plan limit the dollar amount it will pay for certain services?

COVERAGE — check to see if the plan offers the type of services you think you might need. If you are 65 or over, how does the plan coordinate coverage with Medicare? If you regularly see an allergist, do you pay extra for the allergy serum? Does the plan offer a prenatal program? Given the trend toward reducing hospital stays, will your plan pay for home health care? Because health care is expensive, pay attention to the plan’s catastrophic coverage to see how you are protected. See if there are limits on the number of visits for the services you need.

HOW THE PLAN WORKS — if predictable cost, comprehensive benefits, no paperwork, and a coordinated approach to health care are high priorities, consider a Health Maintenance Organization

FEHB AND YOU

(HMO). Most HMOs require you to select a doctor to act as your primary care physician, or PCP, who refers you to specialists. If you don't use a plan doctor, the plan usually will not pay for the services, unless it is an emergency.

A plan offering a Point of Service (POS) product also has rules about what benefits are covered and doctor choice and access to specialists, but you can choose any doctor you like and see specialists without referrals if you agree to pay more.

If you are willing to pay a little more in total costs for the widest choice of doctors, a Fee-for-Service (FFS) plan might be for you. FFS plans let you choose your own doctor and allow you to see specialists without a referral. Most FFS plans have Preferred Provider Organizations (PPO) that save you money if you use these providers.

Some plans offer 24-hour medical advice lines to help you make health decisions. These programs try to keep you healthy and avoid unnecessary – and potentially costly and time-consuming – medical treatment.

SATISFACTION — the experience of health plan members form the satisfaction ratings in this Guide. If you are considering joining a FFS plan, chances are you will file a claim. How quickly does the plan process claims? Will the plan be responsive to your questions? As an HMO enrollee, you might be most interested in how the plan is rated in access to care and choice of doctors. Ask your doctor's office about experiences with different health plans.

ACCREDITATIONS — HMO accreditations reflect the evaluations of independent, nationally-recognized organizations. Plans willing to go through an accreditation review show a commitment to continuous quality improvement and accountability.

GETTING THE MOST FROM A PLAN

Within any plan, there are things you can do to minimize your out-of-pocket costs and make the plan work best for you.

COST — here are some ideas for getting the best value for your premium dollar:

- An easy way to save money is to use your plan's mail order drug program, if it has one.
- Request generic drugs instead of brand name drugs.
- Almost all FFS Plans have Preferred Provider Organizations (PPO). Using a PPO will reduce your out-of-pocket expenses. If you do not use a PPO provider, your plan will base its payment on an allowance that probably will be less than the actual billed charge. This means you have to pay the difference, which may be more than the coinsurance amounts stated in this Guide and the plan brochure. You can reduce the chance of this happening by discussing fees in advance with your provider. Remember that plans set their own allowances.

It is also important to note that all of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but the anesthesia and radiology services may not be. The only way to find out is to ask ahead of time.

QUALITY — talk openly with your health plan and providers about the kind of quality you want. Is your HMO rated by a national accrediting organization? Ask your surgeon how frequently he or she performs the procedure you are considering. If you are pregnant, ask your obstetrician the percentage of cases in which he or she performs a caesarean section and how that compares with the local average. Is your doctor proposing an invasive approach to treatment when a more conservative one is just as effective? Does your doctor discuss possible drug interactions when prescribing a new medication for you?

No one has a greater stake in your health than you. Understand how your plan works and don't be shy about asking questions. An informed consumer is a better decision maker.

QUALITY INDICATORS

SATISFACTION SURVEY

OPM and FEHB plans and enrollees participated this year in a broad-based survey effort with other public and private employers by using the Consumer Assessment of Health Plans Survey. This survey is a widely accepted tool for obtaining customer feedback on their experiences with their health plans. Before you join a plan, it may help to know what people who use the plan say about it. *The survey results are not provided or influenced by the health plans; they are solely based on the responses of enrolled individuals like yourself.* The complete questionnaire (59 questions) is on our web site at www.opm.gov/insure, but for ease of presentation in this Guide we have summarized findings in the following key areas:

What the survey asked health plan enrollees:

- **GETTING NEEDED CARE.** Did you have problems getting a referral to a specialist? Did you experience delays in obtaining care? Did you have problems getting the care you and your doctor believed necessary?
- **GETTING CARE QUICKLY.** When you called during regular office hours, did you get the advice or help you needed? Could you get an appointment for regular or routine health care as soon as you wanted?
- **HOW WELL DOCTORS COMMUNICATE.** Did the doctors or other health providers listen carefully to you? Did they explain things in a way you could understand? Did they spend enough time with you?
- **COURTEOUS AND HELPFUL OFFICE STAFF.** Did the doctor or some other provider's staff treat you with courtesy and respect? Was the staff as helpful as you thought they should be?
- **CUSTOMER SERVICE.** Were you helped when you called your plan's customer service department? Did you have problems with paperwork for your plan? Was it hard to find and understand information in the plan's written materials?
- **CLAIMS PROCESSING.** Did your plan handle your claims in a reasonable time? Did they handle your claims correctly?
- **OVERALL PLAN SATISFACTION.** How would you rate your overall experience with your health plan?

A plan may not be rated for one of three reasons: 1) it is new to the FEHB Program, 2) the plan has fewer than 500 Federal subscribers, or 3) the plan failed to administer the survey as we asked. We have identified the plans in this last category with an **X**.

FEHB plans also participated in a separate child's survey, but this data was not available for publication at the time this Guide went to print. Check our web site for results.

THE RATINGS. A plan's numbers show how well the plan scored for each question. For overall satisfaction the highest value is a 1. The other scores are on a scale of 3 (highest) to 1 (lowest). The numbers atop each category show the national average for the plan type (i.e., fee-for-service compared to fee-for-service and HMO/POS compared to HMO/POS). For more information about individual plan ratings, visit our web site at www.opm.gov/insure.

QUALITY INDICATORS

ACCREDITATION

Accreditation is a rigorous and comprehensive evaluation process where independent organizations assess the quality of the key systems and processes that managed care organizations (specifically, an HMO or POS plan) use. Accreditation also includes an assessment of the care and service plans are delivering in important areas of public concern such as immunization rates, mammography rates, and member satisfaction.

The National Committee for Quality Assurance (NCQA) and the **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)** are independent, private, not-for-profit organizations dedicated to assessing and reporting on the quality of health care organizations. These organizations are completely independent of the health plans and issue their accreditation results without the approval of the health plans they review. We encourage all FEHB plans to get accreditation from a national accrediting organization, who will evaluate their systems and processes and confer accreditation much like educational accrediting institutions confer accreditation to schools.

Quality includes 1) the perception of the quality of care received and 2) the quality of medical care provided. The first is measured by annual satisfaction surveys. The second is measured in part by accreditation. As an employer, accreditation to us means accountability to a customer and validation of selected measures of a health plan's operations. Enrollees can be assured that an independent organization has performed an unbiased assessment of a health plan's systems and found them to be of a particular quality. We think an accredited plan offers value to your health plan decision making.

NOTE: There are various reasons why a plan is not accredited; check with the plan for an explanation.

Both NCQA and JCAHO have multiple levels of accreditation. To find a plan's specific level of accreditation, visit our web site at www.opm.gov/insure.

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. An (*) in any column means an exception to the general rule for that particular plan and we have tried to explain those exceptions here under the applicable column heading.

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 usually several times the amount shown for individuals and the entire family collectively contributes towards that amount. However, some plans require 3 family members to meet the per person deductible before the family deductible is considered met (*).

Some plans apply **Prescription Drug** purchases to the Calendar Year deductible (CY). Some plans apply a separate deductible to the combined purchase of mail order drugs and drugs from local pharmacies (C), while others apply it to drugs purchased from local pharmacies only (L). Some plans (*) require each family member to meet a per person deductible.

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

Plan name	Plan code	Benefit type	Medical-Surgical – You pay			
			Deductible			Catastrophic Limit
			Per Person		Per Stay Hospital Inpatient	
			Calendar Year	Prescription Drug		
Alliance Health Plan	1R	PPO Non-PPO	\$100* \$300*	\$200C* \$200C*	\$150 \$250	\$2,000* \$3,000*
APWU Health Plan [◇]	47	PPO Non-PPO	\$250 \$250	\$50L \$50L	None \$200	\$2,000 \$3,500
Blue Cross and Blue Shield-High	10	PPO Non-PPO	\$150 \$150	None None	None \$100	\$1,000 \$2,700
Blue Cross and Blue Shield-Std [◇]	10	PPO Non-PPO	\$200 \$200	None None	None \$250	\$2,000 \$3,750
GEHA Benefit Plan [◇]	31	PPO Non-PPO	\$300 \$300	None None	None None	\$2,500 \$3,500
Mail Handlers-High	45	PPO Non-PPO	\$150 \$150	\$250C* \$250C*	None \$250	\$2,500 \$4,000
Mail Handlers-Std	45	PPO Non-PPO	\$200 \$200	\$600C* \$600C*	\$150 \$300	\$4,000 \$4,000
NALC	32	PPO Non-PPO	\$275 \$275	\$25L \$25L	None \$100	\$3,000 \$3,500
Postmasters-High	36	PPO Non-PPO	\$200 \$275	\$50 \$100	None \$150	\$2,500 \$2,500
Postmasters-Std	36	PPO Non-PPO	\$200 \$350	\$50 \$100	None \$250	\$3,000 \$4,500

◇ Offers a Point of Service product.

The **Catastrophic Limit** is the maximum amount of certain covered charges the plan will require you to pay during the year. Some plans (*) require each family member to meet the limit.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians’ group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** covered charges (e.g., nursing, supplies, and medications) are shown, usually after any per stay deductible. Services provided and billed by the hospital outpatient department (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand** name drugs purchased through **Mail Order** is shown.

Taken together, you can use the highlighted features to compare the richness of plan benefits, but always consult plan brochures before making your final decision.

Satisfaction Indicators — See page 6 for a description of these results.

Medical-Surgical – You pay							Plan performance based on enrollee rating						
Coinsurance (%) / Copay (\$)							Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)						
Doctors	Outpatient Tests	Hospital			Mail Order Prescription Drugs		Overall plan satisfaction (.82)	Getting needed care (2.85)	Getting care quickly (2.53)	How well doctors communicate (2.50)	Courteous and helpful office staff (2.63)	Customer service (2.50)	Claims processing (2.39)
		Inpatient		Outpatient Other	Generic	Brand							
		R&B	Other										
10% 30%	10% 30%	10% 30%	10% 30%	10% 30%	20% 20%	20% 20%	0.85	2.88	2.60	2.55	2.73	2.45	2.44
10% 30%	10% 30%	10% 30%	10% 30%	10% 30%	\$7 \$7	\$25 \$25	0.74	2.81	2.50	2.47	2.59	2.37	2.26
5% 20%	5% 20%	Nothing 30%	Nothing 30%	\$10 \$100/d	\$8 \$8	\$14 \$14	0.77	2.85	2.40	2.45	2.54	2.43	2.36
10% 25%	10% 25%	Nothing 30%	Nothing 30%	\$25 \$150/d	\$12 \$12	\$20 \$20	0.77	2.85	2.40	2.45	2.54	2.43	2.36
10% 25%	10% 25%	Nothing Nothing	10% 25%	10% 25%	\$10 \$10	\$30 \$30	0.88	2.85	2.54	2.50	2.64	2.64	2.54
10% 30%	10% 30%	Nothing Nothing	Nothing Nothing	10% 30%	\$10 \$10	\$30 \$45	0.77	2.83	2.46	2.42	2.58	2.47	2.26
10% 30%	10% 30%	Nothing Nothing	Nothing Nothing	10% 30%	\$10 \$10	\$40 \$55	0.77	2.83	2.46	2.42	2.58	2.47	2.26
15% 30%	15% 30%	Nothing 20%	Nothing 20%	15% 30%	\$12 \$12	\$25 \$25	0.70	2.77	2.52	2.48	2.64	2.40	2.26
10% 15%	10% 20%	Nothing Nothing	Nothing 15%	10% 20%	\$5 \$5	\$12 \$12	0.84	2.87	2.60	2.57	2.71	2.42	2.42
10% 30%	10% 30%	Nothing 30%	Nothing 30%	10% 30%	\$10 \$10	\$20 \$20	0.84	2.87	2.60	2.57	2.71	2.42	2.42

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. An (*) in any column means an exception to the general rule for that particular plan and we have tried to explain those exceptions here under the applicable column heading.

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 usually several times the amount shown for individuals and the entire family collectively contributes towards that amount. However, some plans require 3 family members to meet the per person deductible before the family deductible is considered met (*).

Some plans apply **Prescription Drug** purchases to the Calendar Year deductible (CY). Some plans apply a separate deductible to drugs purchased from local pharmacies only (L).

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

Plan name	Plan code	Benefit type	Medical-Surgical – You pay			
			Deductible			Catastrophic Limit
			Per Person		Per Stay Hospital Inpatient	
			Calendar Year	Prescription Drug		
Association Benefit Plan	42	PPO Non-PPO	\$250 \$250	CY CY	None \$100	\$2,000 \$3,000
Foreign Service	40	PPO Non-PPO	\$250 \$250	None CY	None \$175	\$2,500 \$2,500
Panama Canal Area	43	No PPO	None	\$400L	\$125	\$1,000
Rural Carrier Benefit Plan	38	PPO Non-PPO	\$250 \$250	CY CY	None \$200*	\$2,000 \$2,500
SAMBA	44	PPO Non-PPO	\$300 \$300	None None	\$200 \$200	\$1,500 \$1,500
Secret Service	Y7	No PPO	\$200	None	\$100	\$1,000

† See your Personnel Office.

The **Catastrophic Limit** is the maximum amount of certain covered charges the plan will require you to pay during the year.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians' group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** covered charges (e.g., nursing, supplies, and medications) are shown, usually after any per stay deductible. Some plans require this for your first admissions only (*). Services provided and billed by the hospital outpatient department (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand** name drugs purchased through **Mail Order** is shown.

Taken together, you can use the highlighted features to compare the richness of plan benefits, but always consult plan brochures before making your final decision.

Satisfaction Indicators — See page 6 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Medical-Surgical – You pay							Plan performance based on enrollee rating						
Coinsurance (%) / Copay (\$)							Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)						
							All others- on a scale of 3 (highest) to 1 (lowest)						
							(average for all FFS plans shown in heading)						
Doctors	Outpatient Tests	Hospital			Mail Order Prescription Drugs		Overall plan satisfaction (.82)	Getting needed care (2.85)	Getting care quickly (2.53)	How well doctors communicate (2.50)	Courteous and helpful office staff (2.63)	Customer service (2.50)	Claims processing (2.39)
		Inpatient R&B	Inpatient Other	Outpatient Other	Generic	Brand							
10% 20%	10% 20%	Nothing 20%	Nothing 20%	10% 20%	\$10 \$10	\$10 \$20	0.88	2.92	2.58	2.52	2.66	2.62	2.50
10% 20%	10% 20%	Nothing 20%	10% 15%	10% 20%	\$15 N/A	\$25 N/A	0.83	2.88	2.55	2.52	2.67	2.49	2.30
Nothing	Nothing	Nothing	20%	25%	N/A	N/A							
15% 15%	15% 25%	Nothing \$200*	Nothing 20%	15% 25%	\$10 \$10	\$15 \$15	0.88	2.93	2.63	2.54	2.78	2.63	2.57
10% 30%	10% 30%	Nothing 30%	10% 30%	10% 30%	\$15 \$15	\$15 \$15	0.82	2.73	2.44	2.46	2.56	2.45	2.35
20%	20%	Nothing	Nothing	Nothing	\$5	\$12	X	X	X	X	X	X	X

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

Hospital Room Copay/Coinsurance is your share of hospital room and board charges. This is separate from any per admission deductible. A (*) means a POS plan pays non-plan hospitals based on a fee schedule.

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCCA (N) JCAHO (J)						
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)													
													Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)
Alabama																			
Health Partners of Alabama	DF	\$15	Nothing	\$5	\$15	0.82	2.67	2.40	2.50	2.59	2.57	2.38							
PrimeHealth of Alabama, Inc.	AA	\$10	Nothing	\$10	\$10	0.72	2.67	2.37	2.56	2.65	2.37	2.98							

Arizona													
Aetna U.S. Healthcare	WQ	\$10	Nothing	\$5	\$10	0.68	2.62	2.27	2.32	2.42	2.44	2.12	N
CIGNA HC of AZ-Phoenix	16	\$10	Nothing	\$5	\$10	0.72	2.62	2.27	2.24	2.44	2.46	2.30	N
Health Plan of Nevada - In-Network	NM	\$10	Nothing	\$6	\$12	0.64	2.39	2.17	2.25	2.35	2.24	2.13	
Health Plan of Nevada - Out-of-Network		20%	20%	\$6	\$12								
United Healthcare of Arizona	2S	\$10	Nothing	\$5	\$10	0.74	2.59	2.32	2.43	2.49	2.52	2.29	N
United Healthcare of Arizona	TD	\$10	Nothing	\$5	\$10	0.76	2.66	2.21	2.40	2.48	2.59	2.47	N
Humana Health Plan of AZ	DY	\$10	Nothing	\$5	\$10	0.69	2.52	2.32	2.43	2.52	2.33	2.24	
Intergroup of Arizona, Inc.	A7	\$10	Nothing	\$5	\$10	0.65	2.45	2.14	2.26	2.37	2.39	2.22	N
PacifiCare of Arizona	A3	\$10	Nothing	\$5	\$5	0.67	2.50	2.26	2.34	2.46	2.28	2.38	N
Premier HealthCare of Arizona	9A	\$10	Nothing	\$5	\$10	0.74	2.56	2.44	2.52	2.68	2.38	2.11	
Premier HealthCare of Arizona	9B	\$10	Nothing	\$5	\$10	0.74	2.56	2.44	2.52	2.68	2.38	2.11	

Arkansas													
QCA Health Plan - In-Network	8Q	\$10	Nothing	\$7	\$15								
QCA Health Plan - Out-of-Network		20%	20%	\$7	\$15								

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Accreditation status — N = National Committee for Quality Assurance; J = Joint Commission on Accreditation of Healthcare Organizations

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)											
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)																		
													Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)					
California																								
Aetna U.S. Healthcare	2X	\$10	Nothing	\$5	\$10	0.67	2.52	2.20	2.37	2.43	2.35	2.10												
Aetna U.S. Healthcare	BU	\$10	Nothing	\$5	\$10	0.65	2.53	2.35	2.37	2.45	2.26	2.90	N											
Blue Shield of CA Access+HMO	SJ	\$10	Nothing	\$6	\$6	0.64	2.64	2.36	2.60	2.54	2.28	1.89	N											
Blue Cross CaliforniaCare	M5	\$10	Nothing	\$5	\$10	0.69	2.53	2.21	2.28	2.43	2.33	2.43	N											
CIGNA HealthCare of California	9T	\$10	Nothing	\$5	\$10	0.65	2.48	2.19	2.28	2.33	2.30	2.16	N											
Health Net	LB	\$10	Nothing	\$5	\$10	0.72	2.59	2.35	2.35	2.48	2.35	2.27	N											
Kaiser Permanente	59	\$10	Nothing	\$5	\$5	0.76	2.69	2.34	2.35	2.50	2.46	2.00	N											
Kaiser Permanente	62	\$10	Nothing	\$5	\$5	0.87	2.74	2.32	2.40	2.58	2.50	2.12	N											
Maxicare Southern California	CM	\$10	Nothing	\$5	\$10	0.69	2.47	2.18	2.32	2.41	2.37	2.85												
National HMO Health Plan	MN	\$10	Nothing	\$5	\$10																			
PacifiCare of California	CY	\$10	Nothing	\$5	\$10	0.71	2.51	2.24	2.34	2.44	2.44	2.31	N											
United Health Plan	C4	\$10	Nothing	\$5	\$5								J,N											
Universal Care	6Q	\$10	Nothing	\$5	\$5																			
Western Health Advantage	5Z	\$10	Nothing	\$5	\$10																			

Colorado													
Aetna U.S. Healthcare	6F	\$10	Nothing	\$5	\$10	0.61	2.58	2.38	2.44	2.58	2.21	1.91	
CIGNA HealthCare of CO	1C	\$10	Nothing	\$10	\$20								N
HMO Colorado/Nevada - In-Network	L2	\$10	Nothing	\$5	\$15	0.64	2.55	2.39	2.46	2.49	2.27	2.14	N
- Out-of-Network		30%	30%	N/A	N/A								
Kaiser Permanente	65	\$10	Nothing	\$5	\$5	0.74	2.64	2.34	2.42	2.54	2.45	2.23	N
PacifiCare of Colorado-High	D6	\$10	Nothing	\$5	\$10	0.72	2.58	2.38	2.42	2.52	2.43	2.32	N
PacifiCare of Colorado-Std	D6	\$15	Nothing	\$10	\$20	0.72	2.58	2.38	2.42	2.52	2.43	2.32	N
Rocky Mountain HMO	88	\$10	Nothing	\$10	\$15	0.78	2.78	2.57	2.51	2.61	2.50	2.39	N

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

Hospital Room Copay/Coinsurance is your share of hospital room and board charges. This is separate from any per admission deductible. A (*) means a POS plan pays non-plan hospitals based on a fee schedule.

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)							
Connecticut													
Aetna U.S. Healthcare	H1	\$10	Nothing	\$5	\$10	0.63	2.61	2.45	2.48	2.54	2.26	1.94	N
Blue Cross and Blue Shield-Std	10	\$10	Nothing	\$5	\$15	0.77	2.77	2.59	2.50	2.57	2.48	2.34	N
ConnectiCare	TE	\$10	Nothing	\$10	\$10	0.83	2.78	2.54	2.56	2.65	2.50	2.45	N
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N
Health New England	DJ	\$10	Nothing	\$7	\$15	0.90	2.79	2.41	2.49	2.54	2.78	2.57	N
Physicians Health Services/CT	DP	\$10	Nothing	\$10	\$20	0.76	2.73	2.42	2.50	2.53	2.25	2.12	N
Delaware													
Aetna U.S. Healthcare	NK	\$10	Nothing	\$5	\$10								
District of Columbia													
Aetna U.S. Healthcare-High	JN	\$10	Nothing	\$5	\$10	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N
Aetna U.S. Healthcare-Std	JN	\$15	Nothing	\$10	\$15	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N
CapitalCare	2G	\$10	Nothing	\$5	\$10	0.75	2.59	2.37	2.45	2.58	2.42	2.32	N
Free State Health Plan	LD	\$10	Nothing	\$10	\$20	0.74	2.69	2.38	2.53	2.56	2.43	2.25	N
George Washington Univ HP	E5	\$10	Nothing	\$5	\$15	0.69	2.66	2.29	2.39	2.36	2.22	2.64	N
Kaiser Permanente	E3	\$10	Nothing	\$7	\$7	0.78	2.63	2.35	2.36	2.55	2.50	2.76	N
MD-IPA	JP	\$10	Nothing	\$5	\$10	0.74	2.65	2.42	2.46	2.56	2.53	2.33	N
Prudential HealthCare HMO	JB	\$10	Nothing	\$5	\$15	0.69	2.65	2.38	2.46	2.58	2.23	1.89	N

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Accreditation status — N = National Committee for Quality Assurance; J = Joint Commission on Accreditation of Healthcare Organizations

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCOA (N) JCAHO (J)	
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)								
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)		
Florida														
Av-Med Health Plan	EM	\$10	Nothing	\$5	\$5	0.78	2.59	2.18	2.39	2.44	2.56	2.45	J,N	
Av-Med Health Plan	GP	\$10	Nothing	\$5	\$5	0.73	2.54	2.19	2.36	2.43	2.37	2.19	J,N	
Av-Med Health Plan	H5	\$10	Nothing	\$5	\$5	0.78	2.64	2.37	2.46	2.52	2.48	2.40	J,N	
Av-Med Health Plan	HW	\$10	Nothing	\$5	\$5	0.80	2.63	2.37	2.59	2.53	2.45	2.42	J,N	
Av-Med Health Plan	JF	\$10	Nothing	\$5	\$5	0.77	2.66	2.38	2.49	2.58	2.47	2.32	J,N	
Beacon Health Plan	4K	\$10	Nothing	\$5	\$15									
Capital Health Plan	EA	\$10	Nothing	\$7	\$20	0.89	2.79	2.44	2.45	2.67	2.64	2.72	N	
Foundation Health	5C	\$10	Nothing	\$5	\$5	0.67	2.52	2.21	2.34	2.40	2.24	2.15	N	
Foundation Health	5D	\$10	Nothing	\$5	\$5	0.67	2.52	2.21	2.34	2.40	2.24	2.15	N	
Foundation Health	5E	\$10	Nothing	\$5	\$5	0.67	2.52	2.21	2.34	2.40	2.24	2.15	N	
HIP Health Plan of FL	3N	\$10	Nothing	\$5	\$10	0.73	2.60	2.24	2.35	2.45	2.47	2.16	N	
HIP Health Plan of FL	K7	\$10	Nothing	\$5	\$10	0.73	2.60	2.24	2.35	2.45	2.47	2.16	N	
Humana Medical Plan	7F	\$10	Nothing	\$5	\$10	0.67	2.52	2.23	2.36	2.43	2.26	2.21	N	
Humana Medical Plan	9D	\$10	Nothing	\$5	\$10									
Humana Medical Plan	EE	\$10	Nothing	\$5	\$10	0.68	2.53	2.20	2.34	2.39	2.25	2.28	N	
Humana Medical Plan	JH	\$10	Nothing	\$5	\$10	0.63	2.47	2.15	2.32	2.42	2.27	2.22	N	
Humana Medical Plan	P5	\$10	Nothing	\$5	\$10	0.64	2.50	2.30	2.45	2.49	2.25	2.27	N	
Humana Medical Plan	P7	\$10	Nothing	\$5	\$10	0.67	2.52	2.23	2.36	2.43	2.26	2.21	N	
Prudential HealthCare HMO	EC	\$10	Nothing	\$5	\$10	0.73	2.68	2.39	2.52	2.55	2.30	2.17	N	
Prudential HealthCare HMO	EH	\$10	Nothing	\$5	\$10	0.66	2.67	2.26	2.42	2.43	2.37	2.21	N	
Prudential HealthCare HMO	HE	\$10	Nothing	\$5	\$10	0.67	2.62	2.19	2.30	2.35	2.38	2.54	N	
Total Health Choice	4A	\$10	Nothing	\$5	\$15									
United HealthCare of Florida	QK	\$10	Nothing	\$10	\$10	0.72	2.67	2.34	2.38	2.43	2.36	2.19		

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

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Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

Hospital Room Copay/Coinsurance is your share of hospital room and board charges. This is separate from any per admission deductible. A (*) means a POS plan pays non-plan hospitals based on a fee schedule.

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCOA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
All others- on a scale of 3 (highest) to 1 (lowest)													
(average for all HMO/POS plans shown in heading)													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Georgia													
Aetna U.S. Healthcare	2U	\$10	Nothing	\$5	\$10	0.66	2.58	2.33	2.45	2.56	2.27	1.87	
Athens Area Health Plan Select	8Y	\$10	Nothing	\$5	\$10								
Blue Cross and Blue Shield-Std - In-Network	10	\$10	Nothing	\$5	\$15	0.69	2.63	2.33	2.45	2.52	2.38	2.22	N
Blue Cross and Blue Shield-Std - Out-of-Network		25%	30%	45%	45%								
Kaiser Permanente	F8	\$10	Nothing	\$11	\$11	0.84	2.68	2.44	2.48	2.62	2.55	2.13	N
Prudential HealthCare HMO	EZ	\$10	Nothing	\$5	\$15	0.65	2.65	2.18	2.38	2.36	2.28	2.12	N

Guam													
Guam Memorial Health Plan-High	ZA	\$10	Nothing	\$5/20%	\$5/20%	0.82	2.75	2.36	2.63	2.66	2.45	2.21	
Guam Memorial Health Plan-Std	ZA	\$12	20%	\$10/20%	\$10/20%	0.82	2.75	2.36	2.63	2.66	2.45	2.21	
PacifiCare Asia Pacific-High	JK	\$10	Nothing	\$5	\$5	0.71	2.54	2.12	2.35	2.36	2.33	1.89	
PacifiCare Asia Pacific-Std	JK	\$15	Nothing	\$5	\$5	0.71	2.54	2.12	2.35	2.36	2.33	1.89	

Hawaii													
HMSA - In-Network	87	20%	Nothing	\$5	\$10	0.89	2.92	2.69	2.64	2.75	2.60	2.54	
HMSA - Out-of-Network		30%	Nothing	\$5#	\$10#								
Kaiser Permanente-High	63	\$10	Nothing	\$7	\$7	0.88	2.77	2.59	2.59	2.67	2.61	2.34	N
Kaiser Permanente-Std	63	\$15	10%	\$7	\$7	0.88	2.77	2.59	2.59	2.67	2.61	2.34	N

Idaho													
Group Health Cooperative	VR	\$10	Nothing	\$7	\$7	0.79	2.74	2.49	2.57	2.66	2.55	2.47	N
Premera HealthPlus	8F	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X	

Illinois													
Aetna U.S. Healthcare	6T	\$10	Nothing	\$5	\$10								
Aetna U.S. Healthcare	XC	\$10	Nothing	\$5	\$10	0.62	2.57	2.37	2.45	2.45	2.37	1.81	N
American HMO	AC	\$10	Nothing	\$5	\$10	0.56	2.60	2.45	2.43	2.51	2.86	1.83	
Group Health Plan	MM	\$10	Nothing	\$7	\$12	0.72	2.62	2.38	2.44	2.53	2.28	2.89	N

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Accreditation status — N = National Committee for Quality Assurance; J = Joint Commission on Accreditation of Healthcare Organizations

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
All others- on a scale of 3 (highest) to 1 (lowest)													
(average for all HMO/POS plans shown in heading)													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Illinois (continued)													
Health Alliance HMO	FX	\$10	Nothing	\$7	\$14	0.83	2.75	2.57	2.55	2.65	2.52	2.39	
Health Partners of the Midwest	RN	\$10	Nothing	\$7	\$12								
Humana Health Plan Inc.	75	\$10	Nothing	\$3	\$7	0.66	2.60	2.27	2.37	2.41	2.24	2.25	N
John Deere Health Plan	3J	\$10	Nothing	\$5	\$15	0.82	2.65	2.56	2.40	2.54	2.43	2.35	
Mercy Health - In-Network Plans/Premier - Out-of-Network	7M	\$10 30%	Nothing 30%	\$7 \$7	\$12 \$12								
OSF HealthPlans	9F	\$10	Nothing	\$7	\$15								
PersonalCare's HMO	GE	\$10	Nothing	\$5	\$10	0.86	2.80	2.54	2.48	2.64	2.57	2.49	N
Prudential HealthCare HMO	VZ	\$10	Nothing	\$5	\$15	0.68	2.68	2.47	2.46	2.60	2.27	2.38	N
Rush Prudential HMO	17	\$10	Nothing	\$5	\$5	0.65	2.52	2.28	2.41	2.48	2.25	1.86	N
Union Health Service	76	\$10	Nothing	\$5	\$5								

Indiana													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Aetna U.S. Healthcare	RD	\$10	Nothing	\$5	\$10	0.62	2.57	2.45	2.49	2.56	2.28	1.84	
Aetna U.S. Healthcare	XC	\$10	Nothing	\$5	\$10	0.62	2.57	2.37	2.45	2.45	2.37	1.81	N
American HMO	AC	\$10	Nothing	\$5	\$10	0.56	2.60	2.45	2.43	2.51	2.86	1.83	
Arnett HMO	G2	\$10	Nothing	\$5	\$15	0.83	2.77	2.49	2.49	2.62	2.59	2.52	
Health Alliance HMO	FX	\$10	Nothing	\$7	\$14	0.83	2.75	2.57	2.55	2.65	2.52	2.39	
Humana Care Plan	18	\$10	Nothing	\$5	\$10	0.70	2.70	2.31	2.44	2.54	2.32	2.97	
Humana Health Plan	D2	\$10	Nothing	\$5	\$10	0.72	2.62	2.39	2.47	2.55	2.32	2.17	
Humana Health Plan Inc.	75	\$10	Nothing	\$3	\$7	0.66	2.60	2.27	2.37	2.41	2.24	2.25	
Maxicare Indiana	GK	\$10	Nothing	\$5	\$10	0.66	2.65	2.42	2.44	2.57	2.30	2.28	N
PARTNERS Nat'l HPs of IN	MC	\$10	Nothing	\$4	\$7.50								N
Physicians HP of N. Indiana	DQ	\$10	Nothing	\$10	\$10								
Prudential HealthCare HMO Midwest	S3	\$10	Nothing	\$5	\$15	0.66	2.65	2.40	2.38	2.49	2.24	1.91	N
Rush Prudential HMO	17	\$10	Nothing	\$5	\$5	0.65	2.52	2.28	2.41	2.48	2.25	1.86	N
The M•Plan	IN	\$10	Nothing	\$5	\$10	0.77	2.66	2.47	2.47	2.57	2.43	2.18	N
Welborn HMO	H3	\$10	Nothing	\$5	\$15	0.90	2.86	2.61	2.52	2.70	2.67	2.65	N

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

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Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCCA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
						All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)							
Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)							
Iowa													
Care Choices	FA	\$10	Nothing	\$5	\$5	X	X	X	X	X	X	X	
Health Alliance HMO	7X	\$10	Nothing	\$7	\$14	0.83	2.75	2.57	2.55	2.65	2.52	2.39	
John Deere Health Plan	3J	\$10	Nothing	\$5	\$15	0.82	2.65	2.56	2.40	2.54	2.43	2.35	
Principal Health Care of Iowa	SV	\$10	Nothing	\$5/25%	\$5/25%	0.75	2.69	2.48	2.38	2.51	2.45	2.36	N
SecureCare of Iowa	3Q	\$10	Nothing	25%	25%								

Kansas													
Aetna U.S. Healthcare	7K	\$10	Nothing	\$5	\$10								
Blue Cross and Blue Shield-Std - In-Network - Out-of-Network	10	\$10 25%	Nothing 30%	\$5 45%	\$15 45%	0.75	2.73	2.50	2.47	2.58	2.44	2.43	
Humana Kansas City, Inc.-High	MS	\$10	Nothing	\$5	\$10								N
Humana Kansas City, Inc.-Std	MS	\$15	Nothing	\$10	\$20								N
Kaiser Permanente	HA	\$10	Nothing	\$5	\$5	0.72	2.64	2.37	2.35	2.59	2.51	2.25	N
Preferred Plus of Kansas	VA	\$10	Nothing	\$5	\$15								
Principal Health Care of KC	7W	\$10	Nothing	\$5	\$10	0.76	2.69	2.48	2.52	2.66	2.50	2.49	N
Prudential HealthCare HMO	1K	\$10	Nothing	\$5	\$10	0.65	2.56	2.34	2.36	2.47	2.23	1.95	N

Kentucky													
Advantage Care, Inc.	XW	\$10	Nothing	\$5	\$5	0.72	2.68	2.44	2.59	2.62	2.52	2.46	N
Aetna U.S. Healthcare	RD	\$10	Nothing	\$5	\$10	0.62	2.57	2.45	2.49	2.56	2.28	1.84	
Bluegrass Family Health - In-Network - Out-of-Network	2B	\$10 30%	Nothing Nothing	\$5 \$5	\$10 \$10								
Humana Care Plan	18	\$10	Nothing	\$5	\$10	0.70	2.70	2.31	2.44	2.54	2.32	2.97	
Humana Care Plan	HR	\$10	Nothing	\$5	\$10	0.74	2.62	2.47	2.52	2.59	2.32	2.25	
Humana Health Plan	D2	\$10	Nothing	\$5	\$10	0.72	2.62	2.39	2.47	2.55	2.32	2.17	
PacifiCare of Ohio, Inc.	R8	\$10	Nothing	\$10	\$10	0.72	2.69	2.48	2.49	2.64	2.39	2.15	
Prudential HealthCare HMO Midwest	S3	\$10	Nothing	\$5	\$15	0.66	2.65	2.40	2.38	2.49	2.24	1.91	N
United Health Care of Ohio	3U	\$10	Nothing	\$10	\$15	0.76	2.79	2.44	2.42	2.53	2.49	2.22	N

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

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						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)								
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)		
Louisiana														
Aetna U.S. Healthcare	NG	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X		
Aetna U.S. Healthcare	TK	\$10	Nothing	\$5	\$10									
Blue Cross and Blue Shield-Std - In-Network	10	\$10	Nothing	\$5	\$15	X	X	X	X	X	X	X	N	
Blue Cross and Blue Shield-Std - Out-of-Network		25%	30%	45%	45%									
Maxicare Louisiana - In-Network	JA	\$10	Nothing	\$7	\$12	0.75	2.65	2.21	2.41	2.46	2.43	2.76		
Maxicare Louisiana - Out-of-Network		20%	20%	N/A	N/A									

Maine														
Aetna U.S. Healthcare	9M	\$10	Nothing	\$5	\$10									
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N	

Maryland														
Aetna U.S. Healthcare-High	JN	\$10	Nothing	\$5	\$10	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N	
Aetna U.S. Healthcare-Std	JN	\$15	Nothing	\$10	\$15	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N	
CapitalCare	2G	\$10	Nothing	\$5	\$10	0.75	2.59	2.37	2.45	2.58	2.42	2.32	N	
Free State Health Plan - In-Network	LD	\$10	Nothing	\$10	\$20	0.74	2.69	2.38	2.53	2.56	2.43	2.25	N	
Free State Health Plan - Out-of-Network		20%	20%	\$10	\$20									
George Washington Univ HP	E5	\$10	Nothing	\$5	\$15	0.69	2.66	2.29	2.39	2.36	2.22	2.64	N	
Kaiser Permanente	E3	\$10	Nothing	\$7	\$7	0.78	2.63	2.35	2.36	2.55	2.50	2.76	N	
MD-IPA	JP	\$10	Nothing	\$5	\$10	0.74	2.65	2.42	2.46	2.56	2.53	2.33	N	
Prudential HealthCare HMO	JB	\$10	Nothing	\$5	\$15	0.69	2.65	2.38	2.46	2.58	2.23	1.89	N	

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

Hospital Room Copay/Coinsurance is your share of hospital room and board charges. This is separate from any per admission deductible. A (*) means a POS plan pays non-plan hospitals based on a fee schedule.

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)							
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Massachusetts													
Aetna U.S. Healthcare	NE	\$10	Nothing	\$5	\$10	0.63	2.66	2.55	2.55	2.63	2.19	1.86	N
Blue Chip, Coord - In-Network Hlth Partners - Out-of-Network	DA	\$10 20%	Nothing 20%	\$5 \$5	\$15 \$15	0.74	2.75	2.48	2.58	2.64	2.45	2.25	N
Blue Cross and Blue Shield-Std - In-Network - Out-of-Network	10	\$10 25%	Nothing 30%	\$5 45%	\$15 45%	0.85	2.77	2.51	2.52	2.63	2.53	2.33	N
Fallon Community Health Plan	JV	\$10	Nothing	\$5	\$10	0.89	2.78	2.53	2.61	2.72	2.63	2.53	N
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N
Harvard Pilgrim Hlth Care-NE	70	\$10	Nothing	\$5	\$15	0.84	2.79	2.46	2.52	2.59	2.46	2.26	N
Health New England	DJ	\$10	Nothing	\$7	\$15	0.90	2.79	2.41	2.49	2.54	2.78	2.57	N

Michigan													
Aetna U.S. Healthcare	8Z	\$10	Nothing	\$5	\$10								
Blue Care Network West MI	G7	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	K5	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	KF	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	KN	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	KR	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	LN	\$10	Nothing	\$5	\$5								N
Blue Care Network West MI	LX	\$10	Nothing	\$5	\$5								N
Grand Valley Health Plan	RL	\$10	Nothing	\$5	\$5								N
Health Alliance	52	\$10	Nothing	\$2	\$2	0.82	2.70	2.35	2.42	2.49	2.52	2.40	N
HealthPlus MI	X5	\$10	Nothing	\$5	\$5								N
M-Care	EG	\$10	Nothing	\$5	\$10	0.82	2.76	2.41	2.55	2.57	2.59	2.36	N
OmniCare	KA	\$10	Nothing	\$2	\$2								N
Physicians Health Plan	U8	\$10	Nothing	\$5	\$5	0.81	2.77	2.53	2.52	2.63	2.55	2.43	
Priority Health	BQ	\$10	Nothing	\$5	\$5	0.85	2.79	2.50	2.55	2.62	2.59	2.53	N
SelectCare HMO	K6	\$10	Nothing	\$2	\$2	0.73	2.61	2.41	2.49	2.59	2.41	2.23	N
The Wellness Plan	K3	\$10	Nothing	\$5	\$5	0.60	2.51	2.25	2.31	2.38	2.15	1.88	
Total Health Care	N2	\$10	Nothing	Nothing	Nothing								

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

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Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)	
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)								
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)		
Minnesota														
APWU Health Plan - In-Network	47	\$10	Nothing	20%*	20%*									
APWU Health Plan - Out-of-Network		30%	30%	40%	40%									
Blue Cross and Blue Shield-Std - In-Network	10	\$10	Nothing	\$5	\$15	0.76	2.69	2.37	2.42	2.52	2.35	2.40		
Blue Cross and Blue Shield-Std - Out-of-Network		25%	30%	45%	45%									
HealthPartners Classic-High	53	\$10	Nothing	\$8	\$8	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N	
HealthPartners Classic-Std	53	\$15	Nothing	\$10	\$10	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N	
HealthPartners Health Plan	HQ	\$10	Nothing	\$8	\$8	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N	

Mississippi														
Prudential HealthCare HMO	UB	\$10	Nothing	\$5	\$15	0.64	2.64	2.82	2.37	2.38	2.25	1.89	N	

Missouri														
Aetna U.S. Healthcare	7M	\$10	Nothing	\$5	\$10									
BlueCHOICE	9G	\$10	Nothing	\$5	\$10	0.68	2.67	2.43	2.51	2.59	2.37	2.15	N	
Group Health Plan	MM	\$10	Nothing	\$7	\$12	0.72	2.62	2.38	2.44	2.53	2.28	2.89	N	
Health Partners of the Midwest	RN	\$10	Nothing	\$7	\$12	X	X	X	X	X	X	X		
Humana Kansas City, Inc.-High	MS	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X	N	
Humana Kansas City, Inc.-Std	MS	\$15	Nothing	\$10	\$20	X	X	X	X	X	X	X	N	
Kaiser Permanente	HA	\$10	Nothing	\$5	\$5	0.72	2.64	2.37	2.35	2.59	2.51	2.25	N	
Mercy Health Plans/Premier - In-Network	7M	\$10	Nothing	\$7	\$12									
Mercy Health Plans/Premier - Out-of-Network		30%	30%	\$7	\$12									
Prudential HealthCare HMO	1K	\$10	Nothing	\$5	\$10	0.65	2.56	2.34	2.36	2.47	2.23	1.95	N	
Prudential HealthCare HMO	VZ	\$10	Nothing	\$5	\$15	0.68	2.68	2.47	2.46	2.60	2.27	2.38	N	

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						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Nebraska													
Care Choices	FA	\$10	Nothing	\$5	\$5	X	X	X	X	X	X	X	
GEHA Benefit Plan - In-Network	31	\$10	Nothing	\$5*	\$15*								
- Out-of-Network		25%	Nothing	\$5*	\$15*								

Nevada													
Aetna U.S. Healthcare	8L	\$10	Nothing	\$5	\$10								
Health Plan of Nevada - In-Network	NM	\$10	Nothing	\$6	\$12	0.64	2.39	2.17	2.25	2.35	2.24	2.13	N
- Out-of-Network		20%	20%	\$6	\$12								
HMO Colorado /Nevada - In-Network	VS	\$10	Nothing	\$5	\$15								N
- Out-of-Network		30%	30%	N/A	N/A								
Humana Health Plan, Inc.	TL	\$10	Nothing	\$5	\$10								
PacifiCare of Nevada	K9	\$10	Nothing	\$5	\$5	0.54	2.42	2.23	2.25	2.35	2.25	2.20	N

New Hampshire													
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N

New Jersey													
Aetna U.S. Healthcare-High	P3	\$10	Nothing	\$5	\$10	0.79	2.79	2.48	2.51	2.59	2.46	2.25	N
Aetna U.S. Healthcare-Std	P3	\$15	Nothing	\$10	\$15	0.79	2.79	2.48	2.51	2.59	2.46	2.25	N
AmeriHealth HMO	FK	\$10	Nothing	\$5	\$5	0.78	2.74	2.60	2.60	2.62	2.44	2.21	N
Blue Cross and Blue Shield-Std - In-Network	10	\$10	Nothing	\$5	\$15	0.67	2.63	2.35	2.41	2.58	2.34	1.91	N
- Out-of-Network		25%	30%	45%	45%								
CIGNA CoMED HealthCare	P4	\$10	Nothing	\$10	\$20	0.62	2.57	2.26	2.32	2.35	2.23	1.84	N
Physicians Health Services of NJ	2F	\$10	Nothing	\$10	\$20	0.76	2.73	2.42	2.50	2.53	2.25	2.12	
GHI Health Plan - In-Network	80	\$10	Nothing	\$5	\$15	0.75	2.80	2.42	2.50	2.62	2.29	2.23	
- Out-of-Network		50%*	50%*	\$5	\$15								
Prudential HealthCare HMO	8P	\$10	Nothing	\$5	\$15	0.52	2.65	2.36	2.38	2.38	2.17	1.72	N
QualMed Plans for Health	27	\$10	Nothing	\$4	\$4	0.66	2.53	2.49	2.48	2.56	2.32	2.16	N

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

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						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
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						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
New Mexico													
Lovelace Health Plan	Q1	\$10	Nothing	\$5	\$10	0.73	2.65	2.33	2.45	2.47	2.28	2.12	J,N
Presbyterian Health Plan	P2	\$10	Nothing	\$5	\$15								
QualMed Plans for Health	PX	\$10	Nothing	\$5	\$8	0.78	2.63	2.35	2.49	2.46	2.44	2.37	

New York													
Aetna U.S. Healthcare	JC	\$10	Nothing	\$5	\$10	0.78	2.69	2.33	2.44	2.45	2.52	2.19	N
Blue Choice	MK	\$10	Nothing	\$8	\$8	0.87	2.80	2.55	2.52	2.64	2.67	2.64	N
Blue Cross and Blue Shield-Std.	10	\$10	Nothing	\$5	\$15	0.72	2.69	2.45	2.50	2.53	2.34	2.11	N
- In-Network													
- Out-of-Network		25%	30%	45%	45%								
BlueChoice HMO	5L	\$10	Nothing	\$5	\$5	X	X	X	X	X	X	X	N
BlueChoice HMO	S7	\$10	Nothing	\$5	\$5	X	X	X	X	X	X	X	N
C.D.P.H.P.	SG	\$10	Nothing	\$5	\$10	0.88	2.87	2.53	2.54	2.59	2.66	2.58	N
CIGNA HealthCare of NY	HU	\$10	Nothing	\$7	\$14	0.58	2.47	2.23	2.27	2.28	2.29	1.88	
GHI Health Plan	80	\$10	Nothing	\$5	\$15	0.75	2.80	2.42	2.50	2.62	2.29	2.23	
- In-Network													
- Out-of-Network		50%*	50%*	\$5	\$15								
GHI HMO Select	6V	\$10	Nothing	\$10	\$10	X	X	X	X	X	X	X	N
GHI HMO Select	X4	\$10	Nothing	\$10	\$10	X	X	X	X	X	X	X	N
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N
HealthCarePlan	Q8	\$10	Nothing	\$5	\$5	0.82	2.78	2.56	2.52	2.67	2.53	2.36	N
HIP of Greater New York	51	\$10	Nothing	\$10	\$10	0.71	2.67	2.10	2.31	2.32	2.42	2.12	N
HMO Blue	AH	\$10	Nothing	\$5	\$20	0.73	2.78	2.52	2.57	2.69	2.49	2.22	
HMO-CNY	EB	\$10	Nothing	\$5	\$20	0.77	2.76	2.49	2.49	2.61	2.47	2.29	N

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New York (continued)													
Independent Health Assoc	C1	\$10	Nothing	\$5	\$10	0.77	2.69	2.43	2.56	2.68	2.46	2.19	N
Independent Health Assoc	QA	\$10	Nothing	\$5	\$10	0.83	2.79	2.44	2.57	2.67	2.65	2.51	N
Kaiser Permanente	PW	\$10	Nothing	20%	20%	0.75	2.73	2.49	2.54	2.61	2.39	2.33	N
Kaiser Permanente	QB	\$10	Nothing	20%	20%	0.75	2.73	2.49	2.54	2.61	2.39	2.33	N
Kaiser Permanente	QH	\$10	Nothing	\$5	\$10	0.75	2.73	2.49	2.54	2.61	2.39	2.33	
MDNY Healthcare, Inc.	5Y	\$10	Nothing	\$5	\$15	X	X	X	X	X	X	X	
MDNY Healthcare, Inc.	8U	\$10	Nothing	\$5	\$15								
MVP Health Plan	GA	\$10	Nothing	\$5	\$10	0.85	2.79	2.57	2.57	2.65	2.55	2.44	N
MVP Health Plan	M9	\$10	Nothing	\$5	\$10	0.85	2.79	2.57	2.57	2.65	2.55	2.44	N
MVP Health Plan	MX	\$10	Nothing	\$5	\$10	0.85	2.79	2.57	2.57	2.65	2.55	2.44	N
Partners Health Plans	7Y	\$10	Nothing	\$5	\$10								
PHP/Mohawk Valley Region	SH	\$10	Nothing	\$5	\$10	0.81	2.76	2.53	2.54	2.70	2.52	2.38	
Physicians Health Srvs of NY	PD	\$10	Nothing	\$10	\$20	0.76	2.73	2.42	2.50	2.53	2.25	2.12	N
Preferred Care	GV	\$10	Nothing	\$5	\$10	0.84	2.79	2.52	2.53	2.60	2.57	2.52	N
Prepaid Health Plan	QE	\$10	Nothing	\$5	\$10	0.81	2.76	2.53	2.54	2.70	2.52	2.38	
Prudential HealthCare HMO	9P	\$10	Nothing	\$5	\$15	0.52	2.65	2.36	2.38	2.38	2.17	1.72	N
Vytra Health Plans	J6	\$10	Nothing	\$5	\$5	0.84	2.75	2.38	2.49	2.53	2.46	2.18	

North Carolina													
Aetna U.S. Healthcare	3G	\$10	Nothing	\$5	\$10	0.58	2.56	2.44	2.52	2.62	2.12	1.77	
Doctors Health Plan, Inc.	6D	\$10	Nothing	\$5	\$10	0.77	2.67	2.41	2.47	2.57	2.41	2.54	
Generations Family Health Plan	8B	\$10	Nothing	\$5	\$15	0.79	2.60	2.36	2.42	2.47	2.55	2.36	
PARTNERS NHP of NC	EQ	\$10	Nothing	\$10	\$10	0.82	2.74	2.46	2.44	2.54	2.54	2.41	N
Prudential HealthCare HMO	Q4	\$10	Nothing	\$5	\$15	0.56	2.52	2.33	2.37	2.42	2.24	1.94	N
QualChoice of North Carolina - In-Network	7Q	\$10	Nothing	\$6	\$12								
QualChoice of North Carolina - Out-of-Network		\$10	Nothing	\$6	\$12								
UHC of North Carolina	XM	\$10	Nothing	\$10	\$15	0.82	2.83	2.48	2.52	2.62	2.59	2.45	N

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North Dakota														
Blue Cross and Blue Shield-Std	- In-Network Out-of-Network	10 25%	Nothing 30%	\$5 45%	\$15 45%	0.87	2.81	2.50	2.51	2.67	2.52	2.52		
Heart of America HMO		RU	Nothing	50%	50%									

Ohio														
Aetna U.S. Healthcare		RD	Nothing	\$5	\$10	0.62	2.57	2.45	2.49	2.56	2.28	1.84	N	
AultCare HMO		3A	Nothing	\$5	\$10	0.82	2.64	2.51	2.55	2.63	2.54	2.47		
Blue Cross and Blue Shield-Std	- In-Network Out-of-Network	10 25%	Nothing 30%	\$5 45%	\$15 45%	0.72	2.72	2.46	2.45	2.53	2.37	2.15	N	
CHP of Ohio		MG	Nothing	\$5	\$5	0.78	2.66	2.48	2.55	2.64	2.62	2.44		
Health Maintenance Plan(HMP)		R5	Nothing	\$5	\$12	0.71	2.72	2.46	2.45	2.53	2.37	2.15	N	
Health Plan Upper OH Valley		U4	Nothing	\$5	\$10								N	
HMO Health Ohio		L4	Nothing	\$5	\$5	0.72	2.64	2.37	2.45	2.54	2.32	2.20	N	
Kaiser Permanente		64	Nothing	\$5	\$5	0.78	2.70	2.35	2.39	2.58	2.58	2.29	N	
PacifiCare of Ohio, Inc.		R8	Nothing	\$10	\$10	0.72	2.69	2.48	2.49	2.64	2.39	2.15		
Paramount Health Care		U2	Nothing	\$5	\$10	0.86	2.82	2.48	2.56	2.58	2.65	2.54	N	
Prudential HealthCare HMO Midwest		Q9	Nothing	\$5	\$15	0.66	2.65	2.40	2.38	2.49	2.24	1.91	N	
Prudential HealthCare HMO Midwest		S3	Nothing	\$5	\$15	0.66	2.65	2.40	2.38	2.49	2.24	1.91	N	
QualMed Plans for Health OH/WV		QJ	Nothing	\$10	\$10	0.69	2.55	2.57	2.56	2.69	2.28	2.30		
SummaCare Health Plan		5W	Nothing	\$5	\$10									
Super Med HMO		5M	Nothing	\$5	\$5								N	
United Health Care of Ohio		3U	Nothing	\$10	\$15	0.76	2.79	2.44	2.42	2.53	2.49	2.22	N	
United Health Care of Ohio		VC	Nothing	\$10	\$15	0.73	2.74	2.46	2.48	2.58	2.42	2.18	N	
Vantage Health Plan		6A	Nothing	\$10	\$10									

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Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)	
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)								
Oklahoma														
Aetna U.S. Healthcare	8V	\$10	Nothing	\$5	\$10									
Blue Cross and Blue Shield-Std	10	\$10 25%	Nothing 30%	\$5 45%	\$15 45%	0.69	2.57	2.43	2.46	2.52	2.22	2.86		
BlueLincs HMO	N5	\$10	Nothing	\$5	\$10	0.67	2.55	2.35	2.39	2.55	2.33	2.71	N	
CommunityCare HMO	7C	\$10	Nothing	\$5	\$5									J
Healthcare Oklahoma	6W	\$10	Nothing	\$5	\$10	0.75	2.70	2.43	2.53	2.58	2.43	2.27		
PacifiCare OK	2N	\$10	Nothing	\$5	\$10	0.71	2.56	2.28	2.39	2.52	2.45	2.35	N	
Prudential HealthCare HMO	RR	\$10	Nothing	\$5	\$15	0.76	2.63	2.36	2.42	2.55	2.38	1.98	N	
Prudential HealthCare HMO	RS	\$10	Nothing	\$5	\$15	0.76	2.63	2.36	2.42	2.55	2.38	1.98	N	

Oregon														
Kaiser Permanente-High	57	\$10	Nothing	\$10	\$10	0.76	2.69	2.34	2.39	2.51	2.62	2.58	N	
Kaiser Permanente-Std	57	\$12	Nothing	\$15	\$15	0.76	2.69	2.34	2.39	2.51	2.62	2.58	N	
PacifiCare of Oregon	7Z	\$10	Nothing	\$10	\$15									

Pennsylvania														
Aetna U.S. Healthcare-High	KL	\$10	Nothing	\$5	\$10	0.74	2.72	2.46	2.51	2.58	2.38	2.10	N	
Aetna U.S. Healthcare-Std	KL	\$15	Nothing	\$10	\$15	0.74	2.72	2.46	2.51	2.58	2.38	2.10	N	
Aetna U.S. Healthcare-High	SU	\$10	Nothing	\$5	\$10	0.77	2.76	2.53	2.50	2.56	2.45	2.40	N	
Aetna U.S. Healthcare-Std	SU	\$15	Nothing	\$10	\$15	0.77	2.76	2.53	2.50	2.56	2.45	2.40	N	
First Priority Hlth	C8	\$10	Nothing	\$8	\$8	0.78	2.77	2.59	2.70	2.67	2.50	2.47	N	
Free State Health Plan	LD	\$10 20%	Nothing 20%	\$10 \$10	\$20 \$20	0.74	2.69	2.38	2.53	2.56	2.43	2.25	N	
HealthAmerica Pennsylvania	26	\$10	Nothing	\$5	\$10	0.76	2.73	2.49	2.49	2.59	2.40	2.34	N	

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Accreditation status — N = National Committee for Quality Assurance; J = Joint Commission on Accreditation of Healthcare Organizations

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
All others- on a scale of 3 (highest) to 1 (lowest)													
(average for all HMO/POS plans shown in heading)													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Pennsylvania (continued)													
HealthAmerica Pennsylvania	SW	\$10	Nothing	\$5	\$10	0.76	2.73	2.49	2.49	2.59	2.40	2.34	
HealthGuard	NQ	\$10	Nothing	\$5	\$15	0.85	2.75	2.53	2.49	2.59	2.66	2.52	N
Keystone Health Plan Central	S4	\$10	Nothing	\$10	\$10	0.84	2.73	2.49	2.47	2.54	2.55	2.47	N
Keystone Health Plan East	ED	\$10	Nothing	\$5	\$5	0.77	2.81	2.46	2.58	2.60	2.52	2.37	N
KeystoneBlue	EF	\$10	Nothing	\$8	\$14	0.72	2.74	2.43	2.46	2.54	2.47	2.48	N
Penn State Geisinger - In-Network HlthPlan - Out-of-Network	N9	\$10 20%	Nothing 20%	\$8 N/A	\$8 N/A	0.85	2.79	2.54	2.55	2.65	2.55	2.48	N
Prudential HealthCare HMO	VV	\$10	Nothing	\$5	\$15	0.52	2.65	2.36	2.38	2.38	2.17	1.72	N
QualMed Plans for Health -Pa.	24	\$10	Nothing	\$5	\$8	0.59	2.69	2.48	2.55	2.59	2.21	1.87	
QualMed Plans for Health	27	\$10	Nothing	\$4	\$4	0.66	2.53	2.49	2.48	2.56	2.32	2.16	N
QualMed Plans for Health	2K	\$10	Nothing	\$4	\$4								N
UPMC Health Plan	8W	\$10	Nothing	\$5	\$15								

Puerto Rico													
Triple-S - In-Network	89	\$7.50	Nothing	Nothing	\$10	0.90	2.93	2.27	2.56	2.55	2.64	2.19	
- Out-of-Network		\$7.50	All over \$60/day	Nothing	\$10								
United HealthCare - In-Network Puerto Rico - Out-of-Network	7U	\$7.50 20%	Nothing 20%	Nothing 20%	\$5 20%								

Rhode Island													
Aetna U.S. Healthcare	5U	\$10	Nothing	\$5	\$10								
Blue Chip, Coord - In-Network Hlth Partners - Out-of-Network	DA	\$10 20%	Nothing 20%	\$5 \$5	\$15 \$15	0.74	2.75	2.48	2.58	2.64	2.45	2.25	N
Harvard Pilgrim Hlth Care-NE	70	\$10	Nothing	\$5	\$15	0.84	2.79	2.46	2.52	2.59	2.46	2.26	N

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

How to read this chart: The table below highlights selected features that may help you narrow your choice of health plans.

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

Hospital Room Copay/Coinsurance is your share of hospital room and board charges. This is separate from any per admission deductible. A (*) means a POS plan pays non-plan hospitals based on a fee schedule.

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCOA (N) JCAHO (J)						
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest) All others- on a scale of 3 (highest) to 1 (lowest) (average for all HMO/POS plans shown in heading)													
													Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)
South Carolina																			
Doctors Health Plan, Inc.	6D	\$10	Nothing	\$5	\$10	0.77	2.67	2.41	2.47	2.57	2.41	2.54							
PARTNERS NHP of NC	EQ	\$10	Nothing	\$10	\$10	0.82	2.74	2.46	2.44	2.54	2.54	2.41	N						
Prudential HealthCare HMO	Q4	\$10	Nothing	\$5	\$15	0.56	2.52	2.33	2.37	2.42	2.24	1.94	N						

South Dakota													
Care Choices	FA	\$10	Nothing	\$5	\$5	X	X	X	X	X	X	X	

Tennessee													
Aetna U.S. Healthcare	6J	\$10	Nothing	\$5	\$10	0.61	2.64	2.36	2.60	2.54	2.28	1.89	
American Healthcare Trust, Inc	4U	\$10	Nothing	\$10	\$10								
John Deere Health Plan	3J	\$10	Nothing	\$5	\$15								
Prudential HealthCare HMO	UA	\$10	Nothing	\$5	\$15	0.76	2.70	2.40	2.49	2.58	2.40	2.91	N
Prudential HealthCare HMO	UB	\$10	Nothing	\$5	\$15	0.64	2.64	2.82	2.37	2.38	2.25	1.89	N

Prescription Drugs, Generic, Brand shows what you pay for prescriptions when you use a plan pharmacy. Some plans charge different amounts for refills (*), select drugs and mail orders. In many plans, if you get the brand name instead of a generic substitution, you also pay the difference between the two. Where a copay/coinsurance are both shown, you pay the greater amount. Some POS plans pay a non-plan pharmacy only what they would have paid a plan pharmacy (#); you pay the difference.

Satisfaction Indicators — See page 7 for a description of these results. An (X) means the plan did not conduct the survey as we asked.

Accreditation status — N = National Committee for Quality Assurance; J = Joint Commission on Accreditation of Healthcare Organizations

Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
All others- on a scale of 3 (highest) to 1 (lowest)													
(average for all HMO/POS plans shown in heading)													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Texas													
Aetna U.S. Healthcare	5B	\$10	Nothing	\$5	\$10								
Aetna U.S. Healthcare	8X	\$10	Nothing	\$5	\$10								
Aetna U.S. Healthcare	TS	\$10	Nothing	\$5	\$10	0.64	2.59	2.32	2.44	2.54	2.32	2.88	N
APWU Health Plan - In-Network - Out-of-Network	47	\$10 30%	Nothing 30%	20%* 40%	20%* 40%								
FIRSTCARE	6U	\$10	Nothing	\$5	\$15	0.82	2.72	2.46	2.53	2.62	2.61	2.53	
FIRSTCARE	CK	\$10	Nothing	\$5	\$15	0.82	2.72	2.46	2.53	2.62	2.61	2.53	
Humana Health Plan of Texas	TW	\$10	Nothing	\$5	\$10	0.64	2.57	2.38	2.46	2.55	2.19	2.25	N
Humana Health Plan of Texas	TX	\$10	Nothing	\$5	\$10	0.79	2.57	2.34	2.46	2.59	2.43	2.30	
Humana Health Plan of Texas	UE	\$10	Nothing	\$5	\$10	0.59	2.43	2.24	2.39	2.43	2.23	1.94	N
Humana Health Plan of Texas	UR	\$10	Nothing	\$5	\$10	0.72	2.44	2.22	2.36	2.45	2.38	2.16	N
NYLCare Health Plans SW	V2	\$10	Nothing	\$5	\$10	0.70	2.53	2.28	2.36	2.47	2.43	2.22	N
NYLCare HP of the Gulf Coast	UM	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X	N
NYLCare HP of the Gulf Coast	ZE	\$10	Nothing	\$5	\$10								N
NYLCare HP of the Gulf Coast	ZF	\$10	Nothing	\$5	\$10								N
PacifiCare of Texas	GF	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X	
Prudential HealthCare HMO	UP	\$10	Nothing	\$5	\$10	0.68	2.60	2.10	2.25	2.37	2.32	1.97	N
Prudential HealthCare HMO	VX	\$10	Nothing	\$5	\$10	0.75	2.65	2.28	2.44	2.50	2.44	2.24	N
Scott and White	UF	\$10	Nothing	\$10	\$15	0.88	2.82	2.48	2.56	2.68	2.54	2.60	N
Texas Health Choice, L. C.	2T	\$10	Nothing	\$6	\$12								
Texas Health Choice, L. C.	UK	\$10	Nothing	\$6	\$12	0.76	2.56	2.36	2.32	2.50	2.28	2.24	N

Utah													
Altius Health Plans	9K	\$10	Nothing	\$10	\$15	0.69	2.55	2.36	2.42	2.53	2.17	2.36	N

Vermont													
Harvard Pilgrim Health Care	68	\$10	Nothing	\$5	\$15	0.82	2.78	2.45	2.55	2.64	2.47	2.27	N
MVP Health Plan	VW	\$10	Nothing	\$5	\$10								N

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

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Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor. A (*) means a POS plan pays non-plan doctors based on a fee schedule.

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Plan name	Plan code	Primary care doctor office copay	Hospital room copay/coinsurance	Prescription drugs, generic	Prescription drugs, brand	Plan performance based on enrollee rating							Accreditation status NCCQA (N) JCAHO (J)
						Overall satisfaction- on a scale of 1 (highest) to 0 (lowest)							
All others- on a scale of 3 (highest) to 1 (lowest)													
(average for all HMO/POS plans shown in heading)													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Virginia													
Aetna U.S. Healthcare-High	JN	\$10	Nothing	\$5	\$10	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N
Aetna U.S. Healthcare-Std	JN	\$15	Nothing	\$10	\$15	0.76	2.63	2.33	2.41	2.47	2.42	2.23	N
Aetna U.S. Healthcare	Z1	\$10	Nothing	\$5	\$10	0.63	2.62	2.40	2.47	2.52	2.18	1.96	N
CapitalCare	2G	\$10	Nothing	\$5	\$10	0.75	2.59	2.37	2.45	2.58	2.42	2.32	N
CIGNA HealthCare of VA	W2	\$10	Nothing	\$5	\$10	0.72	2.64	2.37	2.40	2.49	2.45	2.21	N
CIGNA HealthCare of VA	W3	\$10	Nothing	\$5	\$10	0.72	2.64	2.37	2.40	2.49	2.45	2.21	N
George Washington Univ HP	E5	\$10	Nothing	\$5	\$15	0.69	2.66	2.29	2.39	2.36	2.22	2.64	N
Healthkeepers	X8	\$10	Nothing	\$5	\$10	0.75	2.77	2.40	2.47	2.57	2.45	2.33	N
John Deere Health Plan	3J	\$10	Nothing	\$5	\$15								
Kaiser Permanente	E3	\$10	Nothing	\$7	\$7	0.78	2.63	2.35	2.36	2.55	2.50	2.76	N
MD-IPA	JP	\$10	Nothing	\$5	\$10	0.74	2.65	2.42	2.46	2.56	2.53	2.33	N
OPTIMA Health Plan	9R	\$10	Nothing	\$8	\$8	0.84	2.75	2.40	2.53	2.59	2.63	2.46	N
PARTNERS NHP of NC	EQ	\$10	Nothing	\$10	\$10	0.82	2.74	2.46	2.44	2.54	2.54	2.41	N
Piedmont Community Healthcare - In-Network	2C	\$10	10%	\$5	\$15								
- Out-of-Network		30%	30%	\$5	\$15								
Prudential HealthCare HMO	JB	\$10	Nothing	\$5	\$15	0.69	2.65	2.38	2.46	2.58	2.23	1.89	N
Prudential HealthCare HMO	V6	\$10	Nothing	\$5	\$15	0.69	2.65	2.38	2.46	2.58	2.23	1.89	N

Washington													
Aetna U.S. Healthcare	8J	\$10	Nothing	\$5	\$10								
First Choice Health Plan	5G	\$10	Nothing	\$5	\$10	0.64	2.56	2.37	2.51	2.57	2.25	1.98	
Group Health Cooperative	54	\$10	Nothing	\$7	\$7	0.78	2.74	2.47	2.54	2.68	2.42	2.34	N
Group Health Cooperative	VR	\$10	Nothing	\$7	\$7	0.79	2.74	2.49	2.57	2.66	2.55	2.47	N
Kaiser Permanente-High	57	\$10	Nothing	\$10	\$10	0.76	2.69	2.34	2.39	2.51	2.62	2.58	N
Kaiser Permanente-Std	57	\$12	Nothing	\$15	\$15	0.76	2.69	2.34	2.39	2.51	2.62	2.58	N
Kitsap Physicians Service-High	VT	\$10	Nothing	50%	50%	0.86	2.87	2.58	2.52	2.74	2.54	2.54	
Kitsap Physicians Service-Std	VT	20%	20%	20%	20%	0.86	2.87	2.58	2.52	2.74	2.54	2.54	
PacifiCare of Oregon	7Z	\$10	Nothing	\$10	\$15								N
PacifiCare of Washington	WB	\$10	Nothing	\$5	\$10	0.69	2.60	2.34	2.45	2.56	2.45	2.38	
Premera HealthPlus	8F	\$10	Nothing	\$5	\$10	X	X	X	X	X	X	X	
QualMed WA Health Plan	TM	\$10	Nothing	\$10	\$20	0.73	2.60	2.56	2.56	2.66	2.42	2.25	N

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Average for all HMO/POS plans shown in heading													
						Overall plan satisfaction (.74)	Getting needed care (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
West Virginia													
Carelink Health Plans	4C	\$10	Nothing	\$10	\$20								
Free State Health Plan - In-Network	LD	\$10	Nothing	\$10	\$20	0.74	2.69	2.38	2.53	2.56	2.43	2.25	N
Free State Health Plan - Out-of-Network		20%	20%	\$10	\$20								
Health Plan Upper OH Valley	U4	\$10	Nothing	\$5	\$10								N
HealthAssurance HMO	6L	\$10	Nothing	\$10	\$10	0.74	2.68	2.51	2.56	2.70	2.24	2.89	
QualMed Plans for Hlth OH/WV	QJ	\$10	Nothing	\$10	\$10	0.69	2.55	2.57	2.56	2.69	2.28	2.30	
SuperBlue HMO	8T	\$10	Nothing	\$10	\$20								

Wisconsin													
Compcare Health Services	69	\$10	Nothing	\$7	\$12	0.62	2.70	2.47	2.47	2.58	2.17	1.92	N
Compcare Health Services	6X	\$10	Nothing	\$7	\$12								N
Dean Health Plan	WD	\$10	Nothing	\$6	\$10	0.88	2.86	2.53	2.53	2.68	2.58	2.51	N
Family Health Plan	WH	\$10	Nothing	Nothing	Nothing	0.70	2.72	2.38	2.39	2.44	2.44	1.98	
Group Health Coop	WJ	\$10	Nothing	Nothing	Nothing	0.85	2.74	2.49	2.49	2.58	2.65	2.67	N
Group Hlth Coop/Eau Claire	WT	\$10	Nothing	\$7.50	\$7.50	0.86	2.79	2.57	2.55	2.64	2.63	2.52	
HealthPartners Classic-High	53	\$10	Nothing	\$8	\$8	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N
HealthPartners Classic-Std	53	\$15	Nothing	\$10	\$10	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N
HealthPartners Health Plan	HQ	\$10	Nothing	\$8	\$8	0.77	2.76	2.39	2.48	2.56	2.47	2.30	N
Humana Wisconsin Hlth Org.	X1	\$10	Nothing	\$10	\$20	0.75	2.66	2.55	2.56	2.65	2.29	2.24	
Physicians Plus HMO	7P	\$10	Nothing	\$6	\$12								
Unity Health Plans	W4	\$10	Nothing	\$5	\$10	0.82	2.74	2.45	2.48	2.58	2.52	2.46	
Valley Health Plan	VH	\$10	Nothing	\$4	\$8	0.91	2.86	2.59	2.57	2.69	2.68	2.69	



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