

THE 2000 GUIDE TO

Federal Employees Health Benefits Plans

**FOR TCC AND
FORMER SPOUSE ENROLLEES**

Individuals Eligible to Enroll for:

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

*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

TABLE OF CONTENTS

| | Page |
|--|-----------|
| ELIGIBILITY REQUIREMENTS | 1 |
| FEHB AND YOU | 2 |
| PROGRAM FEATURES | 4 |
| PATIENTS' BILL OF RIGHTS AND RESPONSIBILITIES. | 6 |
| YOUR LINKS TO INFORMATION | |
| 2000 FEHB Web Site -- www.opm.gov/insure | 7 |
| Employee Express | 8 |
| We're Y2K OK. | 8 |
| QUALITY INDICATORS | |
| Satisfaction Survey | 9 |
| Accreditation | 10 |
| A WORD ABOUT MEDICARE | 11 |
| CENSUS 2000 | 12 |
| PLAN COMPARISONS | |
| Nationwide Fee-for-Service Plans Open to All | 13 |
| Nationwide Fee-for-Service Plans Open Only to Specific Groups | 17 |
| Health Maintenance Organization Plans and Plans Offering a Point of Service Product | 21 |

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.

ELIGIBILITY REQUIREMENTS

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

INDIVIDUALS ELIGIBLE FOR TEMPORARY CONTINUATION OF COVERAGE (TCC), including:

- former employees whose FEHB coverage ended because they separated from service, including employees who cannot carry FEHB into retirement,
- children who lose FEHB coverage under a family enrollment, and
- former (divorced) spouses who would be eligible for FEHB coverage above except that they have remarried before age 55 or are not entitled to a portion of an employee or annuitant's annuity or survivor benefits based on an employee or annuitant's service.



DO NOT CANCEL YOUR ENROLLMENT BEFORE READING THIS SECTION.

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

TCC ENROLLEES who cancel **cannot** reenroll unless they cancel because they acquire other FEHB coverage, and that coverage ends before the period of temporary continuation of coverage ends.

FORMER SPOUSES enrolled under the spouse equity law or similar statute who canceled **cannot** reenroll as a former spouse unless they either cancel because they acquire other coverage under the FEHB Program, and that coverage ends, or suspend their FEHB coverage to enroll in a Medicare-sponsored health plan under the Social Security Act or because they are eligible under Medicaid or similar State-sponsored program of medical assistance for the needy. (For information about the reenrollment opportunity, contact the human resources office or retirement system that handles your account.)

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

FORMER (DIVORCED) SPOUSES eligible to enroll under the spouse equity law or similar statutes. If you are the spouse of a Federal employee or an annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage — under certain circumstances. Contact the employee's human resource office or the annuitant's retirement system for the requirements for electing coverage.

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

Time limitations and other restrictions apply. For instance, you must submit documentation that you are suspending FEHB to enroll in a Medicare-sponsored health plan or furnish proof of eligibility for coverage under the Medicaid program or similar State-sponsored program of medical assistance for the needy, in case you wish to reenroll in the FEHB Program at a later time.

If you had suspended FEHB coverage for either one of these reasons (and had submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside Open Season only if you move out of the Medicare-sponsored health plan's service area, the Medicare-sponsored health plan is discontinued, or you involuntarily lose coverage under the Medicaid program or similar State-sponsored program of medical assistance for the needy. If you cancelled your coverage for any other reason, you **cannot** reenroll.

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 (see page 13), 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 (see page 21).

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 orga-

nized 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,

FEHB AND YOU

consider a Health Maintenance Organization (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, see page 13). 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.

PROGRAM FEATURES

SOME OF OUR IMPORTANT PROGRAM FEATURES ARE:

NO WAITING PERIODS. Your human resource office or retirement system sets the effective date of your coverage. You can use your FEHB benefits as soon as your coverage is effective — there are no waiting periods, required medical examinations or restrictions because of age or physical condition.

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

A CHOICE OF PLANS AND OPTIONS.

- Fee-for-Service plans
- Plans offering a Point of Service product
- Health Maintenance Organizations

GROUP BENEFITS AND PREMIUMS. There is no Government contribution toward the cost of your coverage.

Under spouse equity coverage, you pay the total premium (both the Government and employee shares) of your plan. See the *Total Monthly Premium* column in the Plan Report Cards.

Under TCC, you pay the total premium, plus a charge for administrative expenses of 2 percent of the total premium of your plan. See the *102% of Total Monthly Premium* column in the Plan Report Cards.

DEDUCTION FROM YOUR CHECKS FOR YOUR SHARE. After the Government pays its share toward the total premium, you pay the rest. Each plan's premium in this Guide is the amount that will be withheld in 2000. Even if you do not change your enrollment, your premium may change for the coming year.

YOUR ENROLLMENT WILL BE CANCELLED if you fail to pay your premiums within specified time frames. When that happens, you may not reenroll and are not entitled to a 31-day extension or to conversion to a non-group policy.

PROGRAM FEATURES

SOME OF OUR IMPORTANT PROGRAM FEATURES ARE:

ANNUAL OPPORTUNITIES TO CHANGE PLANS.

Each year you have the opportunity to change plans. The 1999 Open Season is from November 8 through December 13, during which you may change plans or options, or change from self only to self and family. (You may change from self and family to self only at any time.)

Special rules apply about who can qualify as family members under the spouse equity act or similar coverage and for former spouses covered under TCC; contact the human resource office or retirement system that handles your enrollment for details.

Your new plan will mail you an identification card. If you need services before you receive your new card, contact your new plan at the member services number in your brochure.

If you decide not to change your enrollment, no action by you is necessary.

CONTINUED GROUP COVERAGE. The FEHB Program offers continued FEHB coverage:

- for you and your family when you move,
- for your family if you die, or
- for your former spouse if you divorce and he or she has a qualifying court order (contact your human resource office or retirement system for more information).

COVERAGE AFTER FEHB ENDS. The FEHB Program offers conversion to non-group (private) coverage when your temporarily continued FEHB coverage ends.

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.

PATIENTS' BILL OF RIGHTS AND RESPONSIBILITIES

The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry has recommended a Patients' Bill of Rights and Responsibilities that are a mainstay of the FEHB Program. The following are consumer protections and quality initiatives you can count on from your FEHB plan.

- Transitional care. If you have a chronic or disabling condition and your health plan terminates your provider's contract (unless the termination is for cause), you may be able to continue seeing your provider for up to 90 days after the notice of termination. If you are in the second or third trimester of pregnancy, you may continue seeing your OB/GYN until the end of your postpartum care.

If you have a chronic or disabling condition or are in your second or third trimester of pregnancy and your health plan drops out of the FEHB Program, you may be able to continue seeing your provider if you enroll in a new FEHB plan. You may continue to see your current specialist after your old enrollment ends, even if he or she is not associated with your new plan, for up to 90 days after you receive the termination notice or through the end of postpartum care, and pay no greater cost than if your old enrollment had not ended.

- Medical records. You are allowed to review and obtain copies of your medical records on request. You may ask that a physician amend a record that is not accurate, relevant, or complete. If the physician does not amend your record, you may add a brief statement to the record.
- Direct access to women's health care providers for routine and preventive health care services.

- Coverage of emergency department services for screening and stabilization without authorization if you have reason to believe serious injury or disability would otherwise result.
- Direct access to a qualified specialist within your network of providers if you have complex or serious medical conditions that need frequent specialty care. Authorizations, when required by a plan, will be for an adequate number of direct access visits under an approved treatment plan.
- The elimination of "gag rules" in provider contracts that could limit communication about medically necessary treatment.
- Extensive information about plan characteristics and performance, provider network characteristics, physician and health care facility characteristics, and care management.

OPM's web site at www.opm.gov/insure lists the specific types of information that your health plan must make available to you. You may also contact your health plan directly for this information.

The health care system works best when enrollees take the time to become informed. As responsible consumers, you should:

- Read and understand your health benefits coverage, limitations, and exclusions, health plan processes, and procedures to follow when seeking care.
- Work with your physician in developing and carrying out a treatment plan.
- Practice healthy habits.

YOUR LINKS TO INFORMATION

2000 WEB SITE -- WWW.OPM.GOV/INSURE

Our 2000 FEHB web site gives current and valuable information to help you choose a health plan. Visit us at www.opm.gov/insure.

You will find our site even more informative and easier to use than last year. You can link to most of our topics directly from the front home page this year. We still have our Health Plan Profiler (HPP) that lets you view and print summary information about health plans. This year, enrollees in all states can use our interactive decision tool to narrow your health plan search.

You can download and print plan brochures and other materials, access definitions by clicking hyperlinks, and use automated links to navigate to other sites where you can find information about the Patients' Bill of Rights, mental health, health care quality and general health care information. When you visit www.opm.gov/insure you will see these choices and more:

- **2000 PLAN INFORMATION** – gives you access to general information about plans, plan quality indicators (including detailed survey results that are not printed in this Guide), plan brochures, and information about how to choose a plan. You can link to other web sites with valuable information about health plans, including those plans participating in the FEHB Program. You can also view, download and print the Guides to Federal Employees Health Benefits Plans.
- **HEALTH PLAN PROFILER** is an easy-to-use web tool that lets you create plan profiles and summaries. You also can link to FEHB plan web sites from the Health Plan Profiler. Since most plans have web sites, we have deleted the web site column in this Guide.
- **PLANSMARTCHOICE** is a link to an interactive survey tool for help in selecting a plan. Based on individual preferences that you enter, PlanSmartChoice will rank specific health plans.
- **ANNUITANT INFORMATION** — gives you general information about Open Season for Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) annuitants, including how to make Open Season changes through the Internet. You can also link to the Medicare web site.
- **PATIENTS' BILL OF RIGHTS** – gives you information about the Patients' Bill of Rights and the principle areas of rights and responsibilities. You can also link to the full text of the Patients' Bill of Rights and related background information.
- **FREQUENTLY ASKED QUESTIONS** — gives you answers to questions about premiums, Employee Express, enrollment, family members, temporary continuation of coverage (TCC), changing plans, retirement and other topics of interest.
- **RATE US** — is a new feature where you can answer specific questions about our site. We still have our section for your comments and suggestions. Let us know what you think.

YOUR LINKS TO INFORMATION

EMPLOYEE EXPRESS

Employee Express is a user-friendly automated system that allows some Federal employees to make changes to their health insurance, as well as Thrift Savings Plan, financial allotments, deposit of net pay, home address, and state and Federal taxes. Employees can access Employee Express using a touch-tone telephone, a personal computer or computer kiosk. This avoids the need to submit paper forms. Employee Express saves time and is accessible 24 hours a day, 7 days a week. If you are unsure whether you can use Employee Express, contact your human resource or payroll office. You may visit Employee Express at www.employeeexpress.gov or link to it from our web site.

WE'RE Y2K OK

The United States Office of Personnel Management is prepared for the year 2000 (Y2K). Our systems are updated, tested, and ready. We have also worked hard with our participating plans to help them get ready. We want you to be ready, too. If you would like more information, we can help! Here are three ways you can get free help:

1. Call the Federal Year 2000 Information Center toll free at **1-888-USA4-Y2K (1-888-872-4925)**
2. Call OPM's toll-free Fax-Back Line at **1-877-750-0177** (Select a topic from the menu and received faxed information immediately)
3. Visit our Y2K HELP site on the Internet at **www.opm.gov/Y2K/help**

Additionally, Government agencies and organizations within the pharmaceutical industry supply system have worked closely together to prepare for Y2K and its potential impact on the supply of medications. Y2K should not affect your ability to receive your normal supply of medications. To receive the medications you need, continue to get a normal refill of your medication when you have a 5 to 7 day supply remaining, and be sure to carry your current insurance card with you, particularly if you will be covered by a different insurance plan in the new year.



**Call the FEHB Fraud Hot Line
(202) 418-3300**

if a provider has billed you for services you did not receive.

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.

Do you know everything you need to about today's Medicare?

Today's Medicare offers more.
More preventive benefits. More information.
More help with your questions.

To learn more, call:

(1-800-MEDICARE)

(1-800-633-4227)



An education program of the Department of Health and Human Services
and the Health Care Financing Administration

www.medicare.gov

Census 2000 Will Help Our Government Allocate Resources and Make Better Decisions

*An accurate census is important to your agency
—and it's important to YOU!*

Census 2000...

- Providing vital information for planning schools, hospitals, roads, and more
- Alerting rescuers to how many people will need their help in disaster areas
- Informing government leaders about who we are and what we need
- Apportioning Congress and determining representative voting districts

Part-Time Job Opportunities

New Office of Personnel Management regulations allow federal workers in participating agencies to moonlight on Census 2000. Federal and military annuitants also can apply for a waiver to work on the census. Visit our website at www.census.gov or call 1-888-325-7733 toll free for information on testing and hiring in your area. The U.S. Census Bureau is an equal opportunity employer.



**United States
Census
2000**

By law, the Census Bureau cannot share your answers with others, including welfare agencies, the Immigration and Naturalization Service, the Internal Revenue Service, courts, police, and the military. All census workers are sworn to secrecy. Individual answers are combined with others to produce statistical summaries. No one can connect your answers with your name and address.

Plan Comparisons

Nationwide Fee-for Service Plans Open to All

(Pages 14 through 16)

Fee-for-Service (FFS) with a Preferred Provider Organization (PPO) — A FFS option that allows you to see independent medical providers who reduce their charges to the plan, which means you pay less money out-of-pocket than when you use a non-PPO provider. When you visit a PPO you usually won't have to file claims or paperwork. *However, going to a PPO hospital does not guarantee PPO benefits for all services received within that hospital. For instance, lab work and radiology services from independent practitioners within the hospital may not be covered by the PPO agreement, but room and board would be.*

Fee-for-Service (FFS) Plan (non-PPO) — A traditional type of insurance in which the health plan will either reimburse you or pay the medical provider directly for each covered medical expense after you receive the service. When you need medical attention, you visit the doctor or hospital of your choice. After receiving medical treatment, you file a claim to your health plan and it pays a benefit, but you usually must first pay a deductible and coinsurance or a copayment. These plans use some managed care features such as a precertification and utilization review to control costs.

Managed care is an important force in today's health care. Generally speaking, managed care is a system of health care delivery that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



Important: Some FFS plans also offer a Point of Service product. Check pages 22–59 for details.

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 | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Alliance Health Plan | 202/939-6325 | 1R1 | 1R2 | 291.24 | 617.44 | 297.06 | 629.79 |
| APWU Health Plan [◇] | 800/222-2798 | 471 | 472 | 256.86 | 563.70 | 262.00 | 574.97 |
| Blue Cross and Blue Shield-High | local phone # | 101 | 102 | 314.43 | 672.36 | 320.72 | 685.81 |
| Blue Cross and Blue Shield-Std [◇] | local phone # | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| GEHA Benefit Plan [◇] | 800/821-6136 | 311 | 312 | 269.86 | 582.05 | 275.26 | 593.69 |
| Mail Handlers-High | 800/410-7778 | 451 | 452 | 269.23 | 567.88 | 274.61 | 579.24 |
| Mail Handlers-Std | 800/410-7778 | 454 | 455 | 182.72 | 396.59 | 186.37 | 404.52 |
| NALC | 703/729-4677 | 321 | 322 | 272.35 | 582.03 | 277.80 | 593.67 |
| Postmasters-High | 703/683-5585 | 361 | 362 | 435.46 | 939.55 | 444.17 | 958.34 |
| Postmasters-Std | 703/683-5585 | 364 | 365 | 265.29 | 573.86 | 270.60 | 585.34 |

[◇] 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.

| Plan name | Benefit type | Medical-Surgical – You pay | | | | | | | | | | |
|---------------------------------|----------------|----------------------------|--------------------|-----------------------------|----------------------|------------------------------|------------------|--------------------|--------------------|-------------------------------|--------------|--------------|
| | | Deductible | | | Catastrophic Limit | Coinsurance (%) / Copay (\$) | | | | | | |
| | | Per Person | | Per Stay Hospital Inpatient | | Doctors | Outpatient Tests | Hospital | | Mail Order Prescription Drugs | | |
| | | Calendar Year | Prescription Drug | | | | | Inpatient R&B | Other | Other | Generic | Brand |
| Alliance Health Plan | PPO Non-PPO | \$100* \$300* | \$200C* \$200C* | \$150 \$250 | \$2,000* \$3,000* | 10% 30% | 10% 30% | 10% 30% | 10% 30% | 10% 30% | 20% 20% | 20% 20% |
| APWU Health Plan | PPO Non-PPO | \$250 \$250 | \$50L \$50L | None \$200 | \$2,000 \$3,500 | 10% 30% | 10% 30% | 10% 30% | 10% 30% | 10% 30% | \$7 \$7 | \$25 \$25 |
| Blue Cross and Blue Shield-High | PPO Non-PPO | \$150 \$150 | None None | None \$100 | \$1,000 \$2,700 | 5% 20% | 5% 20% | Nothing 30% | Nothing 30% | \$10 \$100/d | \$8 \$8 | \$14 \$14 |
| Blue Cross and Blue Shield-Std | PPO Non-PPO | \$200 \$200 | None None | None \$250 | \$2,000 \$3,750 | 10% 25% | 10% 25% | Nothing 30% | Nothing 30% | \$25 \$150/d | \$12 \$12 | \$20 \$20 |
| GEHA Benefit Plan | PPO Non-PPO | \$300 \$300 | None None | None None | \$2,500 \$3,500 | 10% 25% | 10% 25% | Nothing Nothing | 10% 25% | 10% 25% | \$10 \$10 | \$30 \$30 |
| Mail Handlers-High | PPO Non-PPO | \$150 \$150 | \$250C* \$250C* | None \$250 | \$2,500 \$4,000 | 10% 30% | 10% 30% | Nothing Nothing | Nothing Nothing | 10% 30% | \$10 \$10 | \$30 \$45 |
| Mail Handlers-Std | PPO Non-PPO | \$200 \$200 | \$600C* \$600C* | \$150 \$300 | \$4,000 \$4,000 | 10% 30% | 10% 30% | Nothing Nothing | Nothing Nothing | 10% 30% | \$10 \$10 | \$40 \$55 |
| NALC | PPO Non-PPO | \$275 \$275 | \$25L \$25L | None \$100 | \$3,000 \$3,500 | 15% 30% | 15% 30% | Nothing 20% | Nothing 20% | 15% 30% | \$12 \$12 | \$25 \$25 |
| Postmasters-High | PPO Non-PPO | \$200 \$275 | \$50 \$100 | None \$150 | \$2,500 \$2,500 | 10% 15% | 10% 20% | Nothing Nothing | Nothing 15% | 10% 20% | \$5 \$5 | \$12 \$12 |
| Postmasters-Std | PPO Non-PPO | \$200 \$350 | \$50 \$100 | None \$250 | \$3,000 \$4,500 | 10% 30% | 10% 30% | Nothing 30% | Nothing 30% | 10% 30% | \$10 \$10 | \$20 \$20 |

Nationwide Fee-for-Service Plans Open to All

Satisfaction Indicators — See page 7 for a description of these results.

| Plan name | Plan code | Plan performance based on enrollee rating | | | | | | |
|---------------------------------|-----------|---|----------------------------|-----------------------------|-------------------------------------|---|-------------------------|--------------------------|
| | | 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) |
| Alliance Health Plan | 1R | 0.85 | 2.88 | 2.60 | 2.55 | 2.73 | 2.45 | 2.44 |
| APWU Health Plan | 47 | 0.74 | 2.81 | 2.50 | 2.47 | 2.59 | 2.37 | 2.26 |
| Blue Cross and Blue Shield-High | 10 | 0.77 | 2.85 | 2.40 | 2.45 | 2.54 | 2.43 | 2.36 |
| Blue Cross and Blue Shield-Std | 10 | 0.77 | 2.85 | 2.40 | 2.45 | 2.54 | 2.43 | 2.36 |
| GEHA Benefit Plan | 31 | 0.88 | 2.85 | 2.54 | 2.50 | 2.64 | 2.64 | 2.54 |
| Mail Handlers-High | 45 | 0.77 | 2.83 | 2.46 | 2.42 | 2.58 | 2.47 | 2.26 |
| Mail Handlers-Std | 45 | 0.77 | 2.83 | 2.46 | 2.42 | 2.58 | 2.47 | 2.26 |
| NALC | 32 | 0.70 | 2.77 | 2.52 | 2.48 | 2.64 | 2.40 | 2.26 |
| Postmasters-High | 36 | 0.84 | 2.87 | 2.60 | 2.57 | 2.71 | 2.42 | 2.42 |
| Postmasters-Std | 36 | 0.84 | 2.87 | 2.60 | 2.57 | 2.71 | 2.42 | 2.42 |

Plan Comparisons

Nationwide Fee-for Service Plans Open Only to Specific Groups

(Pages 18 through 20)

Fee-for-Service (FFS) with a Preferred Provider Organization (PPO) — A FFS option that allows you to see independent medical providers who reduce their charges to the plan, which means you pay less money out-of-pocket than when you use a non-PPO provider. When you visit a PPO you usually won't have to file claims or paperwork. *However, going to a PPO hospital does not guarantee PPO benefits for all services received within that hospital. For instance, lab work and radiology services from independent practitioners within the hospital may not be covered by the PPO agreement, but room and board would be.*

Fee-for-Service (FFS) Plan (non-PPO) — A traditional type of insurance in which the health plan will either reimburse you or pay the medical provider directly for each covered medical expense after you receive the service. When you need medical attention, you visit the doctor or hospital of your choice. After receiving medical treatment, you file a claim to your health plan and it pays a benefit, but you usually must first pay a deductible and coinsurance or a copayment. These plans use some managed care features such as a precertification and utilization review to control costs.

Managed care is an important force in today's health care. Generally speaking, managed care is a system of health care delivery that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



Important: Some FFS plans also offer a Point of Service product. Check pages 22–59 for details.

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 | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|----------------------------|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Association Benefit Plan | 800/634-0069 | 421 | 422 | † | † | † | † |
| Foreign Service | 202/833-4910 | 401 | 402 | 241.35 | 586.91 | 246.18 | 598.65 |
| Panama Canal Area | 732/222-2229 | 431 | 432 | 215.41 | 467.18 | 219.72 | 476.52 |
| Rural Carrier Benefit Plan | 800/638-8432 | 381 | 382 | 257.51 | 524.98 | 262.66 | 535.48 |
| SAMBA | 301/984-4101 | 441 | 442 | 270.03 | 635.96 | 275.43 | 648.68 |
| Secret Service | 800/424-7474 | Y71 | Y72 | 210.71 | 499.35 | 214.92 | 509.34 |

† 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.

| Plan name | Benefit type | Medical-Surgical – You pay | | | | | | | | | | |
|----------------------------|----------------|----------------------------|-------------------|-----------------------------|--------------------|----------------------------|------------------|-------------------|----------------|-------------------------------|--------------|--------------|
| | | Deductible | | | Catastrophic Limit | Coinsurance (%)/Copay (\$) | | | | | | |
| | | Per Person | | Per Stay Hospital Inpatient | | Doctors | Outpatient Tests | Hospital | | Mail Order Prescription Drugs | | |
| | | Calendar Year | Prescription Drug | | | | | Inpatient R&B | Other | Other | Generic | Brand |
| Association Benefit Plan | PPO Non-PPO | \$250 \$250 | CY CY | None \$100 | \$2,000 \$3,000 | 10% 20% | 10% 20% | Nothing 20% | Nothing 20% | 10% 20% | \$10 \$10 | \$10 \$20 |
| Foreign Service | PPO Non-PPO | \$250 \$250 | None CY | None \$175 | \$2,500 \$2,500 | 10% 20% | 10% 20% | Nothing 20% | 10% 15% | 10% 20% | \$15 N/A | \$25 N/A |
| Panama Canal Area | No PPO | None | \$400L | \$125 | \$1,000 | Nothing | Nothing | Nothing | 20% | 25% | N/A | N/A |
| Rural Carrier Benefit Plan | PPO Non-PPO | \$250 \$250 | CY CY | None \$200* | \$2,000 \$2,500 | 15% 15% | 15% 25% | Nothing \$200* | Nothing 20% | 15% 25% | \$10 \$10 | \$15 \$15 |
| SAMBA | PPO Non-PPO | \$300 \$300 | None None | \$200 \$200 | \$1,500 \$1,500 | 10% 30% | 10% 30% | Nothing 30% | 10% 30% | 10% 30% | \$15 \$15 | \$15 \$15 |
| Secret Service | No PPO | \$200 | None | \$100 | \$1,000 | 20% | 20% | Nothing | Nothing | Nothing | \$5 | \$12 |

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

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

| Plan name | Plan code | Plan performance based on enrollee rating 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) | | | | | | |
|----------------------------|-----------|---|----------------------------|-----------------------------|-------------------------------------|---|-------------------------|--------------------------|
| | | 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) |
| Association Benefit Plan | 42 | 0.88 | 2.92 | 2.58 | 2.52 | 2.66 | 2.62 | 2.50 |
| Foreign Service | 40 | 0.83 | 2.88 | 2.55 | 2.52 | 2.67 | 2.49 | 2.30 |
| Panama Canal Area | 43 | | | | | | | |
| Rural Carrier Benefit Plan | 38 | 0.88 | 2.93 | 2.63 | 2.54 | 2.78 | 2.63 | 2.57 |
| SAMBA | 44 | 0.82 | 2.73 | 2.44 | 2.46 | 2.56 | 2.45 | 2.35 |
| Secret Service | Y7 | X | X | X | X | X | X | X |

Plan Comparisons

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

(Pages 22 through 59)

A change from prior years: We grouped together the HMO and POS plans to make your plan review easier. You can tell the POS plans because they have two rows for “In Network” and “Out of Network.” In Network shows what you pay if you go to the plan’s providers; Out of Network shows what you pay if you decide not to go to the plan’s providers.

Health Maintenance Organization (HMO) — A health plan that 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. Some HMOs are affiliated with or have arrangements with HMOs in other service areas for non-emergency care if you travel or are away from home for extended periods. Plans that offer reciprocity discuss it in their benefit brochure under *How to Get Benefits*.

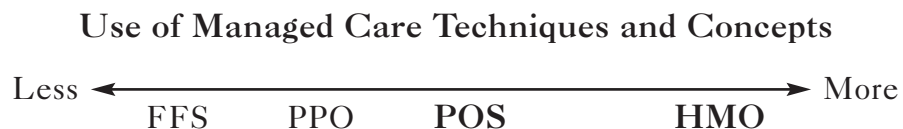
- The HMO provides a comprehensive set of services — as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and generally no deductible or coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group to be 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.
- Care received from a provider not in the plan’s network is not covered unless it’s emergency care or the plan has a reciprocity arrangement.

Plans Offering a Point of Service (POS) Product — A product offered by an HMO or FFS plan that has features of both.

In an HMO, the POS product lets you use providers who are not part of the HMO network. However, you pay more for using these non-network providers. You usually pay higher deductibles and coinsurances than you pay with a plan provider. You will also need to file a claim for reimbursement, like in an FFS plan. The HMO plan wants you to use its network of providers, but recognizes that sometimes enrollees want to choose their own provider.

In an FFS plan, the plan’s regular benefits include deductibles and coinsurance. But in some locations, the plan has set up a POS network of providers similar to what you would find in an HMO, which means you usually must select a primary care physician and obtain a referral to see other providers. The plan encourages you to use these providers, usually by waiving the deductibles and applying a copayment that is smaller than the normal coinsurance. Generally there is no paperwork when you use a network provider.

Managed care is an important force in today’s health care. Generally speaking, managed care is a system of health care delivery that tries to manage the quality of health care, access to health care, and the cost of that care. The following graph compares the extent to which different plan types use managed care.



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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Alabama | | | | | | | |
| Health Partners of Alabama - Birmingham/Other areas | 800/888-7647 | DF1 | DF2 | 230.75 | 590.72 | 235.37 | 602.53 |
| PrimeHealth of Alabama, Inc. - Central/Southern Alabama | 800/236-9421 | AA1 | AA2 | 220.72 | 541.62 | 225.13 | 552.45 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Arizona | | | | | | | |
| Aetna U.S. Healthcare - Phoenix/Tucson areas | 800/537-9384 | WQ1 | WQ2 | 164.67 | 463.36 | 167.96 | 472.63 |
| CIGNA HC of AZ-Phoenix - Phoenix area | 800/572-9990 | 161 | 162 | 219.48 | 515.71 | 223.87 | 526.02 |
| Health Plan of Nevada - Mohave County | 702/871-0999 | NM1 | NM2 | 161.63 | 413.75 | 164.86 | 422.03 |
| United Healthcare of Arizona - Central Arizona | 888/780-4333 | 2S1 | 2S2 | 168.03 | 478.88 | 171.39 | 488.46 |
| United Healthcare of Arizona - Tucson/Southern Arizona | 888/780-4333 | TD1 | TD2 | 156.54 | 438.30 | 159.67 | 447.07 |
| Humana Health Plan of AZ - Phoenix/Tucson/Southern Arizona | 888/393-6765 | DY1 | DY2 | 162.00 | 440.64 | 165.24 | 449.45 |
| Intergroup of Arizona, Inc. - Maricopa/Pima/Other AZ counties | 800/289-2818 | A71 | A72 | 173.14 | 467.33 | 176.60 | 476.68 |
| PacifiCare of Arizona - Most of Arizona | 800/347-8600 | A31 | A32 | 176.78 | 494.93 | 180.32 | 504.83 |
| Premier HealthCare of Arizona - Graham/Greenlee/Maricopa/Pima/Pinal | 800/914-4474 | 9A1 | 9A2 | 137.35 | 378.45 | 140.10 | 386.02 |
| Premier HealthCare of Arizona - Yavapai/Mohave/Coconino/Yuma/Gila | 800/914-4474 | 9B1 | 9B2 | 198.97 | 555.71 | 202.95 | 566.82 |

| | | | | | | | |
|------------------------------------|--------------|-----|-----|--------|--------|--------|--------|
| Arkansas | | | | | | | |
| QCA Health Plan - Most of Arkansas | 800/235-7111 | 8Q1 | 8Q2 | 218.99 | 534.65 | 223.37 | 545.34 |

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 | 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) | |
| Alabama | | | | | | | | | | | | |
| Health Partners of Alabama | \$15 | Nothing | \$5 | \$15 | 0.82 | 2.67 | 2.40 | 2.50 | 2.59 | 2.57 | 2.38 | |
| PrimeHealth of Alabama, Inc. | \$10 | Nothing | \$10 | \$10 | 0.72 | 2.67 | 2.37 | 2.56 | 2.65 | 2.37 | 2.98 | |

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

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

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| California | | | | | | | |
| Aetna U.S. Healthcare - Southern California area | 800/537-9384 | 2X1 | 2X2 | 175.00 | 408.66 | 178.50 | 416.83 |
| Aetna U.S. Healthcare - Northern California area | 800/537-9384 | BU1 | BU2 | 244.29 | 547.04 | 249.18 | 557.98 |
| Blue Shield of CA Access+HMO - Most of California | 800/334-5847 | SJ1 | SJ2 | 177.58 | 440.55 | 181.13 | 449.36 |
| Blue Cross CaliforniaCare - Most of California | 800/235-8631 | M51 | M52 | 195.61 | 499.09 | 199.52 | 509.07 |
| CIGNA HealthCare of California - Northern/Southern California | 800/832-3211 | 9T1 | 9T2 | 195.89 | 430.99 | 199.81 | 439.61 |
| Health Net - Most of California | 800/522-0088 | LB1 | LB2 | 177.02 | 419.01 | 180.56 | 427.39 |
| Kaiser Permanente - Northern California | 800/464-4000 | 591 | 592 | 187.79 | 448.28 | 191.55 | 457.25 |
| Kaiser Permanente - Southern California | 800/464-4000 | 621 | 622 | 201.72 | 466.22 | 205.75 | 475.54 |
| Maxicare Southern California - Southern California | 800/234-6294 | CM1 | CM2 | 159.68 | 405.69 | 162.87 | 413.80 |
| National HMO Health Plan - Northern/Central/Southern California | 800/468-8600 | MN1 | MN2 | 134.38 | 354.29 | 137.07 | 361.38 |
| PacifiCare of California - Most of California | 800/624-8822 | CY1 | CY2 | 168.63 | 418.60 | 172.00 | 426.97 |
| United Health Plan - LA/Orange/San Bernardino Counties | 800/544-0088 | C41 | C42 | 146.90 | 313.02 | 149.84 | 319.28 |
| Universal Care - Southern California | 800/257-3087 | 6Q1 | 6Q2 | 157.67 | 378.43 | 160.82 | 386.00 |
| Western Health Advantage - Northern California | 888/563-2250 | 5Z1 | 5Z2 | 169.61 | 407.03 | 173.00 | 415.17 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Colorado | | | | | | | |
| Aetna U.S. Healthcare - The Front Range | 800/537-9384 | 6F1 | 6F2 | 170.47 | 450.21 | 173.88 | 459.21 |
| CIGNA HealthCare of CO - Front Range area | 800/832-3211 | 1C1 | 1C2 | 190.58 | 466.87 | 194.39 | 476.21 |
| HMO Colorado/Nevada - Most of Colorado | 800/533-5643 | L21 | L22 | 223.86 | 559.74 | 228.34 | 570.93 |
| Kaiser Permanente - Denver/Colorado Springs areas | 888/681-7878 | 651 | 652 | 174.50 | 445.45 | 177.99 | 454.36 |
| PacifiCare of Colorado-High -Denver/Pueblo/Col.Sprgs/FtColins/LaPlata | 800/877-9777 | D61 | D62 | 189.65 | 490.71 | 193.44 | 500.52 |
| PacifiCare of Colorado-Std - Denver/Pueblo/Col.Sprgs/FtColins/LaPlata | 800/877-9777 | D64 | D65 | 148.27 | 384.22 | 151.24 | 391.90 |
| Rocky Mountain HMO - Most of Colorado | 800/346-4643 | 881 | 882 | 219.59 | 513.59 | 223.98 | 523.86 |

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 | 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 | \$10 | Nothing | \$5 | \$10 | 0.67 | 2.52 | 2.20 | 2.37 | 2.43 | 2.35 | 2.10 | | |
| Aetna U.S. Healthcare | \$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 | \$10 | Nothing | \$6 | \$6 | 0.64 | 2.64 | 2.36 | 2.60 | 2.54 | 2.28 | 1.89 | N | |
| Blue Cross CaliforniaCare | \$10 | Nothing | \$5 | \$10 | 0.69 | 2.53 | 2.21 | 2.28 | 2.43 | 2.33 | 2.43 | N | |
| CIGNA HealthCare of California | \$10 | Nothing | \$5 | \$10 | 0.65 | 2.48 | 2.19 | 2.28 | 2.33 | 2.30 | 2.16 | N | |
| Health Net | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.59 | 2.35 | 2.35 | 2.48 | 2.35 | 2.27 | N | |
| Kaiser Permanente | \$10 | Nothing | \$5 | \$5 | 0.76 | 2.69 | 2.34 | 2.35 | 2.50 | 2.46 | 2.00 | N | |
| Kaiser Permanente | \$10 | Nothing | \$5 | \$5 | 0.87 | 2.74 | 2.32 | 2.40 | 2.58 | 2.50 | 2.12 | N | |
| Maxicare Southern California | \$10 | Nothing | \$5 | \$10 | 0.69 | 2.47 | 2.18 | 2.32 | 2.41 | 2.37 | 2.85 | | |
| National HMO Health Plan | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| PacifiCare of California | \$10 | Nothing | \$5 | \$10 | 0.71 | 2.51 | 2.24 | 2.34 | 2.44 | 2.44 | 2.31 | N | |
| United Health Plan | \$10 | Nothing | \$5 | \$5 | | | | | | | | J,N | |
| Universal Care | \$10 | Nothing | \$5 | \$5 | | | | | | | | | |
| Western Health Advantage | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |

| | | | | | | | | | | | | | |
|-------------------------------------|------|---------|------|------|------|------|------|------|------|------|------|---|--|
| Colorado | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.61 | 2.58 | 2.38 | 2.44 | 2.58 | 2.21 | 1.91 | | |
| CIGNA HealthCare of CO | \$10 | Nothing | \$10 | \$20 | | | | | | | | N | |
| HMO Colorado/Nevada - In-Network | \$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 | \$10 | Nothing | \$5 | \$5 | 0.74 | 2.64 | 2.34 | 2.42 | 2.54 | 2.45 | 2.23 | N | |
| PacifiCare of Colorado-High | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.58 | 2.38 | 2.42 | 2.52 | 2.43 | 2.32 | N | |
| PacifiCare of Colorado-Std | \$15 | Nothing | \$10 | \$20 | 0.72 | 2.58 | 2.38 | 2.42 | 2.52 | 2.43 | 2.32 | N | |
| Rocky Mountain HMO | \$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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Connecticut | | | | | | | |
| Aetna U.S. Healthcare - All of Connecticut | 800/537-9384 | H11 | H12 | 244.03 | 656.96 | 248.91 | 670.10 |
| Blue Cross and Blue Shield-Std - All of Connecticut | 800/438-5356 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| ConnectiCare - All of Connecticut | 800/251-7722 | TE1 | TE2 | 207.22 | 542.64 | 211.36 | 553.49 |
| Harvard Pilgrim Health Care - Northwest Connecticut | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |
| Health New England - Northern Connecticut | 413/787-4004 | DJ1 | DJ2 | 231.99 | 512.66 | 236.63 | 522.91 |
| Physicians Health Services/CT - All of Connecticut | 877/747-9585 | DP1 | DP2 | 243.17 | 679.55 | 248.03 | 693.14 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Delaware | | | | | | | |
| Aetna U.S. Healthcare - All of Delaware | 800/537-9384 | NK1 | NK2 | 320.95 | 874.49 | 327.37 | 891.98 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| District of Columbia | | | | | | | |
| Aetna U.S. Healthcare-High -Washington, DC area | 800/537-9384 | JN1 | JN2 | 234.43 | 548.82 | 239.12 | 559.80 |
| Aetna U.S. Healthcare-Std - Washington, DC area | 800/537-9384 | JN4 | JN5 | 161.83 | 379.60 | 165.07 | 387.19 |
| CapitalCare - Washington, DC area | 800/680-9495 | 2G1 | 2G2 | 224.14 | 549.12 | 228.62 | 560.10 |
| Free State Health Plan - Washington, DC area | 800/445-6036 | LD1 | LD2 | 270.62 | 617.05 | 276.03 | 629.39 |
| George Washington Univ HP - Washington, DC area | 301/941-2000 | E51 | E52 | 211.16 | 517.57 | 215.38 | 527.92 |
| Kaiser Permanente - Washington, DC area | 301/468-6000 | E31 | E32 | 203.67 | 503.53 | 207.74 | 513.60 |
| MD-IPA - Washington, DC area | 800/251-0956 | JP1 | JP2 | 226.66 | 544.09 | 231.19 | 554.97 |
| Prudential HealthCare HMO - Washington, DC area | 800/856-0764 | JB1 | JB2 | 242.86 | 534.56 | 247.72 | 545.25 |

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 | 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) | |
| Connecticut | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$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 | - In-Network - Out-of-Network | Nothing 30% | \$5 45% | \$15 45% | 0.77 | 2.77 | 2.59 | 2.50 | 2.57 | 2.48 | 2.34 | N |
| ConnectiCare | \$10 | Nothing | \$10 | \$10 | 0.83 | 2.78 | 2.54 | 2.56 | 2.65 | 2.50 | 2.45 | N |
| Harvard Pilgrim Health Care | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.78 | 2.45 | 2.55 | 2.64 | 2.47 | 2.27 | N |
| Health New England | \$10 | Nothing | \$7 | \$15 | 0.90 | 2.79 | 2.41 | 2.49 | 2.54 | 2.78 | 2.57 | N |
| Physicians Health Services/CT | \$10 | Nothing | \$10 | \$20 | 0.76 | 2.73 | 2.42 | 2.50 | 2.53 | 2.25 | 2.12 | N |

| Delaware | | | | | | | | | | | | |
|-----------------------|------|---------|-----|------|--|--|--|--|--|--|--|--|
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |

| District of Columbia | | | | | | | | | | | | |
|-----------------------------|----------------------------------|----------------|--------------|--------------|------|------|------|------|------|------|------|---|
| Aetna U.S. Healthcare-High | \$10 | Nothing | \$5 | \$10 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| CapitalCare | \$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 - Out-of-Network | Nothing 20% | \$10 \$10 | \$20 \$20 | 0.74 | 2.69 | 2.38 | 2.53 | 2.56 | 2.43 | 2.25 | N |
| George Washington Univ HP | \$10 | Nothing | \$5 | \$15 | 0.69 | 2.66 | 2.29 | 2.39 | 2.36 | 2.22 | 2.64 | N |
| Kaiser Permanente | \$10 | Nothing | \$7 | \$7 | 0.78 | 2.63 | 2.35 | 2.36 | 2.55 | 2.50 | 2.76 | N |
| MD-IPA | \$10 | Nothing | \$5 | \$10 | 0.74 | 2.65 | 2.42 | 2.46 | 2.56 | 2.53 | 2.33 | N |
| Prudential HealthCare HMO | \$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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Florida | | | | | | | |
| Av-Med Health Plan - Broward/Dade/Palm Beach Counties | 800/882-8633 | EM1 | EM2 | 192.96 | 530.66 | 196.82 | 541.27 |
| Av-Med Health Plan - Orlando area | 800/882-8633 | GP1 | GP2 | 194.74 | 535.54 | 198.63 | 546.25 |
| Av-Med Health Plan - Tampa Bay area | 800/882-8633 | H51 | H52 | 208.95 | 574.56 | 213.13 | 586.05 |
| Av-Med Health Plan - Jacksonville area | 800/882-8633 | HW1 | HW2 | 213.98 | 588.47 | 218.26 | 600.24 |
| Av-Med Health Plan - Gainesville area | 800/882-8633 | JF1 | JF2 | 216.78 | 596.05 | 221.12 | 607.97 |
| Beacon Health Plan - Dade/Broward/Palm Beach Counties | 800/850-0979 | 4K1 | 4K2 | 157.95 | 444.71 | 161.11 | 453.60 |
| Capital Health Plan - Tallahassee area | 850/383-3311 | EA1 | EA2 | 183.97 | 491.23 | 187.65 | 501.05 |
| Foundation Health - Northern Florida | 800/441-5501 | 5C1 | 5C2 | 190.49 | 537.81 | 194.30 | 548.57 |
| Foundation Health - Central Florida | 800/441-5501 | 5D1 | 5D2 | 191.58 | 539.83 | 195.41 | 550.63 |
| Foundation Health - Southern Florida | 800/441-5501 | 5E1 | 5E2 | 158.36 | 435.52 | 161.53 | 444.23 |
| HIP Health Plan of FL - Tampa area | 800/447-8255 | K71 | K72 | 270.75 | 748.50 | 276.17 | 763.47 |
| HIP Health Plan of FL - South Florida | 800/447-8255 | 3N1 | 3N2 | 222.99 | 616.48 | 227.45 | 628.81 |
| Humana Medical Plan - Orlando/Gainesville areas | 888/393-6765 | 7F1 | 7F2 | 162.13 | 455.52 | 165.37 | 464.63 |
| Humana Medical Plan - Pensacola | 888/393-6765 | 9D1 | 9D2 | 189.15 | 472.85 | 192.93 | 482.31 |
| Humana Medical Plan - Southeast/Southcentral/Southwest Florida | 888/393-6765 | EE1 | EE2 | 175.63 | 439.08 | 179.14 | 447.86 |
| Humana Medical Plan - Tampa Bay area | 888/393-6765 | JH1 | JH2 | 219.59 | 549.03 | 223.98 | 560.01 |
| Humana Medical Plan - Jacksonville area | 888/393-6765 | P51 | P52 | 233.24 | 583.12 | 237.90 | 594.78 |
| Humana Medical Plan - Daytona area | 888/393-6765 | P71 | P72 | 240.63 | 601.62 | 245.44 | 613.65 |
| Prudential HealthCare HMO - Jacksonville area | 800/856-0764 | EC1 | EC2 | 167.46 | 460.33 | 170.81 | 469.54 |
| Prudential HealthCare HMO - Central Florida area | 800/856-0764 | EH1 | EH2 | 195.69 | 547.76 | 199.60 | 558.72 |
| Prudential HealthCare HMO - Broward/Dade/Palm Beach Counties | 800/856-0764 | HE1 | HE2 | 197.95 | 546.59 | 201.91 | 557.52 |
| Total Health Choice - Broward/Dade/Palm Beach Counties | 305/408-5823 | 4A1 | 4A2 | 170.17 | 423.71 | 173.57 | 432.18 |
| United HealthCare of Florida - South Florida/Tampa areas | 800/543-3145 | QK1 | QK2 | 202.71 | 537.18 | 206.76 | 547.92 |

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 | 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 (76%) | Getting care quickly (77%) | How well doctors communicate (89%) | Courteous and helpful office staff (91%) | Customer service (55%) | Claims processing (79%) | |
| Florida | | | | | | | | | | | | |
| Av-Med Health Plan | \$10 | Nothing | \$5 | \$5 | 0.78 | 2.59 | 2.18 | 2.39 | 2.44 | 2.56 | 2.45 | J,N |
| Av-Med Health Plan | \$10 | Nothing | \$5 | \$5 | 0.73 | 2.54 | 2.19 | 2.36 | 2.43 | 2.37 | 2.19 | J,N |
| Av-Med Health Plan | \$10 | Nothing | \$5 | \$5 | 0.78 | 2.64 | 2.37 | 2.46 | 2.52 | 2.48 | 2.40 | J,N |
| Av-Med Health Plan | \$10 | Nothing | \$5 | \$5 | 0.80 | 2.63 | 2.37 | 2.59 | 2.53 | 2.45 | 2.42 | J,N |
| Av-Med Health Plan | \$10 | Nothing | \$5 | \$5 | 0.77 | 2.66 | 2.38 | 2.49 | 2.58 | 2.47 | 2.32 | J,N |
| Beacon Health Plan | \$10 | Nothing | \$5 | \$15 | | | | | | | | |
| Capital Health Plan | \$10 | Nothing | \$7 | \$20 | 0.89 | 2.79 | 2.44 | 2.45 | 2.67 | 2.64 | 2.72 | N |
| Foundation Health | \$10 | Nothing | \$5 | \$5 | 0.67 | 2.52 | 2.21 | 2.34 | 2.40 | 2.24 | 2.15 | N |
| Foundation Health | \$10 | Nothing | \$5 | \$5 | 0.67 | 2.52 | 2.21 | 2.34 | 2.40 | 2.24 | 2.15 | N |
| Foundation Health | \$10 | Nothing | \$5 | \$5 | 0.67 | 2.52 | 2.21 | 2.34 | 2.40 | 2.24 | 2.15 | N |
| HIP Health Plan of FL | \$10 | Nothing | \$5 | \$10 | 0.73 | 2.60 | 2.24 | 2.35 | 2.45 | 2.47 | 2.16 | N |
| HIP Health Plan of FL | \$10 | Nothing | \$5 | \$10 | 0.73 | 2.60 | 2.24 | 2.35 | 2.45 | 2.47 | 2.16 | N |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | 0.67 | 2.52 | 2.23 | 2.36 | 2.43 | 2.26 | 2.21 | N |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | 0.68 | 2.53 | 2.20 | 2.34 | 2.39 | 2.25 | 2.28 | N |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | 0.63 | 2.47 | 2.15 | 2.32 | 2.42 | 2.27 | 2.22 | N |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | 0.64 | 2.50 | 2.30 | 2.45 | 2.49 | 2.25 | 2.27 | N |
| Humana Medical Plan | \$10 | Nothing | \$5 | \$10 | 0.67 | 2.52 | 2.23 | 2.36 | 2.43 | 2.26 | 2.21 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.73 | 2.68 | 2.39 | 2.52 | 2.55 | 2.30 | 2.17 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.66 | 2.67 | 2.26 | 2.42 | 2.43 | 2.37 | 2.21 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.67 | 2.62 | 2.19 | 2.30 | 2.35 | 2.38 | 2.54 | N |
| Total Health Choice | \$10 | Nothing | \$5 | \$15 | | | | | | | | |
| United HealthCare of Florida | \$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

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Georgia | | | | | | | |
| Aetna U.S. Healthcare - Atlanta/Augusta/Athens/Macon areas | 800/537-9384 | 2U1 | 2U2 | 204.66 | 527.43 | 208.75 | 537.98 |
| Athens Area Health Plan Select - Athens metro area | 706/549-0549 | 8Y1 | 8Y2 | 187.20 | 480.39 | 190.94 | 490.00 |
| Blue Cross and Blue Shield-Std - Athens/Atl/Augusta/Col/Macon/Savannah | 800/282-2473 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| Kaiser Permanente - Atlanta area | 800/255-0568 | F81 | F82 | 197.51 | 501.41 | 201.46 | 511.44 |
| Prudential HealthCare HMO - Atlanta/Macon areas | 800/856-0764 | EZ1 | EZ2 | 173.42 | 474.50 | 176.89 | 483.99 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Guam | | | | | | | |
| Guam Memorial Health Plan-High -Guam/Palau/N. Mariana Islands | 671/646-4647 | ZA1 | ZA2 | 242.02 | 613.51 | 246.86 | 625.78 |
| Guam Memorial Health Plan-Std - Guam/Palau/N. Mariana Islands | 671/646-4647 | ZA4 | ZA5 | 177.54 | 505.53 | 181.09 | 515.64 |
| PacificCare Asia Pacific-High -Guam/N. Mariana Islands/Palau | 671/647-3526 | JK1 | JK2 | 216.93 | 529.97 | 221.27 | 540.57 |
| PacificCare Asia Pacific-Std - Guam/N. Mariana Islands/Palau | 671/647-3526 | JK4 | JK5 | 135.16 | 403.69 | 137.86 | 411.76 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Hawaii | | | | | | | |
| HMSA - All of Hawaii | 808/948-6499 | 871 | 872 | 197.71 | 440.05 | 201.66 | 448.85 |
| Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu/Kauai | 808/597-5955 | 631 | 632 | 258.16 | 555.04 | 263.32 | 566.14 |
| Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu/Kauai | 808/597-5955 | 634 | 635 | 216.28 | 464.99 | 220.61 | 474.29 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Idaho | | | | | | | |
| Group Health Cooperative - Kootenai and Latah | 800/497-2210 | VR1 | VR2 | 236.51 | 609.27 | 241.24 | 621.46 |
| Premera HealthPlus - Washington border counties | 800/527-6675 | 8F1 | 8F2 | 215.95 | 521.86 | 220.27 | 532.30 |

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 | 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) | | |
| Georgia | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.66 | 2.58 | 2.33 | 2.45 | 2.56 | 2.27 | 1.87 | | |
| Athens Area Health Plan Select | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$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 | \$10 | Nothing | \$11 | \$11 | 0.84 | 2.68 | 2.44 | 2.48 | 2.62 | 2.55 | 2.13 | N | |
| Prudential HealthCare HMO | \$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 | \$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 | \$12 | 20% | \$10/20% | \$10/20% | 0.82 | 2.75 | 2.36 | 2.63 | 2.66 | 2.45 | 2.21 | | |
| PacifiCare Asia Pacific-High | \$10 | Nothing | \$5 | \$5 | 0.71 | 2.54 | 2.12 | 2.35 | 2.36 | 2.33 | 1.89 | | |
| PacifiCare Asia Pacific-Std | \$15 | Nothing | \$5 | \$5 | 0.71 | 2.54 | 2.12 | 2.35 | 2.36 | 2.33 | 1.89 | | |

| | | | | | | | | | | | | | |
|------------------------|------|---------|------------------|-------------------|------|------|------|------|------|------|------|---|--|
| Hawaii | | | | | | | | | | | | | |
| HMSA - In-Network | 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 | \$10 | Nothing | \$7 | \$7 | 0.88 | 2.77 | 2.59 | 2.59 | 2.67 | 2.61 | 2.34 | N | |
| Kaiser Permanente-Std | \$15 | 10% | \$7 | \$7 | 0.88 | 2.77 | 2.59 | 2.59 | 2.67 | 2.61 | 2.34 | N | |

| | | | | | | | | | | | | | |
|--------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|--|
| Idaho | | | | | | | | | | | | | |
| Group Health Cooperative | \$10 | Nothing | \$7 | \$7 | 0.79 | 2.74 | 2.49 | 2.57 | 2.66 | 2.55 | 2.47 | N | |
| Premera HealthPlus | \$10 | Nothing | \$5 | \$10 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Illinois | | | | | | | |
| Aetna U.S. Healthcare - Metro St Louis area | 800/537-9384 | 6T1 | 6T2 | 170.84 | 454.07 | 174.26 | 463.15 |
| Aetna U.S. Healthcare - Chicago area | 800/537-9384 | XC1 | XC2 | 151.84 | 480.96 | 154.88 | 490.58 |
| American HMO - Chicago area/Central/South/Western IL | 800/242-7460 | AC1 | AC2 | 191.60 | 536.53 | 195.43 | 547.26 |
| Group Health Plan - Southern/Metro East/Central | 800/743-3901 | MM1 | MM2 | 220.89 | 481.54 | 225.31 | 491.17 |
| Health Alliance HMO - Central/E.Central/N.West/South/West IL | 800/851-3379 | FX1 | FX2 | 239.92 | 560.00 | 244.72 | 571.20 |
| Health Partners of the Midwest - St. Louis area | 800/338-4123 | RN1 | RN2 | 245.79 | 533.37 | 250.71 | 544.04 |
| Humana Health Plan Inc. - Chicago area | 888/393-6765 | 751 | 752 | 216.73 | 519.78 | 221.06 | 530.18 |
| John Deere Health Plan - Bloomington/Joliet/Moline/Peoria/RockIsld | 800/247-9110 | 3J1 | 3J2 | 205.53 | 554.93 | 209.64 | 566.03 |
| Mercy Health Plans/Premier - Southwest Illinois | 800/327-0763 | 7M1 | 7M2 | 214.07 | 497.92 | 218.35 | 507.88 |
| OSF HealthPlans - Central/Northern Illinois | 800/673-5222 | 9F1 | 9F2 | 166.53 | 437.88 | 169.86 | 446.64 |
| PersonalCare's HMO - East Central Illinois | 800/431-1211 | GE1 | GE2 | 171.04 | 439.88 | 174.46 | 448.68 |
| Prudential HealthCare HMO - Southern Illinois | 800/856-0764 | VZ1 | VZ2 | 173.33 | 437.71 | 176.80 | 446.46 |
| Rush Prudential HMO - Chicago area | 312/234-7747 | 171 | 172 | 192.62 | 499.89 | 196.47 | 509.89 |
| Union Health Service - Chicago area | 312/829-4224 | 761 | 762 | 180.01 | 448.31 | 183.61 | 457.28 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Indiana | | | | | | | |
| Aetna U.S. Healthcare - Southern Indiana | 800/537-9384 | RD1 | RD2 | 225.96 | 559.30 | 230.48 | 570.49 |
| Aetna U.S. Healthcare - Lake/Porter Counties | 800/537-9384 | XC1 | XC2 | 151.84 | 480.96 | 154.88 | 490.58 |
| American HMO - Northwest Indiana | 800/242-7460 | AC1 | AC2 | 191.60 | 536.53 | 195.43 | 547.26 |
| Arnett HMO - Lafayette area | 765/448-7440 | G21 | G22 | 230.60 | 599.63 | 235.21 | 611.62 |
| Health Alliance HMO - Fountain/Vermillion/Warren Counties | 800/851-3379 | FX1 | FX2 | 239.92 | 560.00 | 244.72 | 571.20 |
| Humana Care Plan - Southern Indiana | 888/393-6765 | 181 | 182 | 220.76 | 551.96 | 225.18 | 563.00 |
| Humana Health Plan - Southern Indiana | 888/393-6765 | D21 | D22 | 233.87 | 584.63 | 238.55 | 596.32 |
| Humana Health Plan Inc. - Lake/Porter Counties | 888/393-6765 | 751 | 752 | 216.73 | 519.78 | 221.06 | 530.18 |
| Maxicare Indiana - Most of Indiana | 800/441-3355 | GK1 | GK2 | 208.74 | 490.12 | 212.91 | 499.92 |
| PARTNERS Nat'l HPs of IN - Northern Indiana | 800/967-5439 | MC1 | MC2 | 195.56 | 508.58 | 199.47 | 518.75 |
| Physicians HP of N. Indiana - Northern Indiana | 219/432-6690 | DQ1 | DQ2 | 228.22 | 514.39 | 232.78 | 524.68 |
| Prudential HealthCare HMO Midwest - Dearborn County | 800/856-0764 | S31 | S32 | 208.89 | 542.40 | 213.07 | 553.25 |
| Rush Prudential HMO - Lake/Porter Counties | 888/234-7747 | 171 | 172 | 192.62 | 499.89 | 196.47 | 509.89 |

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 | 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 | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.62 | 2.57 | 2.37 | 2.45 | 2.45 | 2.37 | 1.81 | N | |
| American HMO | \$10 | Nothing | \$5 | \$10 | 0.56 | 2.60 | 2.45 | 2.43 | 2.51 | 2.86 | 1.83 | | |
| Group Health Plan | \$10 | Nothing | \$7 | \$12 | 0.72 | 2.62 | 2.38 | 2.44 | 2.53 | 2.28 | 2.89 | N | |
| Health Alliance HMO | \$10 | Nothing | \$7 | \$14 | 0.83 | 2.75 | 2.57 | 2.55 | 2.65 | 2.52 | 2.39 | | |
| Health Partners of the Midwest | \$10 | Nothing | \$7 | \$12 | | | | | | | | | |
| Humana Health Plan Inc. | \$10 | Nothing | \$3 | \$7 | 0.66 | 2.60 | 2.27 | 2.37 | 2.41 | 2.24 | 2.25 | N | |
| John Deere Health Plan | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.65 | 2.56 | 2.40 | 2.54 | 2.43 | 2.35 | | |
| Mercy Health Plans/Premier | \$10 | Nothing | \$7 | \$12 | | | | | | | | | |
| - In-Network | | | | | | | | | | | | | |
| - Out-of-Network | 30% | 30% | \$7 | \$12 | | | | | | | | | |
| OSF HealthPlans | \$10 | Nothing | \$7 | \$15 | | | | | | | | | |
| PersonalCare's HMO | \$10 | Nothing | \$5 | \$10 | 0.86 | 2.80 | 2.54 | 2.48 | 2.64 | 2.57 | 2.49 | N | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.68 | 2.68 | 2.47 | 2.46 | 2.60 | 2.27 | 2.38 | N | |
| Rush Prudential HMO | \$10 | Nothing | \$5 | \$5 | 0.65 | 2.52 | 2.28 | 2.41 | 2.48 | 2.25 | 1.86 | N | |
| Union Health Service | \$10 | Nothing | \$5 | \$5 | | | | | | | | | |

| | | | | | | | | | | | | |
|-----------------------------------|------|---------|------|--------|------|------|------|------|------|------|------|---|
| Indiana | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.62 | 2.57 | 2.45 | 2.49 | 2.56 | 2.28 | 1.84 | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.62 | 2.57 | 2.37 | 2.45 | 2.45 | 2.37 | 1.81 | N |
| American HMO | \$10 | Nothing | \$5 | \$10 | 0.56 | 2.60 | 2.45 | 2.43 | 2.51 | 2.86 | 1.83 | |
| Arnett HMO | \$10 | Nothing | \$5 | \$15 | 0.83 | 2.77 | 2.49 | 2.49 | 2.62 | 2.59 | 2.52 | |
| Health Alliance HMO | \$10 | Nothing | \$7 | \$14 | 0.83 | 2.75 | 2.57 | 2.55 | 2.65 | 2.52 | 2.39 | |
| Humana Care Plan | \$10 | Nothing | \$5 | \$10 | 0.70 | 2.70 | 2.31 | 2.44 | 2.54 | 2.32 | 2.97 | |
| Humana Health Plan | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.62 | 2.39 | 2.47 | 2.55 | 2.32 | 2.17 | |
| Humana Health Plan Inc. | \$10 | Nothing | \$3 | \$7 | 0.66 | 2.60 | 2.27 | 2.37 | 2.41 | 2.24 | 2.25 | |
| Maxicare Indiana | \$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 | \$10 | Nothing | \$4 | \$7.50 | | | | | | | | N |
| Physicians HP of N. Indiana | \$10 | Nothing | \$10 | \$10 | | | | | | | | |
| Prudential HealthCare HMO Midwest | \$10 | Nothing | \$5 | \$15 | 0.66 | 2.65 | 2.40 | 2.38 | 2.49 | 2.24 | 1.91 | N |
| Rush Prudential HMO | \$10 | Nothing | \$5 | \$5 | 0.65 | 2.52 | 2.28 | 2.41 | 2.48 | 2.25 | 1.86 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Indiana (continued) | | | | | | | |
| The M•Plan - Central/Northeast/Southwest Indiana | 317/571-5320 | IN1 | IN2 | 224.97 | 500.85 | 229.47 | 510.87 |
| Welborn HMO - Evansville area | 812/426-6600 | H31 | H32 | 201.63 | 521.21 | 205.66 | 531.63 |

| Iowa | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Care Choices - Northwest Iowa | 800/535-6252 | FA1 | FA2 | 193.38 | 520.52 | 197.25 | 530.93 |
| Health Alliance HMO - Central Iowa | 888/536-5300 | 7X1 | 7X2 | 196.34 | 476.19 | 200.27 | 485.71 |
| John Deere Health Plan - Central/Eastern Iowa | 800/247-9110 | 3J1 | 3J2 | 205.53 | 554.93 | 209.64 | 566.03 |
| Principal Health Care of Iowa - Des Moines/Central Iowa/Waterloo | 800/257-4692 | SV1 | SV2 | 181.96 | 491.38 | 185.60 | 501.21 |
| SecureCare of Iowa - Central and Eastern Iowa areas | 888/881-8820 | 3Q1 | 3Q2 | 172.68 | 452.38 | 176.13 | 461.43 |

| Kansas | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - Kansas City Metro Area | 800/537-9384 | 7K1 | 7K2 | 183.00 | 484.77 | 186.66 | 494.47 |
| Blue Cross and Blue Shield-Std - Most of Kansas | 800/432-0379 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| KansasHumana Kansas City, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 204.01 | 489.43 | 208.09 | 499.22 |
| Humana Kansas City, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 192.03 | 460.68 | 195.87 | 469.89 |
| Kaiser Permanente - Kansas City area | 913/642-2662 | HA1 | HA2 | 173.62 | 447.96 | 177.09 | 456.92 |
| Preferred Plus of Kansas - S. Central & Jefferson/Shawnee Counties | 800/660-8114 | VA1 | VA2 | 225.18 | 598.95 | 229.68 | 610.93 |
| Principal Health Care of KC - Wichita/Salinas areas | 800/969-3343 | 7W1 | 7W2 | 184.88 | 471.49 | 188.58 | 480.92 |
| Prudential HealthCare HMO - Kansas City/Topeka areas | 800/856-0764 | 1K1 | 1K2 | 205.29 | 491.86 | 209.40 | 501.70 |

| Kentucky | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Advantage Care, Inc. - Central/Eastern Kentucky | 800/850-8585 | XW1 | XW2 | 203.71 | 529.17 | 207.78 | 539.75 |
| Aetna U.S. Healthcare - Lexington/Louisville areas | 800/537-9384 | RD1 | RD2 | 225.96 | 559.30 | 230.48 | 570.49 |
| Bluegrass Family Health - Central/Eastern Kentucky | 606/269-4475 | 2B1 | 2B2 | 231.73 | 472.49 | 236.36 | 481.94 |
| Humana Care Plan - Louisville area | 888/393-6765 | 181 | 182 | 220.76 | 551.96 | 225.18 | 563.00 |
| Humana Care Plan - Lexington area | 888/393-6765 | HR1 | HR2 | 219.20 | 547.97 | 223.58 | 558.93 |
| Humana Health Plan - Lexington/Louisville | 888/393-6765 | D21 | D22 | 233.87 | 584.63 | 238.55 | 596.32 |

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 | 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) | |
| Indiana (continued) | | | | | | | | | | | | |
| The M•Plan | \$10 | Nothing | \$5 | \$10 | 0.77 | 2.66 | 2.47 | 2.47 | 2.57 | 2.43 | 2.18 | N |
| Welborn HMO | \$10 | Nothing | \$5 | \$15 | 0.90 | 2.86 | 2.61 | 2.52 | 2.70 | 2.67 | 2.65 | N |

| Iowa | | | | | | | | | | | | |
|-------------------------------|------|---------|---------|---------|------|------|------|------|------|------|------|---|
| Care Choices | \$10 | Nothing | \$5 | \$5 | X | X | X | X | X | X | X | |
| Health Alliance HMO | \$10 | Nothing | \$7 | \$14 | 0.83 | 2.75 | 2.57 | 2.55 | 2.65 | 2.52 | 2.39 | |
| John Deere Health Plan | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.65 | 2.56 | 2.40 | 2.54 | 2.43 | 2.35 | |
| Principal Health Care of Iowa | \$10 | Nothing | \$5/25% | \$5/25% | 0.75 | 2.69 | 2.48 | 2.38 | 2.51 | 2.45 | 2.36 | N |
| SecureCare of Iowa | \$10 | Nothing | 25% | 25% | | | | | | | | |

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

| Kentucky | | | | | | | | | | | | |
|-------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|
| Advantage Care, Inc. | \$10 | Nothing | \$5 | \$5 | 0.72 | 2.68 | 2.44 | 2.59 | 2.62 | 2.52 | 2.46 | N |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.62 | 2.57 | 2.45 | 2.49 | 2.56 | 2.28 | 1.84 | |
| Bluegrass Family Health | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 30% | Nothing | \$5 | \$10 | | | | | | | | |
| Humana Care Plan | \$10 | Nothing | \$5 | \$10 | 0.70 | 2.70 | 2.31 | 2.44 | 2.54 | 2.32 | 2.97 | |
| Humana Care Plan | \$10 | Nothing | \$5 | \$10 | 0.74 | 2.62 | 2.47 | 2.52 | 2.59 | 2.32 | 2.25 | |
| Humana Health Plan | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.62 | 2.39 | 2.47 | 2.55 | 2.32 | 2.17 | |

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Kentucky (continued) | | | | | | | |
| PacifiCare of Ohio, Inc. - Northern Kentucky | 800/824-0428 | R81 | R82 | 194.89 | 415.05 | 198.79 | 423.35 |
| Prudential HealthCare HMO Midwest - Northern Kentucky | 800/856-0764 | S31 | S32 | 208.89 | 542.40 | 213.07 | 553.25 |
| United Health Care of Ohio - Northern Kentucky | 800/231-2918 | 3U1 | 3U2 | 231.75 | 533.02 | 236.39 | 543.68 |

| Louisiana | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - New Orleans area | 800/537-9384 | NG1 | NG2 | 197.02 | 512.14 | 200.96 | 522.38 |
| Aetna U.S. Healthcare - Baton Rouge/Lafayette areas | 800/537-9384 | TK1 | TK2 | 153.68 | 501.41 | 156.75 | 511.44 |
| Blue Cross and Blue Shield-Std - New Orleans area | 800/272-3029 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| Maxicare Louisiana - Baton Rouge/New Orleans areas | 800/933-6294 | JA1 | JA2 | 176.65 | 410.26 | 180.18 | 418.47 |

| Maine | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - All of Maine | 800/537-9384 | 9M1 | 9M2 | 269.60 | 600.04 | 274.99 | 612.04 |
| Harvard Pilgrim Health Care - Southeastern Maine | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |

| Maryland | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare-High -North/Central/Southern Maryland | 800/537-9384 | JN1 | JN2 | 234.43 | 548.82 | 239.12 | 559.80 |
| Aetna U.S. Healthcare-Std - North/Central/Southern Maryland | 800/537-9384 | JN4 | JN5 | 161.83 | 379.60 | 165.07 | 387.19 |
| CapitalCare - South/Central Maryland | 800/680-9495 | 2G1 | 2G2 | 224.14 | 549.12 | 228.62 | 560.10 |
| Free State Health Plan - All of Maryland | 800/445-6036 | LD1 | LD2 | 270.62 | 617.05 | 276.03 | 629.39 |
| George Washington Univ HP - Central/Southern Maryland | 301/941-2000 | E51 | E52 | 211.16 | 517.57 | 215.38 | 527.92 |
| Kaiser Permanente - Baltimore/Washington, DC areas | 301/468-6000 | E31 | E32 | 203.67 | 503.53 | 207.74 | 513.60 |
| MD-IPA - All of Maryland | 800/251-0956 | JP1 | JP2 | 226.66 | 544.09 | 231.19 | 554.97 |
| Prudential HealthCare HMO - Most of Maryland | 800/856-0764 | JB1 | JB2 | 242.86 | 534.56 | 247.72 | 545.25 |

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 | 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) | |
| Kentucky (continued) | | | | | | | | | | | | |
| PacifiCare of Ohio, Inc. | \$10 | Nothing | \$10 | \$10 | 0.72 | 2.69 | 2.48 | 2.49 | 2.64 | 2.39 | 2.15 | |
| Prudential HealthCare HMO Midwest | \$10 | Nothing | \$5 | \$15 | 0.66 | 2.65 | 2.40 | 2.38 | 2.49 | 2.24 | 1.91 | N |
| United Health Care of Ohio | \$10 | Nothing | \$10 | \$15 | 0.76 | 2.79 | 2.44 | 2.42 | 2.53 | 2.49 | 2.22 | N |

| Louisiana | | | | | | | | | | | | |
|--------------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | X | X | X | X | X | X | X | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Blue Cross and Blue Shield-Std | \$10 | Nothing | \$5 | \$15 | X | X | X | X | X | X | X | N |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 25% | 30% | 45% | 45% | | | | | | | | |
| Maxicare Louisiana | \$10 | Nothing | \$7 | \$12 | 0.75 | 2.65 | 2.21 | 2.41 | 2.46 | 2.43 | 2.76 | |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 20% | 20% | N/A | N/A | | | | | | | | |

| Maine | | | | | | | | | | | | |
|-----------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Harvard Pilgrim Health Care | \$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 | \$10 | Nothing | \$5 | \$10 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| CapitalCare | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.59 | 2.37 | 2.45 | 2.58 | 2.42 | 2.32 | N |
| Free State Health Plan | \$10 | Nothing | \$10 | \$20 | 0.74 | 2.69 | 2.38 | 2.53 | 2.56 | 2.43 | 2.25 | N |
| - In-Network | | | | | | | | | | | | |
| - Out-of-Network | 20% | 20% | \$10 | \$20 | | | | | | | | |
| George Washington Univ HP | \$10 | Nothing | \$5 | \$15 | 0.69 | 2.66 | 2.29 | 2.39 | 2.36 | 2.22 | 2.64 | N |
| Kaiser Permanente | \$10 | Nothing | \$7 | \$7 | 0.78 | 2.63 | 2.35 | 2.36 | 2.55 | 2.50 | 2.76 | N |
| MD-IPA | \$10 | Nothing | \$5 | \$10 | 0.74 | 2.65 | 2.42 | 2.46 | 2.56 | 2.53 | 2.33 | N |
| Prudential HealthCare HMO | \$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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Massachusetts | | | | | | | |
| Aetna U.S. Healthcare - Central/Eastern MA/Hampden | 800/537-9384 | NE1 | NE2 | 252.20 | 669.67 | 257.24 | 683.06 |
| Blue Chip, Coord Hlth Partners - Southeastern Massachusetts | 401/459-5500 | DA1 | DA2 | 217.23 | 556.16 | 221.57 | 567.28 |
| Blue Cross and Blue Shield-Std - All of Massachusetts | 800/433-7766 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| Fallon Community Health Plan - Central/Eastern Massachusetts | 800/868-5200 | JV1 | JV2 | 189.37 | 488.00 | 193.16 | 497.76 |
| Harvard Pilgrim Health Care - Eastern/Western Massachusetts | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |
| Harvard Pilgrim Hlth Care-NE - Southeastern Massachusetts | 888/333-4742 | 701 | 702 | 242.26 | 581.45 | 247.11 | 593.08 |
| Health New England - Western Massachusetts | 413/787-4004 | DJ1 | DJ2 | 231.99 | 512.66 | 236.63 | 522.91 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Michigan | | | | | | | |
| Aetna U.S. Healthcare - Greater Detroit Metro area | 800/537-9384 | 8Z1 | 8Z2 | 185.03 | 482.73 | 188.73 | 492.38 |
| Blue Care Network West MI - Western Michigan | 800/775-2583 | G71 | G72 | 268.60 | 678.21 | 273.97 | 691.77 |
| Blue Care Network West MI - East Michigan Region | 800/890-0871 | K51 | K52 | 208.17 | 580.21 | 212.33 | 591.81 |
| Blue Care Network West MI - Western Michigan | 800/775-2583 | KF1 | KF2 | 176.69 | 484.88 | 180.22 | 494.58 |
| Blue Care Network West MI - East Michigan Region | 800/890-0871 | KN1 | KN2 | 211.47 | 589.49 | 215.70 | 601.28 |
| Blue Care Network West MI - Western Michigan | 800/775-2583 | KR1 | KR2 | 193.94 | 557.85 | 197.82 | 569.01 |
| Blue Care Network West MI - Mid Michigan | 888/227-2345 | LN1 | LN2 | 225.77 | 542.92 | 230.29 | 553.78 |
| Blue Care Network West MI - Southeast MI | 800/662-6667 | LX1 | LX2 | 142.70 | 467.59 | 145.55 | 476.94 |
| Grand Valley Health Plan - Grand Rapids area | 616/949-2410 | RL1 | RL2 | 199.57 | 510.14 | 203.56 | 520.34 |
| Health Alliance - Southeastern Michigan/Flint area | 313/872-8100 | 521 | 522 | 191.27 | 506.85 | 195.10 | 516.99 |
| HealthPlus MI - Flint/Saginaw areas | 800/332-9161 | X51 | X52 | 218.18 | 534.91 | 222.54 | 545.61 |
| M-Care - Mid/Southeastern Michigan | 800/658-8878 | EG1 | EG2 | 189.30 | 501.80 | 193.09 | 511.84 |
| OmniCare - Southeastern Michigan | 313/259-4000 | KA1 | KA2 | 153.34 | 383.39 | 156.41 | 391.06 |
| Physicians Health Plan - Muskegon/Western Michigan | 616/728-6333 | U81 | U82 | 168.31 | 403.39 | 171.68 | 411.46 |
| Priority Health - West Michigan | 616/942-1221 | BQ1 | BQ2 | 228.30 | 645.08 | 232.87 | 657.98 |
| SelectCare HMO - Southeast Michigan | 800/332-2365 | K61 | K62 | 157.73 | 441.72 | 160.88 | 450.55 |
| The Wellness Plan - Southeastern Michigan | 800/875-9355 | K31 | K32 | 169.98 | 462.37 | 173.38 | 471.62 |
| Total Health Care - Greater Detroit/Flint areas | 800/826-2862 | N21 | N22 | 170.00 | 431.15 | 173.40 | 439.77 |

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 | 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 (U) |
|---|----------------------------------|---------------------------------|-----------------------------|---------------------------|---|----------------------------|-----------------------------|-------------------------------------|---|-------------------------|--------------------------|---|--|
| | | | | | 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 (2.74) | 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 | \$10 | Nothing | \$5 | \$10 | 0.63 | 2.66 | 2.55 | 2.55 | 2.63 | 2.19 | 1.86 | N | |
| Blue Chip, Coord - In-Network | \$10 | Nothing | \$5 | \$15 | 0.74 | 2.75 | 2.48 | 2.58 | 2.64 | 2.45 | 2.25 | N | |
| Blue Chip, Coord - Out-of-Network | 20% | 20% | \$5 | \$15 | | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$10 | Nothing | \$5 | \$15 | 0.85 | 2.77 | 2.51 | 2.52 | 2.63 | 2.53 | 2.33 | N | |
| Blue Cross and Blue Shield-Std - Out-of-Network | 25% | 30% | 45% | 45% | | | | | | | | | |
| Fallon Community Health Plan | \$10 | Nothing | \$5 | \$10 | 0.89 | 2.78 | 2.53 | 2.61 | 2.72 | 2.63 | 2.53 | N | |
| Harvard Pilgrim Health Care | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.78 | 2.45 | 2.55 | 2.64 | 2.47 | 2.27 | N | |
| Harvard Pilgrim Hlth Care-NE | \$10 | Nothing | \$5 | \$15 | 0.84 | 2.79 | 2.46 | 2.52 | 2.59 | 2.46 | 2.26 | N | |
| Health New England | \$10 | Nothing | \$7 | \$15 | 0.90 | 2.79 | 2.41 | 2.49 | 2.54 | 2.78 | 2.57 | N | |

| Michigan | | | | | | | | | | | | |
|---------------------------|------|---------|---------|---------|------|------|------|------|------|------|------|---|
| | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Blue Care Network West MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Grand Valley Health Plan | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| Health Alliance | \$10 | Nothing | \$2 | \$2 | 0.82 | 2.70 | 2.35 | 2.42 | 2.49 | 2.52 | 2.40 | N |
| HealthPlus MI | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| M-Care | \$10 | Nothing | \$5 | \$10 | 0.82 | 2.76 | 2.41 | 2.55 | 2.57 | 2.59 | 2.36 | N |
| OmniCare | \$10 | Nothing | \$2 | \$2 | | | | | | | | N |
| Physicians Health Plan | \$10 | Nothing | \$5 | \$5 | 0.81 | 2.77 | 2.53 | 2.52 | 2.63 | 2.55 | 2.43 | |
| Priority Health | \$10 | Nothing | \$5 | \$5 | 0.85 | 2.79 | 2.50 | 2.55 | 2.62 | 2.59 | 2.53 | N |
| SelectCare HMO | \$10 | Nothing | \$2 | \$2 | 0.73 | 2.61 | 2.41 | 2.49 | 2.59 | 2.41 | 2.23 | N |
| The Wellness Plan | \$10 | Nothing | \$5 | \$5 | 0.60 | 2.51 | 2.25 | 2.31 | 2.38 | 2.15 | 1.88 | |
| Total Health Care | \$10 | Nothing | Nothing | Nothing | | | | | | | | |

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Minnesota | | | | | | | |
| APWU Health Plan - Minneapolis/St Paul | 800/222-2798 | 471 | 472 | 256.86 | 563.70 | 262.00 | 574.97 |
| Blue Cross and Blue Shield-Std - All of Minnesota | 800/859-2128 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| HealthPartners Classic-High -Minneapolis/St. Paul areas | 612/883-5000 | 531 | 532 | 240.44 | 576.98 | 245.25 | 588.52 |
| HealthPartners Classic-Std - Minneapolis/St. Paul areas | 612/883-5000 | 534 | 535 | 205.51 | 493.13 | 209.62 | 502.99 |
| HealthPartners Health Plan - Minneapolis/St. Paul/St. Cloud areas | 612/883-5000 | HQ1 | HQ2 | 264.98 | 636.03 | 270.28 | 648.75 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Mississippi | | | | | | | |
| Prudential HealthCare HMO - Desoto/Marshall/Tate/Tunica Cos. | 800/856-0764 | UB1 | UB2 | 168.83 | 514.48 | 172.21 | 524.77 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Missouri | | | | | | | |
| Aetna U.S. Healthcare - Metro St Louis area | 800/537-9384 | 6T1 | 6T2 | 170.84 | 454.07 | 174.26 | 463.15 |
| BlueCHOICE - StLouis/Central/SW/Poplar Bluff area | 800/634-4395 | 9G1 | 9G2 | 241.63 | 523.12 | 246.46 | 533.58 |
| Group Health Plan - St. Louis area | 800/743-3901 | MM1 | MM2 | 220.89 | 481.54 | 225.31 | 491.17 |
| Health Partners of the Midwest - St. Louis and Columbia areas | 800/338-4123 | RN1 | RN2 | 245.79 | 533.37 | 250.71 | 544.04 |
| Humana Kansas City, Inc.-High -Kansas City area | 888/393-6765 | MS1 | MS2 | 204.01 | 489.43 | 208.09 | 499.22 |
| Humana Kansas City, Inc.-Std - Kansas City area | 888/393-6765 | MS4 | MS5 | 192.03 | 460.68 | 195.87 | 469.89 |
| Kaiser Permanente - Kansas City area | 913/642-2662 | HA1 | HA2 | 173.62 | 447.96 | 177.09 | 456.92 |
| Mercy Health Plans/Premier - East/Central/Southwest Missouri | 800/327-0763 | 7M1 | 7M2 | 214.07 | 497.92 | 218.35 | 507.88 |
| Prudential HealthCare HMO - Kansas City area | 800/856-0764 | 1K1 | 1K2 | 205.29 | 491.86 | 209.40 | 501.70 |
| Prudential HealthCare HMO - St. Louis area | 800/856-0764 | VZ1 | VZ2 | 173.33 | 437.71 | 176.80 | 446.46 |

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 | 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 | \$10 | Nothing | 20%* | 20%* | | | | | | | | | |
| - Out-of-Network | 30% | 30% | 40% | 40% | | | | | | | | | |
| Blue Cross and Blue Shield-Std - In-Network | \$10 | Nothing | \$5 | \$15 | 0.76 | 2.69 | 2.37 | 2.42 | 2.52 | 2.35 | 2.40 | | |
| - Out-of-Network | 25% | 30% | 45% | 45% | | | | | | | | | |
| HealthPartners Classic-High | \$10 | Nothing | \$8 | \$8 | 0.77 | 2.76 | 2.39 | 2.48 | 2.56 | 2.47 | 2.30 | N | |
| HealthPartners Classic-Std | \$15 | Nothing | \$10 | \$10 | 0.77 | 2.76 | 2.39 | 2.48 | 2.56 | 2.47 | 2.30 | N | |
| HealthPartners Health Plan | \$10 | Nothing | \$8 | \$8 | 0.77 | 2.76 | 2.39 | 2.48 | 2.56 | 2.47 | 2.30 | N | |

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

| | | | | | | | | | | | | | |
|---|------|---------|------|------|------|------|------|------|------|------|------|---|--|
| Missouri | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| BlueCHOICE | \$10 | Nothing | \$5 | \$10 | 0.68 | 2.67 | 2.43 | 2.51 | 2.59 | 2.37 | 2.15 | N | |
| Group Health Plan | \$10 | Nothing | \$7 | \$12 | 0.72 | 2.62 | 2.38 | 2.44 | 2.53 | 2.28 | 2.89 | N | |
| Health Partners of the Midwest | \$10 | Nothing | \$7 | \$12 | X | X | X | X | X | X | X | | |
| Humana Kansas City, Inc.-High | \$10 | Nothing | \$5 | \$10 | X | X | X | X | X | X | X | N | |
| Humana Kansas City, Inc.-Std | \$15 | Nothing | \$10 | \$20 | X | X | X | X | X | X | X | N | |
| Kaiser Permanente | \$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 | \$10 | Nothing | \$7 | \$12 | | | | | | | | | |
| - Out-of-Network | 30% | 30% | \$7 | \$12 | | | | | | | | | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.65 | 2.56 | 2.34 | 2.36 | 2.47 | 2.23 | 1.95 | N | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.68 | 2.68 | 2.47 | 2.46 | 2.60 | 2.27 | 2.38 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--------------------------------------|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Nebraska | | | | | | | |
| Care Choices - Northeastern Nebraska | 800/535-6252 | FA1 | FA2 | 193.38 | 520.52 | 197.25 | 530.93 |
| GEHA Benefit Plan - Omaha area | 800/821-6136 | 311 | 312 | 269.86 | 582.05 | 275.26 | 593.69 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Nevada | | | | | | | |
| Aetna U.S. Healthcare - Southern Nevada/Las Vegas area | 800/537-9384 | 8L1 | 8L2 | 159.08 | 416.69 | 162.26 | 425.02 |
| Health Plan of Nevada - Las Vegas/Reno areas | 702/871-0999 | NM1 | NM2 | 161.63 | 413.75 | 164.86 | 422.03 |
| HMO Colorado/Nevada - Most of Nevada | 800/438-5270 | VS1 | VS2 | 249.90 | 596.92 | 254.90 | 608.86 |
| Humana Health Plan, Inc. - Las Vegas area | 888/393-6765 | TL1 | TL2 | 144.54 | 415.85 | 147.43 | 424.17 |
| PacifiCare of Nevada - Las Vegas/Carson City/Reno | 800/811-7305 | K91 | K92 | 165.71 | 419.86 | 169.02 | 428.26 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| New Hampshire | | | | | | | |
| Harvard Pilgrim Health Care - Southern New Hampshire | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| New Jersey | | | | | | | |
| Aetna U.S. Healthcare-High -All of New Jersey | 800/537-9384 | P31 | P32 | 296.38 | 770.49 | 302.31 | 785.90 |
| Aetna U.S. Healthcare-Std - All of New Jersey | 800/537-9384 | P34 | P35 | 220.76 | 580.80 | 225.18 | 592.42 |
| AmeriHealth HMO - All of New Jersey | 800/454-7651 | FK1 | FK2 | 299.17 | 664.41 | 305.15 | 677.70 |
| Blue Cross and Blue Shield-Std - All of New Jersey | 800/624-5078 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| CIGNA CoMED HealthCare - All of New Jersey | 800/462-6633 | P41 | P42 | 286.30 | 601.21 | 292.03 | 613.23 |
| Physicians Health Services of NJ - All of New Jersey | 877/747-9585 | 2F1 | 2F2 | 188.63 | 452.66 | 192.40 | 461.71 |
| GHI Health Plan - Northern New Jersey | 201/623-6000 | 801 | 802 | 227.20 | 567.99 | 231.74 | 579.35 |
| Prudential HealthCare HMO - All of New Jersey | 800/856-0764 | 8P1 | 8P2 | 228.82 | 577.16 | 233.40 | 588.70 |
| QualMed Plans for Health - Burlington/Camden/Gloucester Counties | 800/998-2840 | 271 | 272 | 267.13 | 621.03 | 272.47 | 633.45 |

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 | 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) | |
| Nebraska | | | | | | | | | | | | |
| Care Choices | \$10 | Nothing | \$5 | \$5 | X | X | X | X | X | X | X | |
| GEHA Benefit Plan - In-Network | \$10 | Nothing | \$5* | \$15* | | | | | | | | |
| - Out-of-Network | 25% | Nothing | \$5* | \$15* | | | | | | | | |

| | | | | | | | | | | | | |
|------------------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|
| Nevada | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Health Plan of Nevada - In-Network | \$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 | \$10 | Nothing | \$5 | \$15 | | | | | | | | N |
| - Out-of-Network | 30% | 30% | N/A | N/A | | | | | | | | |
| Humana Health Plan, Inc. | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| PacifiCare of Nevada | \$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 | \$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 | \$10 | Nothing | \$5 | \$10 | 0.79 | 2.79 | 2.48 | 2.51 | 2.59 | 2.46 | 2.25 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.79 | 2.79 | 2.48 | 2.51 | 2.59 | 2.46 | 2.25 | N |
| AmeriHealth HMO | \$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 | 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 | \$10 | Nothing | \$10 | \$20 | 0.62 | 2.57 | 2.26 | 2.32 | 2.35 | 2.23 | 1.84 | N |
| Physicians Health Services of NJ | \$10 | Nothing | \$10 | \$20 | 0.76 | 2.73 | 2.42 | 2.50 | 2.53 | 2.25 | 2.12 | |
| GHI Health Plan - In-Network | \$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 | \$10 | Nothing | \$5 | \$15 | 0.52 | 2.65 | 2.36 | 2.38 | 2.38 | 2.17 | 1.72 | N |
| QualMed Plans for Health | \$10 | Nothing | \$4 | \$4 | 0.66 | 2.53 | 2.49 | 2.48 | 2.56 | 2.32 | 2.16 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| New Mexico | | | | | | | |
| Lovelace Health Plan - All of New Mexico | 505/262-7363 | Q11 | Q12 | 206.09 | 535.82 | 210.21 | 546.54 |
| Presbyterian Health Plan - All NM counties except Otero & S. Eddy | 505/923-5678 | P21 | P22 | 178.53 | 465.64 | 182.10 | 474.95 |
| QualMed Plans for Health - Albuquerque/Santa Fe areas | 800/365-0009 | PX1 | PX2 | 166.64 | 439.90 | 169.97 | 448.70 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| New York | | | | | | | |
| Aetna U.S. Healthcare - NYC area and Dutchess/Sullivan/Ulster | 800/537-9384 | JC1 | JC2 | 212.85 | 534.99 | 217.11 | 545.69 |
| Blue Choice - Rochester area | 716/238-4300 | MK1 | MK2 | 194.11 | 485.44 | 197.99 | 495.15 |
| Blue Cross and Blue Shield-Std - NYC/LI/Rocklnd/Wstchstr/Mid-Hudson | 800/522-5566 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| BlueChoice HMO - Albany area | 800/453-0113 | 5L1 | 5L2 | 195.09 | 511.55 | 198.99 | 521.78 |
| BlueChoice HMO - Downstate area | 800/453-0113 | S71 | S72 | 253.24 | 679.12 | 258.30 | 692.70 |
| C.D.P.H.P. - Capital District area | 518/862-3750 | SG1 | SG2 | 179.90 | 461.63 | 183.50 | 470.86 |
| CIGNA HealthCare of NY - New York City area | 800/345-9458 | HU1 | HU2 | 210.90 | 558.91 | 215.12 | 570.09 |
| GHI Health Plan - All of New York | 212/501-4444 | 801 | 802 | 227.20 | 567.99 | 231.74 | 579.35 |
| GHI HMO Select - Bronx/Brklyn/Manhattan/Queens/Westchster | 800/438-9269 | 6V1 | 6V2 | 188.13 | 580.95 | 191.89 | 592.57 |
| GHI HMO Select - Capital/Hudson Valley Regions | 800/438-9269 | X41 | X42 | 196.71 | 513.13 | 200.64 | 523.39 |
| Harvard Pilgrim Health Care - New York adjacent to Massachusetts | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |
| HealthCarePlan - Western New York | 716/847-0881 | Q81 | Q82 | 162.11 | 459.25 | 165.35 | 468.44 |
| HIP of Greater New York - New York City area | 800/HIP-TALK | 511 | 512 | 185.60 | 556.81 | 189.31 | 567.95 |
| HMO Blue - Utica/Rome/Central New York areas | 800/722-7884 | AH1 | AH2 | 194.85 | 495.82 | 198.75 | 505.74 |
| HMO-CNY - Syracuse/Binghamton/Elmira areas | 800/447-6369 | EB1 | EB2 | 196.08 | 520.00 | 200.00 | 530.40 |
| Independent Health Assoc - Metro Hudson | 800/486-5840 | C11 | C12 | 233.98 | 621.44 | 238.66 | 633.87 |
| Independent Health Assoc - Western New York | 800/453-1910 | QA1 | QA2 | 150.00 | 421.22 | 153.00 | 429.64 |
| Kaiser Permanente - Albany/Cooperstown areas | 800/597-3872 | PW1 | PW2 | 218.99 | 545.33 | 223.37 | 556.24 |
| Kaiser Permanente - Hudson Valley area | 800/597-3872 | QB1 | QB2 | 235.06 | 593.49 | 239.76 | 605.36 |
| Kaiser Permanente - Westchester County | 800/597-1990 | QH1 | QH2 | 292.85 | 713.33 | 298.71 | 727.60 |
| MDNY Healthcare, Inc. - Nassau/Suffolk Counties | 516/454-1900 | 5Y1 | 5Y2 | 221.07 | 609.57 | 225.49 | 621.76 |

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 | 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 (7.4) | 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 | \$10 | Nothing | \$5 | \$10 | 0.73 | 2.65 | 2.33 | 2.45 | 2.47 | 2.28 | 2.12 | J,N |
| Presbyterian Health Plan | \$10 | Nothing | \$5 | \$15 | | | | | | | | |
| QualMed Plans for Health | \$10 | Nothing | \$5 | \$8 | 0.78 | 2.63 | 2.35 | 2.49 | 2.46 | 2.44 | 2.37 | |

| | | | | | | | | | | | | |
|--------------------------------|------|---------|------|------|------|------|------|------|------|------|------|---|
| New York | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.78 | 2.69 | 2.33 | 2.44 | 2.45 | 2.52 | 2.19 | N |
| Blue Choice | \$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 | | | | | | | | | | | | |
| - In-Network | \$10 | Nothing | \$5 | \$15 | 0.72 | 2.69 | 2.45 | 2.50 | 2.53 | 2.34 | 2.11 | N |
| - Out-of-Network | 25% | 30% | 45% | 45% | | | | | | | | |
| BlueChoice HMO | \$10 | Nothing | \$5 | \$5 | X | X | X | X | X | X | X | N |
| BlueChoice HMO | \$10 | Nothing | \$5 | \$5 | X | X | X | X | X | X | X | N |
| C.D.P.H.P. | \$10 | Nothing | \$5 | \$10 | 0.88 | 2.87 | 2.53 | 2.54 | 2.59 | 2.66 | 2.58 | N |
| CIGNA HealthCare of NY | \$10 | Nothing | \$7 | \$14 | 0.58 | 2.47 | 2.23 | 2.27 | 2.28 | 2.29 | 1.88 | |
| GHI Health Plan | | | | | | | | | | | | |
| - In-Network | \$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 | | | | | | | | |
| GHI HMO Select | \$10 | Nothing | \$10 | \$10 | X | X | X | X | X | X | X | N |
| GHI HMO Select | \$10 | Nothing | \$10 | \$10 | X | X | X | X | X | X | X | N |
| Harvard Pilgrim Health Care | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.78 | 2.45 | 2.55 | 2.64 | 2.47 | 2.27 | N |
| HealthCarePlan | \$10 | Nothing | \$5 | \$5 | 0.82 | 2.78 | 2.56 | 2.52 | 2.67 | 2.53 | 2.36 | N |
| HIP of Greater New York | \$10 | Nothing | \$10 | \$10 | 0.71 | 2.67 | 2.10 | 2.31 | 2.32 | 2.42 | 2.12 | N |
| HMO Blue | \$10 | Nothing | \$5 | \$20 | 0.73 | 2.78 | 2.52 | 2.57 | 2.69 | 2.49 | 2.22 | |
| HMO-CNY | \$10 | Nothing | \$5 | \$20 | 0.77 | 2.76 | 2.49 | 2.49 | 2.61 | 2.47 | 2.29 | N |
| Independent Health Assoc | \$10 | Nothing | \$5 | \$10 | 0.77 | 2.69 | 2.43 | 2.56 | 2.68 | 2.46 | 2.19 | N |
| Independent Health Assoc | \$10 | Nothing | \$5 | \$10 | 0.83 | 2.79 | 2.44 | 2.57 | 2.67 | 2.65 | 2.51 | N |
| Kaiser Permanente | \$10 | Nothing | 20% | 20% | 0.75 | 2.73 | 2.49 | 2.54 | 2.61 | 2.39 | 2.33 | N |
| Kaiser Permanente | \$10 | Nothing | 20% | 20% | 0.75 | 2.73 | 2.49 | 2.54 | 2.61 | 2.39 | 2.33 | N |
| Kaiser Permanente | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.73 | 2.49 | 2.54 | 2.61 | 2.39 | 2.33 | |
| MDNY Healthcare, Inc. | \$10 | Nothing | \$5 | \$15 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| New York (continued) | | | | | | | |
| MDNY Healthcare, Inc. - Erie/Niagara Counties | 516/454-1900 | 8U1 | 8U2 | 148.89 | 375.07 | 151.87 | 382.57 |
| MVP Health Plan - Eastern Region | 888/687-6277 | GA1 | GA2 | 212.07 | 533.22 | 216.31 | 543.88 |
| MVP Health Plan - Central Region | 888/687-6277 | M91 | M92 | 211.38 | 531.94 | 215.61 | 542.58 |
| MVP Health Plan - Mid-Hudson Region | 888/687-6277 | MX1 | MX2 | 235.15 | 587.86 | 239.85 | 599.62 |
| Partners Health Plans - Northern/Capital/Mid-Hudson areas | 800/447-8610 | 7Y1 | 7Y2 | 231.55 | 600.34 | 236.18 | 612.35 |
| PHP/Mohawk Valley Region - Utica area | 315/797-7019 | SH1 | SH2 | 219.48 | 581.92 | 223.87 | 593.56 |
| Physicians Health Svcs of NY - NYC/LI/Dtchs/Orng/Putnm/RkInd/Wschs | 877/747-9585 | PD1 | PD2 | 216.99 | 560.95 | 221.33 | 572.17 |
| Preferred Care - Rochester area | 716/325-3113 | GV1 | GV2 | 174.27 | 442.17 | 177.76 | 451.01 |
| Prepaid Health Plan - Syracuse/Southern Tier areas | 315/638-2133 | QE1 | QE2 | 232.12 | 615.10 | 236.76 | 627.40 |
| Prudential HealthCare HMO - NYC/Long Island/Hudson Valley Cos. | 800/856-0764 | 9P1 | 9P2 | 189.63 | 455.50 | 193.42 | 464.61 |
| Vytra Health Plans - Queens/Nassau/Suffolk Counties | 516/694-4000 | J61 | J62 | 243.06 | 635.87 | 247.92 | 648.59 |

| North Carolina | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - Charlotte/Metrolina area | 800/537-9384 | 3G1 | 3G2 | 189.24 | 491.16 | 193.02 | 500.98 |
| Doctors Health Plan, Inc. - Greater Tri/Char/Up-Low Cape Fear areas | 800/476-2303 | 6D1 | 6D2 | 213.27 | 575.81 | 217.54 | 587.33 |
| Generations Family Health Plan - Triangle area:Raleigh/Durham/Chapel Hill | 888/256-5563 | 8B1 | 8B2 | 194.11 | 485.25 | 197.99 | 494.96 |
| PARTNERS NHP of NC - Most of North Carolina | 800/942-5695 | EQ1 | EQ2 | 214.78 | 483.25 | 219.08 | 492.92 |
| Prudential HealthCare HMO - Charlotte/Raleigh areas | 800/856-0764 | Q41 | Q42 | 188.48 | 527.45 | 192.25 | 538.00 |
| QualChoice of North Carolina - Northwestern North Carolina | 800/816-0911 | 7Q1 | 7Q2 | 211.79 | 515.65 | 216.03 | 525.96 |
| UHC of North Carolina - Central/Eastern/Western | 800/999-1147 | XM1 | XM2 | 243.34 | 549.19 | 248.21 | 560.17 |

| North Dakota | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Blue Cross and Blue Shield-Std - Fargo/Moorehead area | 800/548-4026 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| Heart of America HMO - Northcentral North Dakota | 701/776-5848 | RU1 | RU2 | 204.04 | 512.07 | 208.12 | 522.31 |

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 | 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 (1.74) | 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 York (continued) | | | | | | | | | | | | | |
| MDNY Healthcare, Inc. | \$10 | Nothing | \$5 | \$15 | | | | | | | | | |
| MVP Health Plan | \$10 | Nothing | \$5 | \$10 | 0.85 | 2.79 | 2.57 | 2.57 | 2.65 | 2.55 | 2.44 | N | |
| MVP Health Plan | \$10 | Nothing | \$5 | \$10 | 0.85 | 2.79 | 2.57 | 2.57 | 2.65 | 2.55 | 2.44 | N | |
| MVP Health Plan | \$10 | Nothing | \$5 | \$10 | 0.85 | 2.79 | 2.57 | 2.57 | 2.65 | 2.55 | 2.44 | N | |
| Partners Health Plans | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| PHP/Mohawk Valley Region | \$10 | Nothing | \$5 | \$10 | 0.81 | 2.76 | 2.53 | 2.54 | 2.70 | 2.52 | 2.38 | | |
| Physicians Health Svcs of NY | \$10 | Nothing | \$10 | \$20 | 0.76 | 2.73 | 2.42 | 2.50 | 2.53 | 2.25 | 2.12 | N | |
| Preferred Care | \$10 | Nothing | \$5 | \$10 | 0.84 | 2.79 | 2.52 | 2.53 | 2.60 | 2.57 | 2.52 | N | |
| Prepaid Health Plan | \$10 | Nothing | \$5 | \$10 | 0.81 | 2.76 | 2.53 | 2.54 | 2.70 | 2.52 | 2.38 | | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.52 | 2.65 | 2.36 | 2.38 | 2.38 | 2.17 | 1.72 | N | |
| Vytra Health Plans | \$10 | Nothing | \$5 | \$5 | 0.84 | 2.75 | 2.38 | 2.49 | 2.53 | 2.46 | 2.18 | | |

| North Carolina | | | | | | | | | | | | |
|---|------|---------|------|------|------|------|------|------|------|------|------|---|
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.58 | 2.56 | 2.44 | 2.52 | 2.62 | 2.12 | 1.77 | |
| Doctors Health Plan, Inc. | \$10 | Nothing | \$5 | \$10 | 0.77 | 2.67 | 2.41 | 2.47 | 2.57 | 2.41 | 2.54 | |
| Generations Family Health Plan | \$10 | Nothing | \$5 | \$15 | 0.79 | 2.60 | 2.36 | 2.42 | 2.47 | 2.55 | 2.36 | |
| PARTNERS NHP of NC | \$10 | Nothing | \$10 | \$10 | 0.82 | 2.74 | 2.46 | 2.44 | 2.54 | 2.54 | 2.41 | N |
| Prudential HealthCare HMO | \$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 | \$10 | Nothing | \$6 | \$12 | | | | | | | | |
| QualChoice of North Carolina - Out-of-Network | \$10 | Nothing | \$6 | \$12 | | | | | | | | |
| UHC of North Carolina | \$10 | Nothing | \$10 | \$15 | 0.82 | 2.83 | 2.48 | 2.52 | 2.62 | 2.59 | 2.45 | N |

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

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Ohio | | | | | | | |
| Aetna U.S. Healthcare - Most of Ohio | 800/537-9384 | RD1 | RD2 | 225.96 | 559.30 | 230.48 | 570.49 |
| AultCare HMO - Stark/Carroll/Holmes/Tuscarawas/Wayne Co | 330/438-6360 | 3A1 | 3A2 | 204.88 | 502.54 | 208.98 | 512.59 |
| Blue Cross and Blue Shield-Std - Cincinnati area | 888/818-4767 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| CHP of Ohio - Northeastern/Central/Southern Ohio | 740/348-1449 | MG1 | MG2 | 126.62 | 300.39 | 129.15 | 306.40 |
| Health Maintenance Plan(HMP) - Most of Ohio | 800/228-4375 | R51 | R52 | 216.30 | 488.82 | 220.63 | 498.60 |
| Health Plan Upper OH Valley - Eastern Ohio | 800/624-6961 | U41 | U42 | 196.73 | 491.60 | 200.66 | 501.43 |
| HMO Health Ohio - Northeast Ohio | 800/258-3466 | L41 | L42 | 214.44 | 548.56 | 218.73 | 559.53 |
| Kaiser Permanente - Akron/Cleveland areas | 800/686-7100 | 641 | 642 | 202.87 | 497.88 | 206.93 | 507.84 |
| PacifiCare of Ohio, Inc. - Cincinnati area | 800/824-0428 | R81 | R82 | 194.89 | 415.05 | 198.79 | 423.35 |
| Paramount Health Care - Northwest/North Central Ohio | 800/462-3589 | U21 | U22 | 227.85 | 603.68 | 232.41 | 615.75 |
| Prudential HealthCare HMO Midwest - Cleveland/Akron/Youngstown areas | 800/856-0764 | Q91 | Q92 | 218.55 | 512.40 | 222.92 | 522.65 |
| Prudential HealthCare HMO Midwest - Cincinnati/Southwest areas | 800/856-0764 | S31 | S32 | 208.89 | 542.40 | 213.07 | 553.25 |
| QualMed Plans for Health OH/WV - Eastern Ohio | 800/333-3930 | QJ1 | QJ2 | 201.80 | 523.42 | 205.84 | 533.89 |
| SummaCare Health Plan - Northern Ohio | 330/996-8410 | 5W1 | 5W2 | 176.00 | 484.03 | 179.52 | 493.71 |
| Super Med HMO - Northeast Ohio | 800/574-2583 | 5M1 | 5M2 | 227.72 | 582.49 | 232.27 | 594.14 |
| United Health Care of Ohio - Cincinnati/Dayton/Springfield/Toledo | 800/231-2918 | 3U1 | 3U2 | 231.75 | 533.02 | 236.39 | 543.68 |
| United Health Care of Ohio - Central/South Central Ohio | 800/225-7951 | VC1 | VC2 | 241.28 | 554.93 | 246.11 | 566.03 |
| Vantage Health Plan - North Central Ohio | 800/878-4394 | 6A1 | 6A2 | 203.04 | 503.21 | 207.10 | 513.27 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Oklahoma | | | | | | | |
| Aetna U.S. Healthcare - Northeast Oklahoma | 800/537-9384 | 8V1 | 8V2 | 154.03 | 398.62 | 157.11 | 406.59 |
| Blue Cross and Blue Shield-Std - Lawton/OK City/Tulsa/Other areas | 800/722-3130 | 104 | 105 | 235.89 | 525.96 | 240.61 | 536.48 |
| BlueLincs HMO - OK City/Tulsa/Lawton/SW Oklahoma areas | 800/722-5675 | N51 | N52 | 194.52 | 427.44 | 198.41 | 435.99 |
| CommunityCare HMO - Oklahoma City/Tulsa areas | 800/777-4890 | 7C1 | 7C2 | 188.05 | 484.66 | 191.81 | 494.35 |
| Healthcare Oklahoma - Oklahoma City/Lawton/Tulsa/Enid areas | 800/535-2244 | 6W1 | 6W2 | 165.84 | 430.89 | 169.16 | 439.51 |
| PacifiCare OK - Oklahoma City/Tulsa areas | 800/825-9355 | 2N1 | 2N2 | 159.21 | 413.94 | 162.39 | 422.22 |
| Prudential HealthCare HMO - Oklahoma City area | 800/856-0764 | RR1 | RR2 | 189.93 | 505.53 | 193.73 | 515.64 |
| Prudential HealthCare HMO - Tulsa area | 800/856-0764 | RS1 | RS2 | 214.52 | 474.78 | 218.81 | 484.28 |

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 | 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) | |
| Ohio | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.62 | 2.57 | 2.45 | 2.49 | 2.56 | 2.28 | 1.84 | N |
| AultCare HMO | \$10 | 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 | Nothing 30% | \$5 45% | \$15 45% | 0.72 | 2.72 | 2.46 | 2.45 | 2.53 | 2.37 | 2.15 | N |
| CHP of Ohio | \$10 | Nothing | \$5 | \$5 | 0.78 | 2.66 | 2.48 | 2.55 | 2.64 | 2.62 | 2.44 | |
| Health Maintenance Plan(HMP) | \$10 | Nothing | \$5 | \$12 | 0.71 | 2.72 | 2.46 | 2.45 | 2.53 | 2.37 | 2.15 | N |
| Health Plan Upper OH Valley | \$10 | Nothing | \$5 | \$10 | | | | | | | | N |
| HMO Health Ohio | \$10 | Nothing | \$5 | \$5 | 0.72 | 2.64 | 2.37 | 2.45 | 2.54 | 2.32 | 2.20 | N |
| Kaiser Permanente | \$10 | Nothing | \$5 | \$5 | 0.78 | 2.70 | 2.35 | 2.39 | 2.58 | 2.58 | 2.29 | N |
| PacifiCare of Ohio, Inc. | \$10 | Nothing | \$10 | \$10 | 0.72 | 2.69 | 2.48 | 2.49 | 2.64 | 2.39 | 2.15 | |
| Paramount Health Care | \$10 | Nothing | \$5 | \$10 | 0.86 | 2.82 | 2.48 | 2.56 | 2.58 | 2.65 | 2.54 | N |
| Prudential HealthCare HMO Midwest | \$10 | Nothing | \$5 | \$15 | 0.66 | 2.65 | 2.40 | 2.38 | 2.49 | 2.24 | 1.91 | N |
| Prudential HealthCare HMO Midwest | \$10 | Nothing | \$5 | \$15 | 0.66 | 2.65 | 2.40 | 2.38 | 2.49 | 2.24 | 1.91 | N |
| QualMed Plans for Health OH/WV | \$10 | Nothing | \$10 | \$10 | 0.69 | 2.55 | 2.57 | 2.56 | 2.69 | 2.28 | 2.30 | |
| SummaCare Health Plan | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Super Med HMO | \$10 | Nothing | \$5 | \$5 | | | | | | | | N |
| United Health Care of Ohio | \$10 | Nothing | \$10 | \$15 | 0.76 | 2.79 | 2.44 | 2.42 | 2.53 | 2.49 | 2.22 | N |
| United Health Care of Ohio | \$10 | Nothing | \$10 | \$15 | 0.73 | 2.74 | 2.46 | 2.48 | 2.58 | 2.42 | 2.18 | N |
| Vantage Health Plan | \$10 | Nothing | \$10 | \$10 | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------------------|----------------------------------|----------------|------------|-------------|------|------|------|------|------|------|------|---|
| Oklahoma | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| Blue Cross and Blue Shield-Std | - In-Network - Out-of-Network | Nothing 30% | \$5 45% | \$15 45% | 0.69 | 2.57 | 2.43 | 2.46 | 2.52 | 2.22 | 2.86 | |
| BlueLincs HMO | \$10 | Nothing | \$5 | \$10 | 0.67 | 2.55 | 2.35 | 2.39 | 2.55 | 2.33 | 2.71 | N |
| CommunityCare HMO | \$10 | Nothing | \$5 | \$5 | | | | | | | | J |
| Healthcare Oklahoma | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.70 | 2.43 | 2.53 | 2.58 | 2.43 | 2.27 | |
| PacifiCare OK | \$10 | Nothing | \$5 | \$10 | 0.71 | 2.56 | 2.28 | 2.39 | 2.52 | 2.45 | 2.35 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.76 | 2.63 | 2.36 | 2.42 | 2.55 | 2.38 | 1.98 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.76 | 2.63 | 2.36 | 2.42 | 2.55 | 2.38 | 1.98 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Oregon | | | | | | | |
| Kaiser Permanente-High -Portland/Salem areas | 800/813-2000 | 571 | 572 | 235.24 | 539.85 | 239.94 | 550.65 |
| Kaiser Permanente-Std - Portland/Salem areas | 800/813-2000 | 574 | 575 | 192.60 | 442.00 | 196.45 | 450.84 |
| PacifiCare of Oregon - Counties along I-5 Corridor | 800/932-3004 | 7Z1 | 7Z2 | 205.10 | 454.35 | 209.20 | 463.44 |

| | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Pennsylvania | | | | | | | |
| Aetna U.S. Healthcare-High -Southwestern/Central/NE PA | 800/537-9384 | KL1 | KL2 | 197.04 | 524.42 | 200.98 | 534.91 |
| Aetna U.S. Healthcare-Std - Southwestern/Central/NE PA | 800/537-9384 | KL4 | KL5 | 165.56 | 441.57 | 168.87 | 450.40 |
| Aetna U.S. Healthcare-High -Southeastern PA | 800/537-9384 | SU1 | SU2 | 250.92 | 640.99 | 255.94 | 653.81 |
| Aetna U.S. Healthcare-Std - Southeastern PA | 800/537-9384 | SU4 | SU5 | 214.46 | 553.82 | 218.75 | 564.90 |
| First Priority Hlth - Northeastern Pennsylvania | 800/822-8753 | C81 | C82 | 208.56 | 537.64 | 212.73 | 548.39 |
| Free State Health Plan - Southern Pennsylvania | 800/445-6036 | LD1 | LD2 | 270.62 | 617.05 | 276.03 | 629.39 |
| HealthAmerica Pennsylvania - Greater Pittsburgh area | 800/735-4404 | 261 | 262 | 189.84 | 493.59 | 193.64 | 503.46 |
| HealthAmerica Pennsylvania - Central Pennsylvania | 800/788-8445 | SW1 | SW2 | 204.86 | 532.61 | 208.96 | 543.26 |
| HealthGuard - Berks/Cmbrlnd/Dauphine/Lanc/Lebanon/York | 800/822-0350 | NQ1 | NQ2 | 180.44 | 470.19 | 184.05 | 479.59 |
| Keystone Health Plan Central - Harrisburg/Norther Region/Lehigh Valley | 800/622-2843 | S41 | S42 | 234.65 | 568.30 | 239.34 | 579.67 |
| Keystone Health Plan East - Philadelphia area | 800/227-3115 | ED1 | ED2 | 201.85 | 532.39 | 205.89 | 543.04 |
| KeystoneBlue - Pittsburgh/Altoona/Erie areas | 800/421-0959 | EF1 | EF2 | 208.82 | 619.52 | 213.00 | 631.91 |
| Penn State Geisinger HlthPlan - Central/Northeastern Pennsylvania | 800/447-4000 | N91 | N92 | 141.57 | 431.84 | 144.40 | 440.48 |
| Prudential HealthCare HMO - Philadelphia/Lehigh Valley areas | 800/856-0764 | VV1 | VV2 | 210.28 | 578.33 | 214.49 | 589.90 |
| QualMed Plans for Health -Pa. - Pittsburgh area | 800/333-3930 | 241 | 242 | 170.52 | 417.76 | 173.93 | 426.12 |
| QualMed Plans for Health - Southern Pennsylvania | 800/998-2840 | 271 | 272 | 267.13 | 621.03 | 272.47 | 633.45 |
| QualMed Plans for Health - Scranton/Wilkes Barre | 800/998-2840 | 2K1 | 2K2 | 190.75 | 463.13 | 194.57 | 472.39 |
| UPMC Health Plan - Pittsburgh Area | 412/454-7652 | 8W1 | 8W2 | 157.15 | 465.73 | 160.29 | 475.04 |

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

| | | | | | | | | | | | | |
|--|------|---------|------|------|------|------|------|------|------|------|------|---|
| Pennsylvania | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | Nothing | \$5 | \$10 | 0.74 | 2.72 | 2.46 | 2.51 | 2.58 | 2.38 | 2.10 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.74 | 2.72 | 2.46 | 2.51 | 2.58 | 2.38 | 2.10 | N |
| Aetna U.S. Healthcare-High | \$10 | Nothing | \$5 | \$10 | 0.77 | 2.76 | 2.53 | 2.50 | 2.56 | 2.45 | 2.40 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.77 | 2.76 | 2.53 | 2.50 | 2.56 | 2.45 | 2.40 | N |
| First Priority Hlth | \$10 | Nothing | \$8 | \$8 | 0.78 | 2.77 | 2.59 | 2.70 | 2.67 | 2.50 | 2.47 | N |
| Free State Health Plan - In-Network | \$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 | | | | | | | | |
| HealthAmerica Pennsylvania | \$10 | Nothing | \$5 | \$10 | 0.76 | 2.73 | 2.49 | 2.49 | 2.59 | 2.40 | 2.34 | N |
| HealthAmerica Pennsylvania | \$10 | Nothing | \$5 | \$10 | 0.76 | 2.73 | 2.49 | 2.49 | 2.59 | 2.40 | 2.34 | |
| HealthGuard | \$10 | Nothing | \$5 | \$15 | 0.85 | 2.75 | 2.53 | 2.49 | 2.59 | 2.66 | 2.52 | N |
| Keystone Health Plan Central | \$10 | Nothing | \$10 | \$10 | 0.84 | 2.73 | 2.49 | 2.47 | 2.54 | 2.55 | 2.47 | N |
| Keystone Health Plan East | \$10 | Nothing | \$5 | \$5 | 0.77 | 2.81 | 2.46 | 2.58 | 2.60 | 2.52 | 2.37 | N |
| KeystoneBlue | \$10 | Nothing | \$8 | \$14 | 0.72 | 2.74 | 2.43 | 2.46 | 2.54 | 2.47 | 2.48 | N |
| Penn State Geisinger HlthPlan - In-Network | \$10 | Nothing | \$8 | \$8 | 0.85 | 2.79 | 2.54 | 2.55 | 2.65 | 2.55 | 2.48 | N |
| Penn State Geisinger HlthPlan - Out-of-Network | 20% | 20% | N/A | N/A | | | | | | | | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.52 | 2.65 | 2.36 | 2.38 | 2.38 | 2.17 | 1.72 | N |
| QualMed Plans for Health -Pa. | \$10 | Nothing | \$5 | \$8 | 0.59 | 2.69 | 2.48 | 2.55 | 2.59 | 2.21 | 1.87 | |
| QualMed Plans for Health | \$10 | Nothing | \$4 | \$4 | 0.66 | 2.53 | 2.49 | 2.48 | 2.56 | 2.32 | 2.16 | N |
| QualMed Plans for Health | \$10 | Nothing | \$4 | \$4 | | | | | | | | N |
| UPMC Health Plan | \$10 | Nothing | \$5 | \$15 | | | | | | | | |

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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Puerto Rico | | | | | | | |
| Triple-S - All of Puerto Rico | 787/749-4777 | 891 | 892 | 184.58 | 396.41 | 188.27 | 404.34 |
| United HealthCare Puerto Rico - All of Puerto Rico | 888/761-4139 | 7U1 | 7U2 | 156.28 | 337.07 | 159.41 | 343.81 |

| Rhode Island | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - All of Rhode Island | 800/537-9384 | 5U1 | 5U2 | 161.46 | 427.16 | 164.69 | 435.70 |
| Blue Chip, Coord Hlth Partners - All of Rhode Island | 401/459-5500 | DA1 | DA2 | 217.23 | 556.16 | 221.57 | 567.28 |
| Harvard Pilgrim Hlth Care-NE - All of Rhode Island | 888/333-4742 | 701 | 702 | 242.26 | 581.45 | 247.11 | 593.08 |

| South Carolina | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Doctors Health Plan, Inc. - York County | 800/476-2303 | 6D1 | 6D2 | 213.27 | 575.81 | 217.54 | 587.33 |
| PARTNERS NHP of NC - Upstate South Carolina | 800/942-5695 | EQ1 | EQ2 | 214.78 | 483.25 | 219.08 | 492.92 |
| Prudential HealthCare HMO - York County | 800/856-0764 | Q41 | Q42 | 188.48 | 527.45 | 192.25 | 538.00 |

| South Dakota | | | | | | | |
|------------------------------------|--------------|-----|-----|--------|--------|--------|--------|
| Care Choices - Clay/Union Counties | 800/535-6252 | FA1 | FA2 | 193.38 | 520.52 | 197.25 | 530.93 |

| Tennessee | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Aetna U.S. Healthcare - Nashville/Middle Tennessee areas | 800/537-9384 | 6J1 | 6J2 | 162.48 | 452.68 | 165.73 | 461.73 |
| American Healthcare Trust, Inc - Knoxville/Memphis/Nashville areas | 888/523-9527 | 4U1 | 4U2 | 155.18 | 430.63 | 158.28 | 439.24 |
| John Deere Health Plan - Chattanooga/Kingsprt/Knoxville/Grnville | 800/247-9110 | 3J1 | 3J2 | 205.53 | 554.93 | 209.64 | 566.03 |
| Prudential HealthCare HMO - Nashville area | 800/856-0764 | UA1 | UA2 | 199.92 | 563.79 | 203.92 | 575.07 |
| Prudential HealthCare HMO - Memphis area | 800/856-0764 | UB1 | UB2 | 168.83 | 514.48 | 172.21 | 524.77 |

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 | 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) | | |
| Puerto Rico | | | | | | | | | | | | | |
| Triple-S | - In-Network | \$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 Puerto Rico | - In-Network | \$7.50 | Nothing | Nothing | \$5 | | | | | | | | |
| | - Out-of-Network | 20% | 20% | 20% | 20% | | | | | | | | |

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

| | | | | | | | | | | | | | |
|---------------------------|--|------|---------|------|------|------|------|------|------|------|------|------|---|
| South Carolina | | | | | | | | | | | | | |
| Doctors Health Plan, Inc. | | \$10 | Nothing | \$5 | \$10 | 0.77 | 2.67 | 2.41 | 2.47 | 2.57 | 2.41 | 2.54 | |
| PARTNERS NHP of NC | | \$10 | Nothing | \$10 | \$10 | 0.82 | 2.74 | 2.46 | 2.44 | 2.54 | 2.54 | 2.41 | N |
| Prudential HealthCare HMO | | \$10 | Nothing | \$5 | \$15 | 0.56 | 2.52 | 2.33 | 2.37 | 2.42 | 2.24 | 1.94 | N |

| | | | | | | | | | | | | | |
|---------------------|--|------|---------|-----|-----|---|---|---|---|---|---|---|--|
| South Dakota | | | | | | | | | | | | | |
| Care Choices | | \$10 | Nothing | \$5 | \$5 | X | X | X | X | X | X | X | |

| | | | | | | | | | | | | | |
|--------------------------------|--|------|---------|------|------|------|------|------|------|------|------|------|---|
| Tennessee | | | | | | | | | | | | | |
| Aetna U.S. Healthcare | | \$10 | Nothing | \$5 | \$10 | 0.61 | 2.64 | 2.36 | 2.60 | 2.54 | 2.28 | 1.89 | |
| American Healthcare Trust, Inc | | \$10 | Nothing | \$10 | \$10 | | | | | | | | |
| John Deere Health Plan | | \$10 | Nothing | \$5 | \$15 | | | | | | | | |
| Prudential HealthCare HMO | | \$10 | Nothing | \$5 | \$15 | 0.76 | 2.70 | 2.40 | 2.49 | 2.58 | 2.40 | 2.91 | N |
| Prudential HealthCare HMO | | \$10 | Nothing | \$5 | \$15 | 0.64 | 2.64 | 2.82 | 2.37 | 2.38 | 2.25 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|--|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Texas | | | | | | | |
| Aetna U.S. Healthcare - Houston area | 800/537-9384 | 5B1 | 5B2 | 189.43 | 531.01 | 193.22 | 541.63 |
| Aetna U.S. Healthcare - San Antonio area | 800/537-9384 | 8X1 | 8X2 | 163.22 | 457.62 | 166.48 | 466.77 |
| Aetna U.S. Healthcare - Dallas/Ft. Worth areas | 800/537-9384 | TS1 | TS2 | 212.90 | 596.70 | 217.16 | 608.63 |
| APWU Health Plan - Eastern and Central Texas | 800/222-2798 | 471 | 472 | 256.86 | 563.70 | 262.00 | 574.97 |
| FIRSTCARE - Waco area | 800/884-4901 | 6U1 | 6U2 | 199.68 | 428.91 | 203.67 | 437.49 |
| FIRSTCARE - West Texas | 800/884-4901 | CK1 | CK2 | 246.85 | 530.23 | 251.79 | 540.83 |
| Humana Health Plan of Texas - Dallas/Ft. Worth and Austin areas | 888/393-6765 | TW1 | TW2 | 220.83 | 567.54 | 225.25 | 578.89 |
| Humana Health Plan of Texas - Corpus Christi area | 888/393-6765 | TX1 | TX2 | 217.82 | 522.80 | 222.18 | 533.26 |
| Humana Health Plan of Texas - Houston and Beaumont area | 888/393-6765 | UE1 | UE2 | 165.92 | 465.18 | 169.24 | 474.48 |
| Humana Health Plan of Texas - San Antonio area | 888/393-6765 | UR1 | UR2 | 177.65 | 456.60 | 181.20 | 465.73 |
| NYLCare Health Plans SW - Dallas/Ft. Worth/East & West Texas | 800/486-3040 | V21 | V22 | 224.14 | 491.03 | 228.62 | 500.85 |
| NYLCare HP of the Gulf Coast - Houston area | 800/833-5318 | UM1 | UM2 | 216.30 | 562.45 | 220.63 | 573.70 |
| NYLCare HP of the Gulf Coast - Austin/C.Christi/S.Antonio/Victoria | 800/833-5318 | ZE1 | ZE2 | 144.56 | 376.18 | 147.45 | 383.70 |
| NYLCare HP of the Gulf Coast - Beaumont/Lufkin areas | 800/833-5318 | ZF1 | ZF2 | 181.65 | 405.08 | 185.28 | 413.18 |
| PacificCare of Texas - S Ant/Hston/Glvston/Da/Ft Wor/Glf Coast | 800/825-9355 | GF1 | GF2 | 157.24 | 408.79 | 160.38 | 416.97 |
| Prudential HealthCare HMO - Houston area | 800/856-0764 | UP1 | UP2 | 189.54 | 550.83 | 193.33 | 561.85 |
| Prudential HealthCare HMO - San Antonio area | 800/856-0764 | VX1 | VX2 | 187.14 | 486.16 | 190.88 | 495.88 |
| Scott and White - Austin/Bryan/ColSta./Killeen/Temple/Waco | 254/298-3000 | UF1 | UF2 | 321.51 | 832.52 | 327.94 | 849.17 |
| Texas Health Choice, L. C. - Houston/Beaumont areas | 713/952-6868 | 2T1 | 2T2 | 148.59 | 380.36 | 151.56 | 387.97 |
| Texas Health Choice, L. C. - Dallas/Ft. Worth areas | 972/458-5000 | UK1 | UK2 | 175.93 | 450.32 | 179.45 | 459.33 |

| Utah | | | | | | | |
|-------------------------------------|--------------|-----|-----|--------|--------|--------|--------|
| Altius Health Plans - Wasatch Front | 800/377-4161 | 9K1 | 9K2 | 253.44 | 557.55 | 258.51 | 568.70 |

| Vermont | | | | | | | |
|--|--------------|-----|-----|--------|--------|--------|--------|
| Harvard Pilgrim Health Care - Southern Vermont | 888/333-4742 | 681 | 682 | 279.61 | 741.00 | 285.20 | 755.82 |
| MVP Health Plan - Bennington/Chittenden/Rutland/Wash. Cos. | 888/687-6277 | VW1 | VW2 | 234.20 | 590.48 | 238.88 | 602.29 |

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 | 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 | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.64 | 2.59 | 2.32 | 2.44 | 2.54 | 2.32 | 2.88 | N | |
| APWU Health Plan - In-Network | \$10 | Nothing | 20%* | 20%* | | | | | | | | | |
| APWU Health Plan - Out-of-Network | 30% | 30% | 40% | 40% | | | | | | | | | |
| FIRSTCARE | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.72 | 2.46 | 2.53 | 2.62 | 2.61 | 2.53 | | |
| FIRSTCARE | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.72 | 2.46 | 2.53 | 2.62 | 2.61 | 2.53 | | |
| Humana Health Plan of Texas | \$10 | Nothing | \$5 | \$10 | 0.64 | 2.57 | 2.38 | 2.46 | 2.55 | 2.19 | 2.25 | N | |
| Humana Health Plan of Texas | \$10 | Nothing | \$5 | \$10 | 0.79 | 2.57 | 2.34 | 2.46 | 2.59 | 2.43 | 2.30 | | |
| Humana Health Plan of Texas | \$10 | Nothing | \$5 | \$10 | 0.59 | 2.43 | 2.24 | 2.39 | 2.43 | 2.23 | 1.94 | N | |
| Humana Health Plan of Texas | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.44 | 2.22 | 2.36 | 2.45 | 2.38 | 2.16 | N | |
| NYLCare Health Plans SW | \$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 | \$10 | Nothing | \$5 | \$10 | X | X | X | X | X | X | X | N | |
| NYLCare HP of the Gulf Coast | \$10 | Nothing | \$5 | \$10 | | | | | | | | N | |
| NYLCare HP of the Gulf Coast | \$10 | Nothing | \$5 | \$10 | | | | | | | | N | |
| PacifiCare of Texas | \$10 | Nothing | \$5 | \$10 | X | X | X | X | X | X | X | | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.68 | 2.60 | 2.10 | 2.25 | 2.37 | 2.32 | 1.97 | N | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.65 | 2.28 | 2.44 | 2.50 | 2.44 | 2.24 | N | |
| Scott and White | \$10 | Nothing | \$10 | \$15 | 0.88 | 2.82 | 2.48 | 2.56 | 2.68 | 2.54 | 2.60 | N | |
| Texas Health Choice, L. C. | \$10 | Nothing | \$6 | \$12 | | | | | | | | | |
| Texas Health Choice, L. C. | \$10 | Nothing | \$6 | \$12 | 0.76 | 2.56 | 2.36 | 2.32 | 2.50 | 2.28 | 2.24 | N | |

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

| Vermont | | | | | | | | | | | | |
|-----------------------------|------|---------|-----|------|------|------|------|------|------|------|------|---|
| Harvard Pilgrim Health Care | \$10 | Nothing | \$5 | \$15 | 0.82 | 2.78 | 2.45 | 2.55 | 2.64 | 2.47 | 2.27 | N |
| MVP Health Plan | \$10 | Nothing | \$5 | \$10 | | | | | | | | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| Virginia | | | | | | | |
| Aetna U.S. Healthcare-High -N.VA/Fredericksburg | 800/537-9384 | JN1 | JN2 | 234.43 | 548.82 | 239.12 | 559.80 |
| Aetna U.S. Healthcare-Std - N.VA/Fredericksburg | 800/537-9384 | JN4 | JN5 | 161.83 | 379.60 | 165.07 | 387.19 |
| Aetna U.S. Healthcare - Richmond/Central/Tri-City areas | 800/537-9384 | Z11 | Z12 | 220.76 | 554.10 | 225.18 | 565.18 |
| CapitalCare - Northern Virginia | 800/680-9495 | 2G1 | 2G2 | 224.14 | 549.12 | 228.62 | 560.10 |
| CIGNA HealthCare of VA - Southeastern Virginia | 800/533-1708 | W21 | W22 | 181.61 | 406.08 | 185.24 | 414.20 |
| CIGNA HealthCare of VA - Central Virginia | 800/533-1708 | W31 | W32 | 194.52 | 438.77 | 198.41 | 447.55 |
| George Washington Univ HP - N. Virginia/Fredericksburg/Winchester | 301/941-2000 | E51 | E52 | 211.16 | 517.57 | 215.38 | 527.92 |
| Healthkeepers - Peninsula/Richmond/Frdburg/Roanoke areas | 800/421-1880 | X81 | X82 | 191.08 | 485.25 | 194.90 | 494.96 |
| John Deere Health Plan - Bristol/Roanoke areas | 800/247-9110 | 3J1 | 3J2 | 205.53 | 554.93 | 209.64 | 566.03 |
| Kaiser Permanente - Washington, DC area | 301/468-6000 | E31 | E32 | 203.67 | 503.53 | 207.74 | 513.60 |
| MD-IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke | 800/251-0956 | JP1 | JP2 | 226.66 | 544.09 | 231.19 | 554.97 |
| OPTIMA Health Plan - Peninsula/Southside Hampton Roads | 757/552-7500 | 9R1 | 9R2 | 232.20 | 549.45 | 236.84 | 560.44 |
| PARTNERS NHP of NC - Southwest Virginia | 800/942-5695 | EQ1 | EQ2 | 214.78 | 483.25 | 219.08 | 492.92 |
| Piedmont Community Healthcare - Lynchburg | 888/674-3368 | 2C1 | 2C2 | 194.35 | 563.66 | 198.24 | 574.93 |
| Prudential HealthCare HMO - Washington, DC area/Northern Virginia | 800/856-0764 | JB1 | JB2 | 242.86 | 534.56 | 247.72 | 545.25 |
| Prudential HealthCare HMO - Richmond/Tri-City areas | 800/856-0764 | V61 | V62 | 207.24 | 559.30 | 211.38 | 570.49 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Washington | | | | | | | |
| Aetna U.S. Healthcare - Western/Southeast Washington | 800/537-9384 | 8J1 | 8J2 | 158.54 | 415.18 | 161.71 | 423.48 |
| First Choice Health Plan - Greater Seattle area | 800/783-7312 | 5G1 | 5G2 | 214.26 | 557.07 | 218.55 | 568.21 |
| Group Health Cooperative - Most of Western Washington | 206/448-4140 | 541 | 542 | 232.55 | 524.68 | 237.20 | 535.17 |
| Group Health Cooperative - Central WA/Spokane/Colville/Pullman | 800/497-2210 | VR1 | VR2 | 236.51 | 609.27 | 241.24 | 621.46 |
| Kaiser Permanente-High -Vancouver/Longview | 800/813-2000 | 571 | 572 | 235.24 | 539.85 | 239.94 | 550.65 |
| Kaiser Permanente-Std - Vancouver/Longview | 800/813-2000 | 574 | 575 | 192.60 | 442.00 | 196.45 | 450.84 |
| Kitsap Physicians Service-High -Kitsap/Mason/Jefferson Counties | 800/552-7114 | VT1 | VT2 | 325.24 | 695.67 | 331.74 | 709.58 |
| Kitsap Physicians Service-Std - Kitsap/Mason/Jefferson Counties | 800/552-7114 | VT4 | VT5 | 224.10 | 489.69 | 228.58 | 499.48 |
| PacifiCare of Oregon - Clark County | 800/932-3004 | 7Z1 | 7Z2 | 205.10 | 454.35 | 209.20 | 463.44 |
| PacifiCare of Washington - Puget Sound/Most West WA/Walla Walla | 800/932-3004 | WB1 | WB2 | 171.58 | 444.32 | 175.01 | 453.21 |
| Premera HealthPlus - Most of Washington | 800/527-6675 | 8F1 | 8F2 | 215.95 | 521.86 | 220.27 | 532.30 |
| QualMed WA Health Plan - Most of Washington | 800/869-7165 | TM1 | TM2 | 240.61 | 584.68 | 245.42 | 596.37 |

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 | 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) | |
| Virginia | | | | | | | | | | | | |
| Aetna U.S. Healthcare-High | \$10 | Nothing | \$5 | \$10 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| Aetna U.S. Healthcare-Std | \$15 | Nothing | \$10 | \$15 | 0.76 | 2.63 | 2.33 | 2.41 | 2.47 | 2.42 | 2.23 | N |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | 0.63 | 2.62 | 2.40 | 2.47 | 2.52 | 2.18 | 1.96 | N |
| CapitalCare | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.59 | 2.37 | 2.45 | 2.58 | 2.42 | 2.32 | N |
| CIGNA HealthCare of VA | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.64 | 2.37 | 2.40 | 2.49 | 2.45 | 2.21 | N |
| CIGNA HealthCare of VA | \$10 | Nothing | \$5 | \$10 | 0.72 | 2.64 | 2.37 | 2.40 | 2.49 | 2.45 | 2.21 | N |
| George Washington Univ HP | \$10 | Nothing | \$5 | \$15 | 0.69 | 2.66 | 2.29 | 2.39 | 2.36 | 2.22 | 2.64 | N |
| Healthkeepers | \$10 | Nothing | \$5 | \$10 | 0.75 | 2.77 | 2.40 | 2.47 | 2.57 | 2.45 | 2.33 | N |
| John Deere Health Plan | \$10 | Nothing | \$5 | \$15 | | | | | | | | |
| Kaiser Permanente | \$10 | Nothing | \$7 | \$7 | 0.78 | 2.63 | 2.35 | 2.36 | 2.55 | 2.50 | 2.76 | N |
| MD-IPA | \$10 | Nothing | \$5 | \$10 | 0.74 | 2.65 | 2.42 | 2.46 | 2.56 | 2.53 | 2.33 | N |
| OPTIMA Health Plan | \$10 | Nothing | \$8 | \$8 | 0.84 | 2.75 | 2.40 | 2.53 | 2.59 | 2.63 | 2.46 | N |
| PARTNERS NHP of NC | \$10 | Nothing | \$10 | \$10 | 0.82 | 2.74 | 2.46 | 2.44 | 2.54 | 2.54 | 2.41 | N |
| Piedmont Community - In-Network Healthcare | \$10 | 10% | \$5 | \$15 | | | | | | | | |
| - Out-of-Network | 30% | 30% | \$5 | \$15 | | | | | | | | |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.69 | 2.65 | 2.38 | 2.46 | 2.58 | 2.23 | 1.89 | N |
| Prudential HealthCare HMO | \$10 | Nothing | \$5 | \$15 | 0.69 | 2.65 | 2.38 | 2.46 | 2.58 | 2.23 | 1.89 | N |

| | | | | | | | | | | | | |
|--------------------------------|------|---------|------|------|------|------|------|------|------|------|------|---|
| Washington | | | | | | | | | | | | |
| Aetna U.S. Healthcare | \$10 | Nothing | \$5 | \$10 | | | | | | | | |
| First Choice Health Plan | \$10 | Nothing | \$5 | \$10 | 0.64 | 2.56 | 2.37 | 2.51 | 2.57 | 2.25 | 1.98 | |
| Group Health Cooperative | \$10 | Nothing | \$7 | \$7 | 0.78 | 2.74 | 2.47 | 2.54 | 2.68 | 2.42 | 2.34 | N |
| Group Health Cooperative | \$10 | Nothing | \$7 | \$7 | 0.79 | 2.74 | 2.49 | 2.57 | 2.66 | 2.55 | 2.47 | N |
| Kaiser Permanente-High | \$10 | Nothing | \$10 | \$10 | 0.76 | 2.69 | 2.34 | 2.39 | 2.51 | 2.62 | 2.58 | N |
| Kaiser Permanente-Std | \$12 | Nothing | \$15 | \$15 | 0.76 | 2.69 | 2.34 | 2.39 | 2.51 | 2.62 | 2.58 | N |
| Kitsap Physicians Service-High | \$10 | Nothing | 50% | 50% | 0.86 | 2.87 | 2.58 | 2.52 | 2.74 | 2.54 | 2.54 | |
| Kitsap Physicians Service-Std | 20% | 20% | 20% | 20% | 0.86 | 2.87 | 2.58 | 2.52 | 2.74 | 2.54 | 2.54 | |
| PacifiCare of Oregon | \$10 | Nothing | \$10 | \$15 | | | | | | | | N |
| PacifiCare of Washington | \$10 | Nothing | \$5 | \$10 | 0.69 | 2.60 | 2.34 | 2.45 | 2.56 | 2.45 | 2.38 | |
| Premera HealthPlus | \$10 | Nothing | \$5 | \$10 | X | X | X | X | X | X | X | |
| QualMed WA Health Plan | \$10 | Nothing | \$10 | \$20 | 0.73 | 2.60 | 2.56 | 2.56 | 2.66 | 2.42 | 2.25 | 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 – location | Telephone number | Enrollment code | | Total Monthly Premium | | 102% of Total Monthly Premium | |
|---|------------------|-----------------|---------------|-----------------------|---------------|-------------------------------|---------------|
| | | Self only | Self & family | Self only | Self & family | Self only | Self & family |
| West Virginia | | | | | | | |
| Carelink Health Plans - Northern/Central/Southern West Virginia | 800/348-2922 | 4C1 | 4C2 | 177.39 | 522.58 | 180.94 | 533.03 |
| Free State Health Plan - Northeastern West Virginia | 800/445-6036 | LD1 | LD2 | 270.62 | 617.05 | 276.03 | 629.39 |
| Health Plan Upper OH Valley - Northern/Central West Virginia | 800/624-6961 | U41 | U42 | 196.73 | 491.60 | 200.66 | 501.43 |
| HealthAssurance HMO - North Central/Panhandle | 800/735-2202 | 6L1 | 6L2 | 222.82 | 562.40 | 227.28 | 573.65 |
| QualMed Plans for Health OH/WV - Panhandle/N. Central/Charleston area | 800/333-3930 | QJ1 | QJ2 | 201.80 | 523.42 | 205.84 | 533.89 |
| SuperBlue HMO - Chas/Pkg/Mgtn/Beck/Clkb/Whlg/Lew/Fmt/Blu | 800/391-4441 | 8T1 | 8T2 | 217.27 | 546.09 | 221.62 | 557.01 |

| | | | | | | | |
|---|--------------|-----|-----|--------|--------|--------|--------|
| Wisconsin | | | | | | | |
| Compcare Health Services - Southeastern Wisconsin | 414/226-6744 | 691 | 692 | 225.96 | 584.87 | 230.48 | 596.57 |
| Compcare Health Services - Northcentral/Northwest Wisconsin | 800/242-9635 | 6X1 | 6X2 | 233.81 | 605.35 | 238.49 | 617.46 |
| Dean Health Plan - South Central Wisconsin | 800/279-1301 | WD1 | WD2 | 208.04 | 561.73 | 212.20 | 572.96 |
| Family Health Plan - Milwaukee area | 414/256-0040 | WH1 | WH2 | 245.70 | 636.70 | 250.61 | 649.43 |
| Group Health Coop - Greater Dane and Jefferson Counties | 608/251-3356 | WJ1 | WJ2 | 186.59 | 498.14 | 190.32 | 508.10 |
| Group Hlth Coop/Eau Claire - West Central Wisconsin | 715/552-4300 | WT1 | WT2 | 248.06 | 640.16 | 253.02 | 652.96 |
| HealthPartners Classic-High -Pierce/St. Croix Counties | 612/883-5000 | 531 | 532 | 240.44 | 576.98 | 245.25 | 588.52 |
| HealthPartners Classic-Std - Pierce/St. Croix Counties | 612/883-5000 | 534 | 535 | 205.51 | 493.13 | 209.62 | 502.99 |
| HealthPartners Health Plan - West Central Wisconsin | 612/883-5000 | HQ1 | HQ2 | 264.98 | 636.03 | 270.28 | 648.75 |
| Humana Wisconsin Hlth Org. - Southeastern Wisconsin | 888/393-6765 | X11 | X12 | 267.97 | 668.66 | 273.33 | 682.03 |
| Physicians Plus HMO - South Central/Southeastern Wisconsin | 608/282-8920 | 7P1 | 7P2 | 222.26 | 573.34 | 226.71 | 584.81 |
| Unity Health Plans - Southern/Central Wisconsin | 800/362-3310 | W41 | W42 | 215.74 | 550.42 | 220.05 | 561.43 |
| Valley Health Plan - Western Wisconsin | 715/832-3235 | VH1 | VH2 | 252.35 | 645.99 | 257.40 | 658.91 |

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 | 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) | |
| West Virginia | | | | | | | | | | | | |
| Carelink Health Plans | \$10 | Nothing | \$10 | \$20 | | | | | | | | |
| Free State Health Plan - In-Network | \$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 | \$10 | Nothing | \$5 | \$10 | | | | | | | | N |
| HealthAssurance HMO | \$10 | Nothing | \$10 | \$10 | 0.74 | 2.68 | 2.51 | 2.56 | 2.70 | 2.24 | 2.89 | |
| QualMed Plans for Health OH/WV | \$10 | Nothing | \$10 | \$10 | 0.69 | 2.55 | 2.57 | 2.56 | 2.69 | 2.28 | 2.30 | |
| SuperBlue HMO | \$10 | Nothing | \$10 | \$20 | | | | | | | | |

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

