

THE 2000 GUIDE TO

Federal Employees Health Benefits Plans

**FOR INDIVIDUALS RECEIVING
COMPENSATION FROM THE OFFICE OF
WORKERS' COMPENSATION
PROGRAMS (OWCP)**

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



**UNITED STATES OFFICE OF
PERSONNEL MANAGEMENT**
**RETIREMENT AND
INSURANCE SERVICE**

OUR COMMITMENT TO OUR CUSTOMERS

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

THIS IS OUR COMMITMENT TO YOU:

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



BETTER INFORMATION
BETTER CHOICES
BETTER HEALTH

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THINGS TO REMEMBER

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

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

FEHB AND YOU

The Federal Employees Health Benefits (FEHB) Program can help you meet your health care needs. Federal employees, retirees and their survivors enjoy the widest selection of health plans in the country. You can choose from among Fee-for-Service (FFS) plans, regardless of where you live (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 organized alike. You can get brochures from the health plans or your human resource office. They are also available on our web site at www.opm.gov/insure. When it comes to your health care, the best surprise is no surprise.

FEHB AND YOU



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 as a retiree. You will **not** be entitled to a 31-day extension of coverage for conversion to a non-group (private) policy and neither you nor your family members will be entitled to temporarily continue coverage.

You will **not** be able to reenroll in FEHB except under the following circumstances:

- You have been continuously covered as a family member under another enrollment in FEHB since the date of your cancellation, **and** you lose the coverage because the enrollment ends or the enrollee changes from self and family to self only; or
- You suspended your FEHB coverage to enroll in a Medicare-sponsored health plan under the Social Security Act or because you are eligible under Medicaid or a similar State-sponsored program of medical assistance for the needy.

For more information on how to suspend your FEHB enrollment, contact the OWCP district office that handles your case.

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

CHOOSING A PLAN

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

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

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

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

HOW THE PLAN WORKS — if predictable cost, comprehensive benefits, no paperwork, and a coordinated approach to health care are high priorities, consider a Health Maintenance Organization (HMO). Most HMOs require you to select a doc-

tor 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.

FEHB AND YOU

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 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

A GOVERNMENT CONTRIBUTION. The Government contributes toward the total cost of your premium. In 2000, the Government will pay up to \$2,049.58 for each self only enrollment and \$4,575.22 for each self and family enrollment, but not more than 75% of the total premium for any plan. The Government contribution for part-time employees may be different. See your human resource office to get the exact amount.

DEDUCTION FROM YOUR COMPENSATION BENEFITS 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. Premium changes will be reflected in the check you receive for the period beginning January 2, 2000. The amount you pay will be deducted from your compensation benefits every four weeks in 2000.

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.)

If you are enrolled and want to change your enrollment in Open Season, use the postcard on the back cover of this booklet to request a registration form to make a change. (Your health plan will send you its brochure. You can use the postcard to order brochures for other plans.)

Cut the postcard along the perforated lines, then complete the postcard and mail it to the OWCP district office that handles your case. See page 62 for the district office addresses. If you order brochures, you will be given another form to make a change. Any enrollment change you make will take effect January 2000.

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 the OWCP district office that handles your case for more information).

COVERAGE AFTER FEHB ENDS. The FEHB Program offers either temporary continuation of FEHB coverage (TCC) or conversion to non-group (private) coverage for your covered dependent child if he or she marries or turns age 22, or for your former spouse if you divorce and he or she does not have a qualifying court order (contact the OWCP district office that handles your case for more information).

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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Alliance Health Plan	202/939-6325	1R1	1R2	111.18	218.00
APWU Health Plan [◇]	800/222-2798	471	472	79.44	168.40
Blue Cross and Blue Shield-High	local phone #	101	102	132.58	268.70
Blue Cross and Blue Shield-Std [◇]	local phone #	104	105	60.08	133.56
GEHA Benefit Plan [◇]	800/821-6136	311	312	91.44	185.34
Mail Handlers-High	800/410-7778	451	452	90.86	172.26
Mail Handlers-Std	800/410-7778	454	455	42.16	91.52
NALC	703/729-4677	321	322	93.74	185.32
Postmasters-High	703/683-5585	361	362	244.30	515.34
Postmasters-Std	703/683-5585	364	365	87.22	177.78

[◇] 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
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 (2.82)	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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Association Benefit Plan	800/634-0069	421	422	†	†
Foreign Service	202/833-4910	401	402	65.12	189.82
Panama Canal Area	732/222-2229	431	432	49.70	107.80
Rural Carrier Benefit Plan	800/638-8432	381	382	80.04	132.66
SAMBA	301/984-4101	441	442	91.60	235.10
Secret Service	800/424-7474	Y71	Y72	48.62	115.24

† 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 Per Stay Limit	Coinsurance (%)/Copay (\$)						Mail Order	
		Per Person		Hospital Inpatient		Hospital Prescription		Inpatient		Outpatient Other	Generic	Brand	
		Calendar Year	Prescription Drug		Doctors	Outpatient Tests	R&B	Other					
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 plan satisfaction (2.82)	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*.

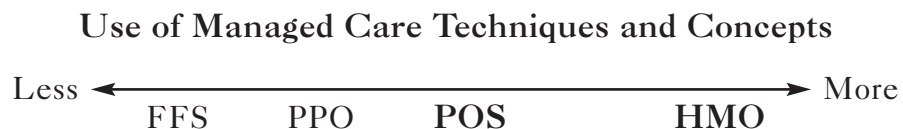
- The HMO provides a comprehensive set of services — as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and generally no deductible or coinsurance for in-hospital care.
- Most HMOs ask you to choose a doctor or medical 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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Alabama					
Health Partners of Alabama - Birmingham/Other areas	800/888-7647	DF1	DF2	55.34	193.34
PrimeHealth of Alabama, Inc. - Central/Southern Alabama	800/236-9421	AA1	AA2	50.94	148.02

Arizona					
Aetna U.S. Healthcare - Phoenix/Tucson areas	800/537-9384	WQ1	WQ2	38.00	106.92
CIGNA HC of AZ-Phoenix - Phoenix area	800/572-9990	161	162	50.64	124.10
Health Plan of Nevada - Mohave County	702/871-0999	NM1	NM2	37.30	95.48
United Healthcare of Arizona - Central Arizona	888/780-4333	2S1	2S2	38.78	110.50
United Healthcare of Arizona - Tucson/Southern Arizona	888/780-4333	TD1	TD2	36.12	101.14
Humana Health Plan of AZ - Phoenix/Tucson/Southern Arizona	888/393-6765	DY1	DY2	37.38	101.68
Intergroup of Arizona, Inc. - Maricopa/Pima/Other AZ counties	800/289-2818	A71	A72	39.96	107.84
PacifiCare of Arizona - Most of Arizona	800/347-8600	A31	A32	40.80	114.22
Premier HealthCare of Arizona - Graham/Greenlee/Maricopa/Pima/Pinal	800/914-4474	9A1	9A2	31.70	87.34
Premier HealthCare of Arizona - Yavapai/Mohave/Coconino/Yuma/Gila	800/914-4474	9B1	9B2	45.92	161.02

Arkansas					
QCA Health Plan - Most of Arkansas	800/235-7111	8Q1	8Q2	50.54	141.58

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	N
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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
California					
Aetna U.S. Healthcare - Southern California area	800/537-9384	2X1	2X2	40.38	94.30
Aetna U.S. Healthcare - Northern California area	800/537-9384	BU1	BU2	67.84	153.02
Blue Shield of CA Access+HMO - Most of California	800/334-5847	SJ1	SJ2	40.98	101.66
Blue Cross CaliforniaCare - Most of California	800/235-8631	M51	M52	45.14	115.18
CIGNA HealthCare of California - Northern/Southern California	800/832-3211	9T1	9T2	45.20	99.46
Health Net - Most of California	800/522-0088	LB1	LB2	40.84	96.70
Kaiser Permanente - Northern California	800/464-4000	591	592	43.34	103.44
Kaiser Permanente - Southern California	800/464-4000	621	622	46.54	107.58
Maxicare Southern California - Southern California	800/234-6294	CM1	CM2	36.84	93.62
National HMO Health Plan - Northern/Central/Southern California	800/468-8600	MN1	MN2	31.00	81.76
PacifiCare of California - Most of California	800/624-8822	CY1	CY2	38.92	96.60
United Health Plan - LA/Orange/San Bernardino Counties	800/544-0088	C41	C42	33.90	72.24
Universal Care - Southern California	800/257-3087	6Q1	6Q2	36.38	87.32
Western Health Advantage - Northern California	888/563-2250	5Z1	5Z2	39.14	93.92

Colorado					
Aetna U.S. Healthcare - The Front Range	800/537-9384	6F1	6F2	39.34	103.90
CIGNA HealthCare of CO - Front Range area	800/832-3211	1C1	1C2	43.98	107.74
HMO Colorado/Nevada - Most of Colorado	800/533-5643	L21	L22	51.66	164.74
Kaiser Permanente - Denver/Colorado Springs areas	888/681-7878	651	652	40.26	102.80
PacifiCare of Colorado-High -Denver/Pueblo/Col.Sprgs/FtColins/LaPlata	800/877-9777	D61	D62	43.76	113.24
PacifiCare of Colorado-Std - Denver/Pueblo/Col.Sprgs/FtColins/LaPlata	800/877-9777	D64	D65	34.22	88.66
Rocky Mountain HMO - Most of Colorado	800/346-4643	881	882	50.68	122.14

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	.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	\$10	Nothing	\$5	\$15	0.64	2.55	2.39	2.46	2.49	2.27	2.14	N
- In-Network												
- 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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Connecticut					
Aetna U.S. Healthcare - All of Connecticut	800/537-9384	H11	H12	67.60	254.48
Blue Cross and Blue Shield-Std - All of Connecticut	800/438-5356	104	105	60.08	133.56
ConnectiCare - All of Connecticut	800/251-7722	TE1	TE2	47.82	148.96
Harvard Pilgrim Health Care - Northwest Connecticut	888/333-4742	681	682	100.44	332.06
Health New England - Northern Connecticut	413/787-4004	DJ1	DJ2	56.48	121.28
Physicians Health Services/CT - All of Connecticut	877/747-9585	DP1	DP2	66.80	275.34

Delaware					
Aetna U.S. Healthcare - All of Delaware	800/537-9384	NK1	NK2	138.60	455.28

District of Columbia					
Aetna U.S. Healthcare-High -Washington, DC area	800/537-9384	JN1	JN2	58.74	154.66
Aetna U.S. Healthcare-Std - Washington, DC area	800/537-9384	JN4	JN5	37.34	87.60
CapitalCare - Washington, DC area	800/680-9495	2G1	2G2	51.72	154.94
Free State Health Plan - Washington, DC area	800/445-6036	LD1	LD2	92.14	217.64
George Washington Univ HP - Washington, DC area	301/941-2000	E51	E52	48.72	125.82
Kaiser Permanente - Washington, DC area	301/468-6000	E31	E32	47.00	116.20
MD-IPA - Washington, DC area	800/251-0956	JP1	JP2	52.30	150.30
Prudential HealthCare HMO - Washington, DC area	800/856-0764	JB1	JB2	66.52	141.50

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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Florida					
Av-Med Health Plan - Broward/Dade/Palm Beach Counties	800/882-8633	EM1	EM2	44.52	137.90
Av-Med Health Plan - Orlando area	800/882-8633	GP1	GP2	44.94	142.40
Av-Med Health Plan - Tampa Bay area	800/882-8633	H51	H52	48.22	178.42
Av-Med Health Plan - Jacksonville area	800/882-8633	HW1	HW2	49.38	191.26
Av-Med Health Plan - Gainesville area	800/882-8633	JF1	JF2	50.02	198.26
Beacon Health Plan - Dade/Broward/Palm Beach Counties	800/850-0979	4K1	4K2	36.44	102.62
Capital Health Plan - Tallahassee area	850/383-3311	EA1	EA2	42.46	113.36
Foundation Health - Northern Florida	800/441-5501	5C1	5C2	43.96	144.50
Foundation Health - Central Florida	800/441-5501	5D1	5D2	44.20	146.36
Foundation Health - Southern Florida	800/441-5501	5E1	5E2	36.54	100.50
HIP Health Plan of FL - Tampa area	800/447-8255	K71	K72	92.26	338.98
HIP Health Plan of FL - South Florida	800/447-8255	3N1	3N2	51.46	217.12
Humana Medical Plan - Orlando/Gainesville areas	888/393-6765	7F1	7F2	37.42	105.12
Humana Medical Plan - Pensacola	888/393-6765	9D1	9D2	43.64	109.12
Humana Medical Plan - Southeast/Southcentral/Southwest Florida	888/393-6765	EE1	EE2	40.52	101.32
Humana Medical Plan - Tampa Bay area	888/393-6765	JH1	JH2	50.68	154.86
Humana Medical Plan - Jacksonville area	888/393-6765	P51	P52	57.64	186.32
Humana Medical Plan - Daytona area	888/393-6765	P71	P72	64.46	203.40
Prudential HealthCare HMO - Jacksonville area	800/856-0764	EC1	EC2	38.64	106.22
Prudential HealthCare HMO - Central Florida area	800/856-0764	EH1	EH2	45.16	153.68
Prudential HealthCare HMO - Broward/Dade/Palm Beach Counties	800/856-0764	HE1	HE2	45.68	152.60
Total Health Choice - Broward/Dade/Palm Beach Counties	305/408-5823	4A1	4A2	39.26	97.78
United HealthCare of Florida - South Florida/Tampa areas	800/543-3145	QK1	QK2	46.78	143.92

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 (2.66)	Getting care quickly (2.39)	How well doctors communicate (2.46)	Courteous and helpful office staff (2.55)	Customer service (2.44)	Claims processing (2.22)	
Florida												
Av-Med Health Plan	\$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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Georgia					
Aetna U.S. Healthcare - Atlanta/Augusta/Athens/Macon areas	800/537-9384	2U1	2U2	47.22	134.92
Athens Area Health Plan Select - Athens metro area	706/549-0549	8Y1	8Y2	43.20	110.86
Blue Cross and Blue Shield-Std - Athens/Atl/Augusta/Col/Macon/Savannah	800/282-2473	104	105	60.08	133.56
Kaiser Permanente - Atlanta area	800/255-0568	F81	F82	45.58	115.70
Prudential HealthCare HMO - Atlanta/Macon areas	800/856-0764	EZ1	EZ2	40.02	109.50

Guam					
Guam Memorial Health Plan-High -Guam/Palau/N. Mariana Islands	671/646-4647	ZA1	ZA2	65.74	214.38
Guam Memorial Health Plan-Std - Guam/Palau/N. Mariana Islands	671/646-4647	ZA4	ZA5	40.96	116.66
PacificCare Asia Pacific-High -Guam/N. Mariana Islands/Palau	671/647-3526	JK1	JK2	50.06	137.26
PacificCare Asia Pacific-Std - Guam/N. Mariana Islands/Palau	671/647-3526	JK4	JK5	31.18	93.16

Hawaii					
HMSA - All of Hawaii	808/948-6499	871	872	45.62	101.54
Kaiser Permanente-High -Islands of Hawaii/Maui/Oahu/Kauai	808/597-5955	631	632	80.64	160.40
Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu/Kauai	808/597-5955	634	635	49.90	107.30

Idaho					
Group Health Cooperative - Kootenai and Latah	800/497-2210	VR1	VR2	60.66	210.46
Premera HealthPlus - Washington border counties	800/527-6675	8F1	8F2	49.84	129.78

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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	

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Plan name – location	Telephone number	Enrollment code		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Illinois					
Aetna U.S. Healthcare - Metro St Louis area	800/537-9384	6T1	6T2	39.42	104.78
Aetna U.S. Healthcare - Chicago area	800/537-9384	XC1	XC2	35.04	110.98
American HMO - Chicago area/Central/South/Western IL	800/242-7460	AC1	AC2	44.22	143.32
Group Health Plan - Southern/Metro East/Central	800/743-3901	MM1	MM2	50.98	111.12
Health Alliance HMO - Central/E.Central/N.West/South/West IL	800/851-3379	FX1	FX2	63.80	164.98
Health Partners of the Midwest - St. Louis area	800/338-4123	RN1	RN2	69.22	140.40
Humana Health Plan Inc. - Chicago area	888/393-6765	751	752	50.02	127.86
John Deere Health Plan - Bloomington/Joliet/Moline/Peoria/RockIsld	800/247-9110	3J1	3J2	47.42	160.30
Mercy Health Plans/Premier - Southwest Illinois	800/327-0763	7M1	7M2	49.40	114.90
OSF HealthPlans - Central/Northern Illinois	800/673-5222	9F1	9F2	38.42	101.04
PersonalCare's HMO - East Central Illinois	800/431-1211	GE1	GE2	39.46	101.50
Prudential HealthCare HMO - Southern Illinois	800/856-0764	VZ1	VZ2	40.00	101.00
Rush Prudential HMO - Chicago area	312/234-7747	171	172	44.44	115.36
Union Health Service - Chicago area	312/829-4224	761	762	41.54	103.46

Indiana					
Aetna U.S. Healthcare - Southern Indiana	800/537-9384	RD1	RD2	52.14	164.34
Aetna U.S. Healthcare - Lake/Porter Counties	800/537-9384	XC1	XC2	35.04	110.98
American HMO - Northwest Indiana	800/242-7460	AC1	AC2	44.22	143.32
Arnett HMO - Lafayette area	765/448-7440	G21	G22	55.20	201.56
Health Alliance HMO - Fountain/Vermillion/Warren Counties	800/851-3379	FX1	FX2	63.80	164.98
Humana Care Plan - Southern Indiana	888/393-6765	181	182	50.94	157.56
Humana Health Plan - Southern Indiana	888/393-6765	D21	D22	58.22	187.72
Humana Health Plan Inc. - Lake/Porter Counties	888/393-6765	751	752	50.02	127.86
Maxicare Indiana - Most of Indiana	800/441-3355	GK1	GK2	48.16	113.10
PARTNERS Nat'l HPs of IN - Northern Indiana	800/967-5439	MC1	MC2	45.12	117.52
Physicians HP of N. Indiana - Northern Indiana	219/432-6690	DQ1	DQ2	53.00	122.88
Prudential HealthCare HMO Midwest - Dearborn County	800/856-0764	S31	S32	48.20	148.74
Rush Prudential HMO - Lake/Porter Counties	888/234-7747	171	172	44.44	115.36

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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	2.8	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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Indiana (continued)					
The M•Plan - Central/Northeast/Southwest Indiana	317/571-5320	IN1	IN2	51.92	115.58
Welborn HMO - Evansville area	812/426-6600	H31	H32	46.52	129.18

Iowa					
Care Choices - Northwest Iowa	800/535-6252	FA1	FA2	44.62	128.54
Health Alliance HMO - Central Iowa	888/536-5300	7X1	7X2	45.30	109.88
John Deere Health Plan - Central/Eastern Iowa	800/247-9110	3J1	3J2	47.42	160.30
Principal Health Care of Iowa - Des Moines/Central Iowa/Waterloo	800/257-4692	SV1	SV2	41.98	113.40
SecureCare of Iowa - Central and Eastern Iowa areas	888/881-8820	3Q1	3Q2	39.84	104.40

Kansas					
Aetna U.S. Healthcare - Kansas City Metro Area	800/537-9384	7K1	7K2	42.22	111.86
Blue Cross and Blue Shield-Std - Most of Kansas	800/432-0379	104	105	60.08	133.56
Humana Kansas City, Inc.-High -Kansas City area	888/393-6765	MS1	MS2	47.08	112.94
Humana Kansas City, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	44.32	106.30
Kaiser Permanente - Kansas City area	913/642-2662	HA1	HA2	40.06	103.38
Preferred Plus of Kansas - S. Central & Jefferson/Shawnee Counties	800/660-8114	VA1	VA2	51.96	200.94
Principal Health Care of KC - Wichita/Salinas areas	800/969-3343	7W1	7W2	42.66	108.80
Prudential HealthCare HMO - Kansas City/Topeka areas	800/856-0764	1K1	1K2	47.38	113.50

Kentucky					
Advantage Care, Inc. - Central/Eastern Kentucky	800/850-8585	XW1	XW2	47.00	136.52
Aetna U.S. Healthcare - Lexington/Louisville areas	800/537-9384	RD1	RD2	52.14	164.34
Bluegrass Family Health - Central/Eastern Kentucky	606/269-4475	2B1	2B2	56.24	109.04
Humana Care Plan - Louisville area	888/393-6765	181	182	50.94	157.56
Humana Care Plan - Lexington area	888/393-6765	HR1	HR2	50.58	153.88
Humana Health Plan - Lexington/Louisville	888/393-6765	D21	D22	58.22	187.72

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	
	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								
	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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Kentucky (continued)					
PacifiCare of Ohio, Inc. - Northern Kentucky	800/824-0428	R81	R82	44.98	95.78
Prudential HealthCare HMO Midwest - Northern Kentucky	800/856-0764	S31	S32	48.20	148.74
United Health Care of Ohio - Northern Kentucky	800/231-2918	3U1	3U2	56.26	140.08

Louisiana					
Aetna U.S. Healthcare - New Orleans area	800/537-9384	NG1	NG2	45.46	120.80
Aetna U.S. Healthcare - Baton Rouge/Lafayette areas	800/537-9384	TK1	TK2	35.46	115.70
Blue Cross and Blue Shield-Std - New Orleans area	800/272-3029	104	105	60.08	133.56
Maxicare Louisiana - Baton Rouge/New Orleans areas	800/933-6294	JA1	JA2	40.76	94.68

Maine					
Aetna U.S. Healthcare - All of Maine	800/537-9384	9M1	9M2	91.20	201.94
Harvard Pilgrim Health Care - Southeastern Maine	888/333-4742	681	682	100.44	332.06

Maryland					
Aetna U.S. Healthcare-High -North/Central/Southern Maryland	800/537-9384	JN1	JN2	58.74	154.66
Aetna U.S. Healthcare-Std - North/Central/Southern Maryland	800/537-9384	JN4	JN5	37.34	87.60
CapitalCare - South/Central Maryland	800/680-9495	2G1	2G2	51.72	154.94
Free State Health Plan - All of Maryland	800/445-6036	LD1	LD2	92.14	217.64
George Washington Univ HP - Central/Southern Maryland	301/941-2000	E51	E52	48.72	125.82
Kaiser Permanente - Baltimore/Washington, DC areas	301/468-6000	E31	E32	47.00	116.20
MD-IPA - All of Maryland	800/251-0956	JP1	JP2	52.30	150.30
Prudential HealthCare HMO - Most of Maryland	800/856-0764	JB1	JB2	66.52	141.50

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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Massachusetts					
Aetna U.S. Healthcare - Central/Eastern MA/Hampden	800/537-9384	NE1	NE2	75.14	266.22
Blue Chip, Coord Hlth Partners - Southeastern Massachusetts	401/459-5500	DA1	DA2	50.12	161.44
Blue Cross and Blue Shield-Std - All of Massachusetts	800/433-7766	104	105	60.08	133.56
Fallon Community Health Plan - Central/Eastern Massachusetts	800/868-5200	JV1	JV2	43.70	112.62
Harvard Pilgrim Health Care - Eastern/Western Massachusetts	888/333-4742	681	682	100.44	332.06
Harvard Pilgrim Hlth Care-NE - Southeastern Massachusetts	888/333-4742	701	702	65.96	184.78
Health New England - Western Massachusetts	413/787-4004	DJ1	DJ2	56.48	121.28

Michigan					
Aetna U.S. Healthcare - Greater Detroit Metro area	800/537-9384	8Z1	8Z2	42.70	111.40
Blue Care Network West MI - Western Michigan	800/775-2583	G71	G72	90.28	274.10
Blue Care Network West MI - East Michigan Region	800/890-0871	K51	K52	48.04	183.64
Blue Care Network West MI - Western Michigan	800/775-2583	KF1	KF2	40.78	111.90
Blue Care Network West MI - East Michigan Region	800/890-0871	KN1	KN2	48.80	192.20
Blue Care Network West MI - Western Michigan	800/775-2583	KR1	KR2	44.76	163.00
Blue Care Network West MI - Mid Michigan	888/227-2345	LN1	LN2	52.10	149.22
Blue Care Network West MI - Southeast MI	800/662-6667	LX1	LX2	32.92	107.90
Grand Valley Health Plan - Grand Rapids area	616/949-2410	RL1	RL2	46.06	118.96
Health Alliance - Southeastern Michigan/Flint area	313/872-8100	521	522	44.14	116.96
HealthPlus MI - Flint/Saginaw areas	800/332-9161	X51	X52	50.34	141.82
M-Care - Mid/Southeastern Michigan	800/658-8878	EG1	EG2	43.68	115.80
OmniCare - Southeastern Michigan	313/259-4000	KA1	KA2	35.38	88.48
Physicians Health Plan - Muskegon/Western Michigan	616/728-6333	U81	U82	38.84	93.08
Priority Health - West Michigan	616/942-1221	BQ1	BQ2	53.08	243.52
SelectCare HMO - Southeast Michigan	800/332-2365	K61	K62	36.40	101.94
The Wellness Plan - Southeastern Michigan	800/875-9355	K31	K32	39.22	106.70
Total Health Care - Greater Detroit/Flint areas	800/826-2862	N21	N22	39.22	99.50

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, - In-Network	\$10	Nothing	\$5	\$15	0.74	2.75	2.48	2.58	2.64	2.45	2.25	N	
Coord Hlth Partners - Out-of-Network	20%	20%	\$5	\$15									
Blue Cross and - In-Network	\$10	Nothing	\$5	\$15	0.85	2.77	2.51	2.52	2.63	2.53	2.33	N	
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		
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

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

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

Plan name – location	Telephone number	Enrollment code		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Minnesota					
APWU Health Plan - Minneapolis/St Paul	800/222-2798	471	472	79.44	168.40
Blue Cross and Blue Shield-Std - All of Minnesota	800/859-2128	104	105	60.08	133.56
HealthPartners Classic-High -Minneapolis/St. Paul areas	612/883-5000	531	532	64.28	180.66
HealthPartners Classic-Std - Minneapolis/St. Paul areas	612/883-5000	534	535	47.42	113.80
HealthPartners Health Plan - Minneapolis/St. Paul/St. Cloud areas	612/883-5000	HQ1	HQ2	86.94	235.16

Mississippi					
Prudential HealthCare HMO - Desoto/Marshall/Tate/Tunica Cos.	800/856-0764	UB1	UB2	38.96	122.96

Missouri					
Aetna U.S. Healthcare - Metro St Louis area	800/537-9384	6T1	6T2	39.42	104.78
BlueCHOICE - StLouis/Central/SW/Poplar Bluff area	800/634-4395	9G1	9G2	65.38	130.94
Group Health Plan - St. Louis area	800/743-3901	MM1	MM2	50.98	111.12
Health Partners of the Midwest - St. Louis and Columbia areas	800/338-4123	RN1	RN2	69.22	140.40
Humana Kansas City, Inc.-High -Kansas City area	888/393-6765	MS1	MS2	47.08	112.94
Humana Kansas City, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	44.32	106.30
Kaiser Permanente - Kansas City area	913/642-2662	HA1	HA2	40.06	103.38
Mercy Health Plans/Premier - East/Central/Southwest Missouri	800/327-0763	7M1	7M2	49.40	114.90
Prudential HealthCare HMO - Kansas City area	800/856-0764	1K1	1K2	47.38	113.50
Prudential HealthCare HMO - St. Louis area	800/856-0764	VZ1	VZ2	40.00	101.00

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

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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	1.96	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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Nebraska					
Care Choices - Northeastern Nebraska	800/535-6252	FA1	FA2	44.62	128.54
GEHA Benefit Plan - Omaha area	800/821-6136	311	312	91.44	185.34

Nevada					
Aetna U.S. Healthcare - Southern Nevada/Las Vegas area	800/537-9384	8L1	8L2	36.70	96.16
Health Plan of Nevada - Las Vegas/Reno areas	702/871-0999	NM1	NM2	37.30	95.48
HMO Colorado/Nevada - Most of Nevada	800/438-5270	VS1	VS2	73.02	199.06
Humana Health Plan, Inc. - Las Vegas area	888/393-6765	TL1	TL2	33.36	95.96
PacifiCare of Nevada - Las Vegas/Carson City/Reno	800/811-7305	K91	K92	38.24	96.88

New Hampshire					
Harvard Pilgrim Health Care - Southern New Hampshire	888/333-4742	681	682	100.44	332.06

New Jersey					
Aetna U.S. Healthcare-High -All of New Jersey	800/537-9384	P31	P32	115.92	359.28
Aetna U.S. Healthcare-Std - All of New Jersey	800/537-9384	P34	P35	50.94	184.18
AmeriHealth HMO - All of New Jersey	800/454-7651	FK1	FK2	118.50	261.36
Blue Cross and Blue Shield-Std - All of New Jersey	800/624-5078	104	105	60.08	133.56
CIGNA CoMED HealthCare - All of New Jersey	800/462-6633	P41	P42	106.62	203.02
Physicians Health Services of NJ - All of New Jersey	877/747-9585	2F1	2F2	43.52	104.46
GHI Health Plan - Northern New Jersey	201/623-6000	801	802	52.42	172.36
Prudential HealthCare HMO - All of New Jersey	800/856-0764	8P1	8P2	53.56	180.82
QualMed Plans for Health - Burlington/Camden/Gloucester Counties	800/998-2840	271	272	88.92	221.32

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)		
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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
New Mexico					
Lovelace Health Plan - All of New Mexico	505/262-7363	Q11	Q12	47.56	142.66
Presbyterian Health Plan - All NM counties except Otero & S. Eddy	505/923-5678	P21	P22	41.20	107.46
QualMed Plans for Health - Albuquerque/Santa Fe areas	800/365-0009	PX1	PX2	38.46	101.52

New York					
Aetna U.S. Healthcare - NYC area and Dutchess/Sullivan/Ulster	800/537-9384	JC1	JC2	49.12	141.90
Blue Choice - Rochester area	716/238-4300	MK1	MK2	44.80	112.02
Blue Cross and Blue Shield-Std - NYC/LI/Rocklnd/Wstchstr/Mid-Hudson	800/522-5566	104	105	60.08	133.56
BlueChoice HMO - Albany area	800/453-0113	5L1	5L2	45.02	120.26
BlueChoice HMO - Downstate area	800/453-0113	S71	S72	76.10	274.94
C.D.P.H.P. - Capital District area	518/862-3750	SG1	SG2	41.52	106.52
CIGNA HealthCare of NY - New York City area	800/345-9458	HU1	HU2	48.66	163.98
GHI Health Plan - All of New York	212/501-4444	801	802	52.42	172.36
GHI HMO Select - Bronx/Brklyn/Manhattan/Queens/Westchster	800/438-9269	6V1	6V2	43.42	184.32
GHI HMO Select - Capital/Hudson Valley Regions	800/438-9269	X41	X42	45.40	121.72
Harvard Pilgrim Health Care - New York adjacent to Massachusetts	888/333-4742	681	682	100.44	332.06
HealthCarePlan - Western New York	716/847-0881	Q81	Q82	37.40	105.98
HIP of Greater New York - New York City area	800/HIP-TALK	511	512	42.82	162.04
HMO Blue - Utica/Rome/Central New York areas	800/722-7884	AH1	AH2	44.96	114.42
HMO-CNY - Syracuse/Binghamton/Elmira areas	800/447-6369	EB1	EB2	45.24	128.06
Independent Health Assoc - Metro Hudson	800/486-5840	C11	C12	58.32	221.70
Independent Health Assoc - Western New York	800/453-1910	QA1	QA2	34.62	97.20
Kaiser Permanente - Albany/Cooperstown areas	800/597-3872	PW1	PW2	50.54	151.44
Kaiser Permanente - Hudson Valley area	800/597-3872	QB1	QB2	59.32	195.90
Kaiser Permanente - Westchester County	800/597-1990	QH1	QH2	112.66	306.52
MDNY Healthcare, Inc. - Nassau/Suffolk Counties	516/454-1900	5Y1	5Y2	51.02	210.74

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)	
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

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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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
New York (continued)					
MDNY Healthcare, Inc. - Erie/Niagara Counties	516/454-1900	8U1	8U2	34.36	86.56
MVP Health Plan - Eastern Region	888/687-6277	GA1	GA2	48.94	140.26
MVP Health Plan - Central Region	888/687-6277	M91	M92	48.78	139.08
MVP Health Plan - Mid-Hudson Region	888/687-6277	MX1	MX2	59.40	190.70
Partners Health Plans - Northern/Capital/Mid-Hudson areas	800/447-8610	7Y1	7Y2	56.08	202.22
PHP/Mohawk Valley Region - Utica area	315/797-7019	SH1	SH2	50.64	185.22
Physicians Health Svcs of NY - NYC/LI/Dtchs/Orng/Putnm/RkInd/Wschs	877/747-9585	PD1	PD2	50.08	165.86
Preferred Care - Rochester area	716/325-3113	GV1	GV2	40.22	102.04
Prepaid Health Plan - Syracuse/Southern Tier areas	315/638-2133	QE1	QE2	56.60	215.84
Prudential HealthCare HMO - NYC/Long Island/Hudson Valley Cos.	800/856-0764	9P1	9P2	43.76	105.12
Vytra Health Plans - Queens/Nassau/Suffolk Counties	516/694-4000	J61	J62	66.70	235.02

North Carolina					
Aetna U.S. Healthcare - Charlotte/Metrolina area	800/537-9384	3G1	3G2	43.66	113.34
Doctors Health Plan, Inc. - Greater Tri/Char/Up-Low Cape Fear areas	800/476-2303	6D1	6D2	49.22	179.58
Generations Family Health Plan - Triangle area:Raleigh/Durham/Chapel Hill	888/256-5563	8B1	8B2	44.80	111.98
PARTNERS NHP of NC - Most of North Carolina	800/942-5695	EQ1	EQ2	49.56	111.52
Prudential HealthCare HMO - Charlotte/Raleigh areas	800/856-0764	Q41	Q42	43.50	134.94
QualChoice of North Carolina - Northwestern North Carolina	800/816-0911	7Q1	7Q2	48.88	124.04
UHC of North Carolina - Central/Eastern/Western	800/999-1147	XM1	XM2	66.96	155.00

North Dakota					
Blue Cross and Blue Shield-Std - Fargo/Moorehead area	800/548-4026	104	105	60.08	133.56
Heart of America HMO - Northcentral North Dakota	701/776-5848	RU1	RU2	47.08	120.74

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)		
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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Ohio					
Aetna U.S. Healthcare - Most of Ohio	800/537-9384	RD1	RD2	52.14	164.34
AultCare HMO - Stark/Carroll/Holmes/Tuscarawas/Wayne Co	330/438-6360	3A1	3A2	47.28	115.96
Blue Cross and Blue Shield-Std - Cincinnati area	888/818-4767	104	105	60.08	133.56
CHP of Ohio - Northeastern/Central/Southern Ohio	740/348-1449	MG1	MG2	29.22	69.32
Health Maintenance Plan(HMP) - Most of Ohio	800/228-4375	R51	R52	49.92	112.80
Health Plan Upper OH Valley - Eastern Ohio	800/624-6961	U41	U42	45.40	113.44
HMO Health Ohio - Northeast Ohio	800/258-3466	L41	L42	49.48	154.42
Kaiser Permanente - Akron/Cleveland areas	800/686-7100	641	642	46.82	114.90
PacifiCare of Ohio, Inc. - Cincinnati area	800/824-0428	R81	R82	44.98	95.78
Paramount Health Care - Northwest/North Central Ohio	800/462-3589	U21	U22	52.66	205.30
Prudential HealthCare HMO Midwest - Cleveland/Akron/Youngstown areas	800/856-0764	Q91	Q92	50.44	121.04
Prudential HealthCare HMO Midwest - Cincinnati/Southwest areas	800/856-0764	S31	S32	48.20	148.74
QualMed Plans for Health OH/WV - Eastern Ohio	800/333-3930	QJ1	QJ2	46.56	131.22
SummaCare Health Plan - Northern Ohio	330/996-8410	5W1	5W2	40.62	111.70
Super Med HMO - Northeast Ohio	800/574-2583	5M1	5M2	52.54	185.74
United Health Care of Ohio - Cincinnati/Dayton/Springfield/Toledo	800/231-2918	3U1	3U2	56.26	140.08
United Health Care of Ohio - Central/South Central Ohio	800/225-7951	VC1	VC2	65.06	160.30
Vantage Health Plan - North Central Ohio	800/878-4394	6A1	6A2	46.86	116.12

Oklahoma					
Aetna U.S. Healthcare - Northeast Oklahoma	800/537-9384	8V1	8V2	35.54	91.98
Blue Cross and Blue Shield-Std - Lawton/OK City/Tulsa/Other areas	800/722-3130	104	105	60.08	133.56
BlueLincs HMO - OK City/Tulsa/Lawton/SW Oklahoma areas	800/722-5675	N51	N52	44.88	98.64
CommunityCare HMO - Oklahoma City/Tulsa areas	800/777-4890	7C1	7C2	43.40	111.84
Healthcare Oklahoma - Oklahoma City/Lawton/Tulsa/Enid areas	800/535-2244	6W1	6W2	38.26	99.44
PacifiCare OK - Oklahoma City/Tulsa areas	800/825-9355	2N1	2N2	36.74	95.52
Prudential HealthCare HMO - Oklahoma City area	800/856-0764	RR1	RR2	43.82	116.66
Prudential HealthCare HMO - Tulsa area	800/856-0764	RS1	RS2	49.50	109.56

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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Oregon					
Kaiser Permanente-High -Portland/Salem areas	800/813-2000	571	572	59.48	146.38
Kaiser Permanente-Std - Portland/Salem areas	800/813-2000	574	575	44.44	102.00
PacifiCare of Oregon - Counties along I-5 Corridor	800/932-3004	7Z1	7Z2	47.32	104.84

Pennsylvania					
Aetna U.S. Healthcare-High -Southwestern/Central/NE PA	800/537-9384	KL1	KL2	45.46	132.14
Aetna U.S. Healthcare-Std - Southwestern/Central/NE PA	800/537-9384	KL4	KL5	38.20	101.90
Aetna U.S. Healthcare-High -Southeastern PA	800/537-9384	SU1	SU2	73.96	239.74
Aetna U.S. Healthcare-Std - Southeastern PA	800/537-9384	SU4	SU5	49.48	159.28
First Priority Hlth - Northeastern Pennsylvania	800/822-8753	C81	C82	48.12	144.34
Free State Health Plan - Southern Pennsylvania	800/445-6036	LD1	LD2	92.14	217.64
HealthAmerica Pennsylvania - Greater Pittsburgh area	800/735-4404	261	262	43.80	113.90
HealthAmerica Pennsylvania - Central Pennsylvania	800/788-8445	SW1	SW2	47.28	139.70
HealthGuard - Berks/Cmbrlnd/Dauphine/Lanc/Lebanon/York	800/822-0350	NQ1	NQ2	41.64	108.50
Keystone Health Plan Central - Harrisburg/Norther Region/Lehigh Valley	800/622-2843	S41	S42	58.94	172.64
Keystone Health Plan East - Philadelphia area	800/227-3115	ED1	ED2	46.58	139.50
KeystoneBlue - Pittsburgh/Altoona/Erie areas	800/421-0959	EF1	EF2	48.18	219.92
Penn State Geisinger HlthPlan - Central/Northeastern Pennsylvania	800/447-4000	N91	N92	32.66	99.66
Prudential HealthCare HMO - Philadelphia/Lehigh Valley areas	800/856-0764	VV1	VV2	48.52	181.90
QualMed Plans for Health -Pa. - Pittsburgh area	800/333-3930	241	242	39.34	96.40
QualMed Plans for Health - Southern Pennsylvania	800/998-2840	271	272	88.92	221.32
QualMed Plans for Health - Scranton/Wilkes Barre	800/998-2840	2K1	2K2	44.02	106.88
UPMC Health Plan - Pittsburgh Area	412/454-7652	8W1	8W2	36.26	107.48

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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Puerto Rico					
Triple-S - All of Puerto Rico	787/749-4777	891	892	42.60	91.48
United HealthCare Puerto Rico - All of Puerto Rico	888/761-4139	7U1	7U2	36.06	77.78

Rhode Island					
Aetna U.S. Healthcare - All of Rhode Island	800/537-9384	5U1	5U2	37.26	98.58
Blue Chip, Coord Hlth Partners - All of Rhode Island	401/459-5500	DA1	DA2	50.12	161.44
Harvard Pilgrim Hlth Care-NE - All of Rhode Island	888/333-4742	701	702	65.96	184.78

South Carolina					
Doctors Health Plan, Inc. - York County	800/476-2303	6D1	6D2	49.22	179.58
PARTNERS NHP of NC - Upstate South Carolina	800/942-5695	EQ1	EQ2	49.56	111.52
Prudential HealthCare HMO - York County	800/856-0764	Q41	Q42	43.50	134.94

South Dakota					
Care Choices - Clay/Union Counties	800/535-6252	FA1	FA2	44.62	128.54

Tennessee					
Aetna U.S. Healthcare - Nashville/Middle Tennessee areas	800/537-9384	6J1	6J2	37.50	104.46
American Healthcare Trust, Inc - Knoxville/Memphis/Nashville areas	888/523-9527	4U1	4U2	35.80	99.38
John Deere Health Plan - Chattanooga/Kingsprt/Knoxville/Grnville	800/247-9110	3J1	3J2	47.42	160.30
Prudential HealthCare HMO - Nashville area	800/856-0764	UA1	UA2	46.14	168.48
Prudential HealthCare HMO - Memphis area	800/856-0764	UB1	UB2	38.96	122.96

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

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

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

Plan name – location	Telephone number	Enrollment code		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Texas					
Aetna U.S. Healthcare - Houston area	800/537-9384	5B1	5B2	43.72	138.22
Aetna U.S. Healthcare - San Antonio area	800/537-9384	8X1	8X2	37.66	105.60
Aetna U.S. Healthcare - Dallas/Ft. Worth areas	800/537-9384	TS1	TS2	49.12	198.86
APWU Health Plan - Eastern and Central Texas	800/222-2798	471	472	79.44	168.40
FIRSTCARE - Waco area	800/884-4901	6U1	6U2	46.08	98.98
FIRSTCARE - West Texas	800/884-4901	CK1	CK2	70.20	137.50
Humana Health Plan of Texas - Dallas/Ft. Worth and Austin areas	888/393-6765	TW1	TW2	50.96	171.94
Humana Health Plan of Texas - Corpus Christi area	888/393-6765	TX1	TX2	50.26	130.64
Humana Health Plan of Texas - Houston and Beaumont area	888/393-6765	UE1	UE2	38.28	107.34
Humana Health Plan of Texas - San Antonio area	888/393-6765	UR1	UR2	41.00	105.36
NYLCare Health Plans SW - Dallas/Ft. Worth/East & West Texas	800/486-3040	V21	V22	51.72	113.32
NYLCare HP of the Gulf Coast - Houston area	800/833-5318	UM1	UM2	49.92	167.24
NYLCare HP of the Gulf Coast - Austin/C.Christi/S.Antonio/Victoria	800/833-5318	ZE1	ZE2	33.36	86.80
NYLCare HP of the Gulf Coast - Beaumont/Lufkin areas	800/833-5318	ZF1	ZF2	41.92	93.48
PacifiCare of Texas - S Ant/Hston/Glvston/Da/Ft Wor/Glf Coast	800/825-9355	GF1	GF2	36.28	94.34
Prudential HealthCare HMO - Houston area	800/856-0764	UP1	UP2	43.74	156.52
Prudential HealthCare HMO - San Antonio area	800/856-0764	VX1	VX2	43.18	112.18
Scott and White - Austin/Bryan/ColSta./Killeen/Temple/Waco	254/298-3000	UF1	UF2	139.12	416.54
Texas Health Choice, L. C. - Houston/Beaumont areas	713/952-6868	2T1	2T2	34.28	87.78
Texas Health Choice, L. C. - Dallas/Ft. Worth areas	972/458-5000	UK1	UK2	40.60	103.92

Utah					
Altius Health Plans - Wasatch Front	800/377-4161	9K1	9K2	76.28	162.72

Vermont					
Harvard Pilgrim Health Care - Southern Vermont	888/333-4742	681	682	100.44	332.06
MVP Health Plan - Bennington/Chittenden/Rutland/Wash. Cos.	888/687-6277	VW1	VW2	58.52	193.12

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

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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		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
Virginia					
Aetna U.S. Healthcare-High -N.VA/Fredericksburg	800/537-9384	JN1	JN2	58.74	154.66
Aetna U.S. Healthcare-Std - N.VA/Fredericksburg	800/537-9384	JN4	JN5	37.34	87.60
Aetna U.S. Healthcare - Richmond/Central/Tri-City areas	800/537-9384	Z11	Z12	50.94	159.54
CapitalCare - Northern Virginia	800/680-9495	2G1	2G2	51.72	154.94
CIGNA HealthCare of VA - Southeastern Virginia	800/533-1708	W21	W22	41.90	93.70
CIGNA HealthCare of VA - Central Virginia	800/533-1708	W31	W32	44.88	101.26
George Washington Univ HP - N. Virginia/Fredericksburg/Winchester	301/941-2000	E51	E52	48.72	125.82
Healthkeepers - Peninsula/Richmond/Frdburg/Roanoke areas	800/421-1880	X81	X82	44.10	111.98
John Deere Health Plan - Bristol/Roanoke areas	800/247-9110	3J1	3J2	47.42	160.30
Kaiser Permanente - Washington, DC area	301/468-6000	E31	E32	47.00	116.20
MD-IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	800/251-0956	JP1	JP2	52.30	150.30
OPTIMA Health Plan - Peninsula/Southside Hampton Roads	757/552-7500	9R1	9R2	56.68	155.24
PARTNERS NHP of NC - Southwest Virginia	800/942-5695	EQ1	EQ2	49.56	111.52
Piedmont Community Healthcare - Lynchburg	888/674-3368	2C1	2C2	44.84	168.36
Prudential HealthCare HMO - Washington, DC area/Northern Virginia	800/856-0764	JB1	JB2	66.52	141.50
Prudential HealthCare HMO - Richmond/Tri-City areas	800/856-0764	V61	V62	47.82	164.34

Washington					
Aetna U.S. Healthcare - Western/Southeast Washington	800/537-9384	8J1	8J2	36.58	95.80
First Choice Health Plan - Greater Seattle area	800/783-7312	5G1	5G2	49.44	162.28
Group Health Cooperative - Most of Western Washington	206/448-4140	541	542	57.00	132.38
Group Health Cooperative - Central WA/Spokane/Colville/Pullman	800/497-2210	VR1	VR2	60.66	210.46
Kaiser Permanente-High -Vancouver/Longview	800/813-2000	571	572	59.48	146.38
Kaiser Permanente-Std - Vancouver/Longview	800/813-2000	574	575	44.44	102.00
Kitsap Physicians Service-High -Kitsap/Mason/Jefferson Counties	800/552-7114	VT1	VT2	142.56	290.22
Kitsap Physicians Service-Std - Kitsap/Mason/Jefferson Counties	800/552-7114	VT4	VT5	51.72	113.00
PacifiCare of Oregon - Clark County	800/932-3004	7Z1	7Z2	47.32	104.84
PacifiCare of Washington - Puget Sound/Most West WA/Walla Walla	800/932-3004	WB1	WB2	39.60	102.54
Premera HealthPlus - Most of Washington	800/527-6675	8F1	8F2	49.84	129.78
QualMed WA Health Plan - Most of Washington	800/869-7165	TM1	TM2	64.44	187.76

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 (.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

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Plan name – location	Telephone number	Enrollment code		Twice – Biweekly Premium Your Share	
		Self only	Self & family	Self only	Self & family
West Virginia					
Carelink Health Plans - Northern/Central/Southern West Virginia	800/348-2922	4C1	4C2	40.94	130.44
Free State Health Plan - Northeastern West Virginia	800/445-6036	LD1	LD2	92.14	217.64
Health Plan Upper OH Valley - Northern/Central West Virginia	800/624-6961	U41	U42	45.40	113.44
HealthAssurance HMO - North Central/Panhandle	800/735-2202	6L1	6L2	51.42	167.20
QualMed Plans for Health OH/WV - Panhandle/N. Central/Charleston area	800/333-3930	QJ1	QJ2	46.56	131.22
SuperBlue HMO - Chas/Pkg/Mgtm/Beck/Clkb/Whlg/Lew/Fmt/Blu	800/391-4441	8T1	8T2	50.14	152.14

Wisconsin					
Compcare Health Services - Southeastern Wisconsin	414/226-6744	691	692	52.14	187.94
Compcare Health Services - Northcentral/Northwest Wisconsin	800/242-9635	6X1	6X2	58.16	206.84
Dean Health Plan - South Central Wisconsin	800/279-1301	WD1	WD2	48.00	166.58
Family Health Plan - Milwaukee area	414/256-0040	WH1	WH2	69.14	235.78
Group Health Coop - Greater Dane and Jefferson Counties	608/251-3356	WJ1	WJ2	43.06	114.96
Group Hlth Coop/Eau Claire - West Central Wisconsin	715/552-4300	WT1	WT2	71.32	238.98
HealthPartners Classic-High -Pierce/St. Croix Counties	612/883-5000	531	532	64.28	180.66
HealthPartners Classic-Std - Pierce/St. Croix Counties	612/883-5000	534	535	47.42	113.80
HealthPartners Health Plan - West Central Wisconsin	612/883-5000	HQ1	HQ2	86.94	235.16
Humana Wisconsin Hlth Org. - Southeastern Wisconsin	888/393-6765	X11	X12	89.70	265.28
Physicians Plus HMO - South Central/Southeastern Wisconsin	608/282-8920	7P1	7P2	51.28	177.30
Unity Health Plans - Southern/Central Wisconsin	800/362-3310	W41	W42	49.78	156.14
Valley Health Plan - Western Wisconsin	715/832-3235	VH1	VH2	75.28	244.36

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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	

ADDRESSING THE POSTCARD

INSTRUCTIONS FOR ADDRESSING THE POSTCARD ON THE BACK OF THIS BOOKLET

Listed below are the OWCP District Office addresses. To identify the district office serving your compensation case file, look at the address label on the back of this booklet. Locate the two digit identifier which corresponds with the two digit identifier below. (*Please note: The two digit identifier is not part of the case file number. The identifier stands alone.*) Print the address shown next to that two digit identifier on the front of the postcard.

01 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
JFK Federal Building, Room E260
Boston, MA 02203

12 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
1801 California Street, Suite 915
Denver, CO 80202

02 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
P.O. Box 566
New York, NY 10014-0566

13 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
P.O. Box 193769
San Francisco, CA 94119-3769

03 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
3535 Market Street, Room 15100
Philadelphia, PA 19104

14 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
1111 - 3rd Avenue, Suite 650
Seattle, WA 98101

06 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
214 North Hogan, Suite 1006
Jacksonville, FL 32202

16 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
525 Griffin Square, Room 100
Dallas, TX 75202

09 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
1240 East Ninth Street, Room 865
Cleveland, OH 44199

25 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
800 N. Capitol Street, NW
Washington, DC 20211

10 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
230 South Dearborn Street, 8th Floor
Chicago, IL 60604

50 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
National Office
P.O. Box 37117
Washington, DC 20013-7117

11 Fiscal Officer
US DEPARTMENT OF LABOR, OWCP
City Center Square, Suite 750
1100 Main Street
Kansas City, MO 64105



DETACH

RETURN ADDRESS

NAME _____

STREET _____

CITY _____ STATE _____

Address of OWCP Office:

Place
postage
stamp
here

DETACH

Request for Registration Form or Brochures

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs
 Washington, DC 20210

Official Business

Penalty for Private Use, \$300

Forwarding and Address Correction Requested

DETACH

Request For Registration Form Or Brochures

This special postcard has been prepared to speed the return of health benefits open season information to you. Mail this form to the proper OWCP office (see page 62.) Do not use it for any other purpose.

- I want to make a change during open season and know what plan or option I wish to enroll in. I have the brochure of that plan and don't need brochures. Please send me a registration form (SF 2809) only.
- I am considering making a change during open season but would like more information. Please send me a registration form (SF 2809) and a brochure for each of the plans I have listed below.

List enrollment codes of plans for the brochures you want. Codes for each FEHB plan appear in the plan comparison chart.	CODE	CODE	CODE
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CODE	CODE	CODE
Print or type your full name and mailing address here. Address the other side and add a stamp. Then drop card in mail box.	Name		
	Street address		
	City, state, and ZIP code		
Check here if we need to change your mailing (home) address in our records. <input type="checkbox"/>	Signature		Date

IMPORTANT

HMOs and Plans with a Point of Service product are open to compensationers in the plan's area.

Fee-for-service plans sponsored by employee organizations have specific membership requirements. Some are restricted and open only to compensationers who are already members of the sponsoring organization.

Do not send this card to OPM.

Keep a record of the date you mail this.

DETACH