



# Guide to Federal Employees Health Benefits Plans For Federal Civilian Employees



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# Health Provider Costs – Information for You

The following FEHB health plans have shown their commitment to OPM's healthcare cost transparency standards by making information about provider costs available on their websites for their plan members.

Aetna  
APWU (Consumer Driven Health Plan)\*  
Av-Med  
Blue Choice (Ohio and Missouri)  
Blue HMO of Ohio  
CaliforniaCare  
CareFirst BlueChoice  
Foreign Service Benefit Plan\*  
HealthNet of California  
HMO Health of Ohio  
Humana Health Plans  
Independent Health  
Kaiser (California, Colorado and Northwest regions)  
M-Care  
Rural Letter Carriers Health Plan\*  
SuperMed HMO  
United Healthcare

Members of these plans will have access to healthcare cost information so they can make more informed choices when they need services. The website information available includes online decision tools with cost estimators for diagnoses and drugs as well as the costs paid to health care providers within geographic areas for common illnesses and conditions. Plus, these plans also describe the sources of this healthcare cost data and any limitations so plan members can understand what the information means to them.

Some examples of the types of surgical procedures for which you can obtain cost information include: arthroscopy knee/shoulder, breast biopsy, cataract repair, cesarean delivery, colonoscopy, corneal surgery, gall bladder removal, heart catheterization, hysterectomy, inguinal hernia repair, knee replacement, and tonsillectomy. This information will help you to understand the true cost of your healthcare and enhance your ability to compare hospital, physician, and other provider costs as you make healthcare choices.

We are pleased that these health plans have shown their commitment to consumers who are seeking and utilizing these comparison tools. FEHB plans are working to expand the cost and quality information they provide to their members. The plans listed on this page met OPM's transparency standards at the time this Guide went to press. As other plans bring these tools on line, we will add them to the list on our website. So, please check the updated information at [www.opm.gov/insure](http://www.opm.gov/insure) before you make your healthcare decisions.

*\* An asterisk indicates a fee-for-service plan that provides members with links to provider quality information on its website.*

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Look for a health plan that:

- Received high survey ratings from its members on things that are important to you.
- Was evaluated highly by an accrediting organization.
- Has performed well on clinical measures of common conditions.
- Has the doctors and hospitals you want.
- Provides the services and benefits you want.

*The information in this Guide gives you an overview of the FEHB Program and its participating plans. Read the plan brochures before you make any final decisions about health plans.*

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# Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- **A Choice of Coverage.** Choose between Self Only or Self and Family.
- **A Choice of Plans and Options.** Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven plans, or High Deductible Health Plans.
- **A Government Contribution.** The Government pays 72 percent of the average premium toward the total cost of your premium, up to a maximum of 75 percent of the total premium for any plan.
- **Salary Deduction.** You automatically pay your share of the premium through a payroll deduction using pre-tax dollars unless you elect not to. When your premium contributions are withheld on a pre-tax basis, Internal Revenue Service guidelines affect your ability to change coverage, i.e., you may elect to cancel your FEHB enrollment or to go from Self and Family to Self Only coverage only during an FEHB Open Season, unless a qualified life status change occurs. See your Human Resources office for details.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment. This year the Open Season runs from November 13, 2006, through December 11, 2006. Other events allow for certain types of changes throughout the year. See your Human Resources office for details.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce, death, or changes in employment status. See your Human Resources office for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible for temporary continuation of FEHB coverage or for conversion to non-group (private) coverage when FEHB coverage ends. See your Human Resources office for more information.
- **Consumer Protections.** Go to [www.opm.gov/insure/health/consumers](http://www.opm.gov/insure/health/consumers) to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program; and learn about your privacy protections when it comes to your medical information.



Federal Employees  
Health Benefits Program

**Better Information**  
**Better Choices**  
**Better Health**

# FEHB Web Resources

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

The FEHB website at [www.opm.gov/insure/health](http://www.opm.gov/insure/health) can help you to choose your health plan and enroll. In addition to the information found in this Guide you will find:

- An interactive tool that allows you to make side-by-side comparisons of the costs, benefits, and quality indicators of the plans in your area.
- All health plan brochures and plan website addresses.
- A comparison of how FEHB plans perform in important medical areas under the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of performance measures that allows users to compare managed care health plan performance across specific clinical areas. The performance measures are related to many significant diseases such as cancer, heart disease, asthma, and diabetes. Compare plan results at [www.opm.gov/insure/health/hedis2007](http://www.opm.gov/insure/health/hedis2007).
- Information on enrolling, including online enrollment for employees of selected agencies.
- Information on how plans in the FEHB Program coordinate benefit payments with Medicare.
- A comprehensive set of Frequently Asked Questions and answers on all aspects of the Program.
- An online version of the FEHB Handbook for more information on FEHB policies and procedures.
- Information on High Deductible Health Plans at [www.opm.gov/hsa](http://www.opm.gov/hsa)
- Information on FEHB plans that have demonstrated their commitment to health information technology (HIT) by making consumer's personal health information available to them through state-of-the-art HIT capabilities.



# Picking a Health Plan

## Step 1: What type of health plan is best for you?

You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

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

*See Definitions starting on page 9 for a more detailed description of each type of plan.*

# Picking a Health Plan

## Step 2: **Cost and benefits.**

An easy-to-use tool allowing you to compare plans is available on the web at [www.opm.gov/insure/07/spmt/plansearch.aspx](http://www.opm.gov/insure/07/spmt/plansearch.aspx). If you do not have Internet access, complete the chart below by using this Guide and the health plans' brochures to review your costs, including premiums, and estimate what you might spend on health care next year. Plan brochures can be obtained from your Human Resources office or on the OPM website at [www.opm.gov/insure/health](http://www.opm.gov/insure/health). This side-by-side comparison can help you pick a plan with the benefits you need at a cost you can afford.

	Health Plan _____	Health Plan _____	Health Plan _____
Annual premium	\$	\$	\$
Annual deductible (if any)	\$	\$	\$
Office visit to primary care doctor	\$	\$	\$
Office visit to specialist	\$	\$	\$
Hospital inpatient deductible/ copayment/coinsurance	\$	\$	\$
Hospital room & board charges	\$	\$	\$
Prescription drugs	\$	\$	\$
Catastrophic protection limit	\$	\$	\$
Home health care visits	\$	\$	\$
Durable medical equipment	\$	\$	\$
Maternity care	\$	\$	\$
Well-child care	\$	\$	\$
Routine physicals	\$	\$	\$
<b>Review the Member Survey Results found in the benefit charts of this Guide.</b>			
Overall plan satisfaction			
Getting needed care			
Getting care quickly			
How well doctors communicate			
Customer service			
Claims processing			

# Picking a Health Plan

## Step 3: **Think quality.**

We have several sources for reviewing quality information: [accreditation](#) (independent evaluations from private organizations) and [member survey results](#) (evaluations by current plan members). How plans perform on [clinical measures](#) of common conditions is shown on our website at [www.opm.gov/insure/health/hedis2007](http://www.opm.gov/insure/health/hedis2007).

**HMO Accreditation.** Accreditation is a “seal of approval” granted by an accrediting organization. Health plans must meet national standards to be accredited. The evaluations are performed by the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and URAC. The following are the accreditation levels used by each organization. Check your health plan’s brochure for its accreditation level, or look for the Health Plan Accreditation link at [www.opm.gov/insure/health](http://www.opm.gov/insure/health).

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

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

# Picking a Health Plan

## Member survey results.

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

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

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

- Overall Plan Satisfaction – This measure is based on the question, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?” We report the percentage of respondents who rated their plan 8 or higher.
- Getting Needed Care – Were you satisfied with the choices your health plan gave you to select a personal doctor? Were you satisfied with the time it takes to get a referral to a specialist?
- Getting Care Quickly – Did you get the advice or help you needed when you called your doctor during regular office hours? Could you get an appointment when you wanted for regular or routine care?
- How Well Doctors Communicate – Did your doctor carefully listen to you and explain things in a way you could understand? Did your doctor spend enough time with you?
- Customer Service – Was your plan helpful when you called its customer service department? Did you have paperwork problems? Were the plan's written materials understandable?
- Claims processing – Did your plan correctly pay your claims and in a reasonable time?

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

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

# Picking a Health Plan

## Fee-for-Service/PPO accreditation.

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

	Behavioral Health	Care Management	Disease Management	Health Utilization Management	Health Network Accreditation
APWU Health Plan	X	X	X	X	X
Blue Cross and Blue Shield		X			
GEHA			X	X	X
Mail Handlers				X	
NALC	X		X	X	
Association				X	X
Foreign Service	X		X	X	
Rural Carrier			X	X	
SAMBA		X		X	

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

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

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

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

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

# Preventing Medical Mistakes

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

1. Ask questions if you have doubts or concerns.
  - Ask questions and make sure you understand the answers.
  - Choose a doctor with whom you feel comfortable talking.
  - Take a relative or friend with you to help you ask questions and understand answers.
2. Keep and bring a list of all the medicines you take.
  - Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines.
  - Tell them about any drug allergies you have.
  - Ask about side effects and what to avoid while taking the medicine.
  - Read the label when you get your medicine, including all warnings.
  - Make sure your medicine is what the doctor ordered and know how to use it.
  - Ask the pharmacist about your medicine if it looks different than you expected.
3. Get the results of any test or procedure.
  - Ask when and how you will get the results of tests or procedures.
  - Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail.
  - Call your doctor and ask for your results.
  - Ask what the results mean for your care.
4. Talk to your doctor about which hospital is best for your health needs.
  - Ask your doctor which hospital has the best care and results for your condition if you have more than one hospital from which to choose.
  - Be sure you understand the instructions you get about follow-up care when you leave the hospital.
5. Make sure you understand what will happen if you need surgery.
  - Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.
  - Ask your doctor, "Who will manage my care when I am in the hospital?"
  - Ask your surgeon:
    - Exactly what will you be doing?
    - About how long will it take?
    - What will happen after surgery?
    - How can I expect to feel during recovery?
  - Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

## Want more information on quality healthcare and patient safety?

- ➔ [www.cms.hhs.gov/HealthCareConInit](http://www.cms.hhs.gov/HealthCareConInit) Medicare has posted hospital payment information, by county, for common elective surgeries and other conditions of high utilization.
- ➔ [www.HospitalCompare.hhs.gov](http://www.HospitalCompare.hhs.gov) A tool to provide you with information on how well the hospitals in your area care for their adult patients suffering from heart attack, heart failure, and pneumonia.
- ➔ [www.ahrq.gov/path/beactive.htm](http://www.ahrq.gov/path/beactive.htm) The Agency for Healthcare Research and Quality makes available a wide-ranging list of topics from patient safety to choosing quality healthcare providers to improving the quality of care you receive.
- ➔ [www.QualityCheck.org](http://www.QualityCheck.org) A source for finding and comparing accredited healthcare organizations, including hospitals, assisted living facilities, nursing homes, and settings for addictions, children and youth services, and community mental health facilities.
- ➔ [www.leapfroggroup.org](http://www.leapfroggroup.org) The Leapfrog Group is active in promoting safe practices in hospital care.

# Definitions

**Accreditation** - The status granted to a health care organization following a rigorous, comprehensive, and independent evaluation. The evaluation includes an assessment of the care and service being delivered in important areas of public concern, such as immunization rates, mammography rates, and member satisfaction.

**Brand name drug** - A prescription drug that is protected by a patent, supplied by a single company, and marketed under the manufacturer's brand name.

**Coinsurance** - The amount you pay as your share for the medical services you receive, such as a doctor's visit. Coinsurance is a percentage of the cost of the service (you pay 20%, for example).

**Consumer-Driven Health Plans (CDHP)** - Describes a wide range of approaches to give you more incentive to control the cost of either your health benefits or health care. You have greater freedom in spending health care dollars up to a designated amount, and you receive full coverage for in-network preventive care. In return, you have a higher annual deductible than standard medical plans after you have used up the designated amount. The catastrophic limit is usually higher than those in other plans.

**Copayment** - The amount you pay as your share for the medical services you receive, such as a doctor's visit. A copayment is a fixed dollar amount (you pay \$15, for example).

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

**Fee-for-Service (FFS)** - Health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, or procedure. The health plan will either pay the medical provider directly or

reimburse you for covered services after you have paid the bill and filed an insurance claim. When you need medical attention, you visit the doctor or hospital of your choice.

**Formulary or Prescription Drug List** - A list of both generic and brand name drugs, often made up of different cost-sharing levels or tiers, that are preferred by your health plan. Health plans choose drugs that are medically safe and cost effective. A team, including pharmacists and physicians, meets to review the drug list and make changes as necessary.

**Generic drug** - A generic medication is an equivalent of a brand name drug. A generic drug provides the same effectiveness and safety as a brand name drug and usually costs less. A generic drug may have a different color or shape than its brand name counterpart, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection).

**Health Maintenance Organization (HMO)** - A health plan that provides care through contracted or employed physicians and hospitals located in particular geographic or service areas. HMOs emphasize prevention and early detection of illness. Your eligibility to enroll in an HMO is determined by where you live or, in some plans, where you work.

**Health Reimbursement Arrangements (HRA)** - Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as Personal Care Account. They are also available to enrollees in High Deductible Health Plans who are ineligible for an HSA. HRAs are similar to HSAs except: an enrollee cannot make deposits into an HRA, a health plan may impose a ceiling on the value of an HRA, interest is not earned on an HRA, and the amount in an HRA is not transferable if the enrollee leaves the health plan.



# Definitions

**Health Savings Account (HSA)** - A Health Savings Account allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax-free, and that amount is available on a tax-free basis to pay medical costs. To open an HSA you must be covered under a High Deductible Health Plan and cannot be eligible for Medicare or covered by another plan that is not a High Deductible Health Plan or a general purpose HCFSA or be a dependent on another person's tax return. HSAs are subject to a number of rules and limitations established by the Department of the Treasury. Visit [www.ustreas.gov/offices/public-affairs/hsa](http://www.ustreas.gov/offices/public-affairs/hsa) for more information.

**High Deductible Health Plan (HDHP)** - A High Deductible Health Plan is a health insurance plan in which the enrollee pays a deductible of at least \$1,100 (self-only coverage) or \$2,200 (family coverage). The annual out-of-pocket amount (including deductibles and copayments) the enrollee pays cannot exceed \$5,250 (self-only coverage) or \$10,500 (family coverage). HDHPs can have first dollar coverage (no deductible) for preventive care and higher out-of-pocket copayments and coinsurance for services received from non-network providers. HDHPs offered by the FEHB Program establish and partially fund HSAs for all eligible enrollees and provide a comparable HRA for enrollees who are ineligible for an HSA. The HSA premium funding or HRA credit amounts vary by plan.

**In-Network** - You receive treatment from the doctors, clinics, health centers, hospitals, medical practices, and other providers with whom your plan has an agreement to care for its members.

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

**Point-of-Service (POS)** - A product offered by a health plan that has both in-network and out-of-network features. In a POS you don't have to use the plan's network of providers for every service but you generally pay more out-of-network.

**Preferred Provider Organization (PPO)** - FFS Plans and many HDHPs use PPOs which are a network of providers. PPOs give you the choice of using doctors and other providers in the network or using non-network providers. You don't have to use the PPO, but there are advantages if you do. (Be aware, however, that some of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but anesthesia and radiology, for instance, may be covered under non-PPO benefits.) Note that some FFS plans may offer an enrollment option that is "PPO-only." You **must** use network providers to receive benefits from a PPO-only plan.

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



# Federal Employees Dental and Vision Insurance Program (FEDVIP)

The Federal Employees Dental and Vision Insurance Program (FEDVIP) is a new program, separate and different from the FEHB Program, authorized by the Federal Employee Dental and Vision Benefits Enhancement Act of 2004.

OPM has contracted with several insurance carriers to make supplemental dental and vision benefits available to eligible Federal and USPS employees, annuitants, and their eligible family members.

## **Dental Insurance**

Dental plans will provide a comprehensive range of services, including the following:

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

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

## **Vision Insurance**

Vision plans will provide comprehensive eye examinations and coverage for lenses, frames and contact lenses. Other benefits such as discounts on lasik surgery may also be available.

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

## **Who is eligible to enroll in the FEDVIP?**

Federal and Postal Service employees eligible for FEHB coverage (whether or not enrolled) and annuitants (regardless of FEHB status) are eligible to enroll in a dental plan and/or a vision plan.

## **What enrollment options are available?**

1. Self Only, which covers only the enrolled employee or annuitant;
2. Self plus One, which covers the enrolled employee or annuitant plus one eligible family member specified by the enrollee; and
3. Self and Family, which covers the enrolled employee or annuitant and all eligible family members.

## **Which of my family members are eligible?**

Eligible family members include your spouse, unmarried dependent children under age 22, and unmarried dependent children age 22 or over incapable of self-support because of a mental or physical disability that existed before age 22.

## **How can I find out about the plans that are available?**

You can find a comparison of the plans available and their premiums on the OPM website at [www.opm.gov/insure/dentalvision](http://www.opm.gov/insure/dentalvision). This site also provides links to each plan's website where you can view detailed information about benefits and preferred providers.

# Federal Employees Dental and Vision Insurance Program (FEDVIP)

## **What are the premiums?**

The premiums will vary by plan and by enrollment type (Self, Self Plus One, or Self and Family). There is no government contribution to the premiums. If you are an active employee, your premiums will be taken from your salary on a pre-tax basis when your salary is sufficient to make the premium withholding. If you are an annuitant, premiums will be withheld from your monthly annuity check when your annuity is sufficient. Based on Internal Revenue Code pre-tax premiums are not available to annuitants. For information on each plan's specific premiums, visit [www.opm.gov/insure/dentalvision](http://www.opm.gov/insure/dentalvision).

## **When can I enroll?**

Eligible employees and annuitants can enroll in a dental and/or vision plan during this open season – November 13 to December 11, 2006. You can enroll, disenroll, or change your enrollment during subsequent annual open seasons, or because of a qualifying life event. New employees will have 60 days from their first eligibility date to enroll.

## **How do I enroll?**

You enroll on the Internet at [www.BENEFEDS.com](http://www.BENEFEDS.com). BENEFEDS is a secure enrollment website sponsored by OPM where you enter your name, personal information like address and Social Security Number, the agency you

work for (or retirement plan that pays your annuity), and the dental and/or vision plan you select. For those without access to a computer, call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

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

## **When will coverage be effective?**

Coverage for those who enroll during this year's open season (November 13 – December 11, 2006) will be effective December 31, 2006.

## **How does this coverage work with my FEHB plan's dental or vision coverage?**

Some FEHB plans already cover some dental and vision services. Coverage provided under your FEHB plan remains as your primary coverage. FEDVIP coverage pays secondary to that coverage. When you enroll in a dental and/or vision plan on [BENEFEDS.com](http://BENEFEDS.com), you will be asked to provide information on your FEHB plan so that your plans can coordinate benefits. Providing your FEHB information may reduce your out-of-pocket costs.

# Federal Employees Dental and Vision Insurance Program (FEDVIP)

**This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, co-payments, annual maximums and exclusions set forth in the individual plan brochures.**

## **How to read this chart:**

The table on the following pages highlights the selected features/classes of dental services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs. The deductibles shown are the amount of covered expenses that you pay before the dental plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

**Please Note:** Most plans require that you be enrolled in the same dental plan for the 24-month waiting period before accessing orthodontia services. There are no other waiting periods for services.

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

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

# Federal Employees Dental and Vision Insurance Program (FEDVIP)

## Nationwide Dental Plans Open to All

Plan Name	Telephone & Website	You pay:					Calendar Year Maximum
		Class A	Class B	Class C	Class D	Deductible	
Aetna	800-537-9384 www.aetnafeds.com	0%	40%	60%	70%	\$0	\$1,200 per year (standard and high option) per person \$1,500 lifetime max per person (orthodontic services only)
GEHA Standard GEHA High	877-434-2336 www.gehadental.com	0% 0%	45% 20%	65% 50%	70% 70%	\$0	\$1,200 per year (standard and high option) per person \$1,500 lifetime max per person (orthodontic services only)
MetLife Standard MetLife High	888-865-6854 www.federaldental.metlife.com	0% 0%	45% 30%	65% 50%	50% 50%	\$0	\$1,200 standard option annual non-orthodontic maximum per person \$3,000 high option non-orthodontic maximum per person \$1,500 lifetime maximum per person for orthodontics
United Concordia	877-394-8224 www.uccifedvip.com	0%	20%	50%	50%	\$75 self/\$150 self & family/ self plus one Class B and Class C	\$1,200 per year per person \$1,500 lifetime maximum per person (orthodontic services only)

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

Plan Name	Telephone & Website	You pay:					Calendar Year Maximum
		Class A	Class B	Class C	Class D	Deductible	
CompBenefits <i>(Open to residents of the Southeastern, Midwestern, and Mid-Atlantic states)</i>	877-692-2468 www.fed.dentaladvantage.compbenefits.com	0%	40%	54%	70%	\$0	No maximum Unlimited lifetime orthodontic coverage
GHI <i>(Open to NY and Northern NJ residents and parts of CT and PA)</i>	212-501-4444 www.ghi.com	0%	0%	0%	0%	\$50 self/\$150 self & family/ self plus one Class B and Class C	\$1,250 per year per person \$2,000 lifetime max per person (orthodontic services only) Note: GHI has a 12-month waiting period for orthodontia services
Triple S <i>(Open to Puerto Rico residents)</i>	787-774-6060 787-749-4777 800-981-3241 TTY 787-774-6060 www.ssspr.com	0%	30%	60%/30%	50%	\$0	No maximum \$1,500 lifetime max per person (orthodontic services only)

## National Dental Rates

Please note that the rating areas for each Carrier are not the same for all plans. Please see the specific plan brochure or call the plan's customer service number to determine your specific region and premium.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self plus One	Self & Family	Self Only	Self plus One	Self & Family
Aetna PPO	High <i>(In and Out-of-Network benefits)</i>	1	\$12.15	\$24.31	\$36.46	\$26.33	\$52.67	\$79.00
		2	\$13.36	\$26.72	\$40.09	\$28.95	\$57.89	\$86.86
		3	\$14.20	\$28.42	\$42.62	\$30.77	\$61.58	\$92.34
		4	\$15.66	\$31.31	\$46.98	\$33.93	\$67.84	\$101.79
		5	\$16.99	\$33.97	\$50.96	\$36.81	\$73.60	\$110.41
GEHA PPO	High <i>(In and Out-of-Network benefits)</i>	1	\$9.36	\$18.73	\$28.09	\$20.28	\$40.58	\$60.86
		2	\$10.26	\$20.51	\$30.77	\$22.23	\$44.44	\$66.67
		3	\$11.61	\$23.21	\$34.82	\$25.16	\$50.29	\$75.44
		4	\$12.51	\$25.02	\$37.53	\$27.11	\$54.21	\$81.32
		5	\$13.86	\$27.72	\$41.58	\$30.03	\$60.06	\$90.09
GEHA PPO	High <i>(In and Out-of-Network benefits)</i>	1	\$12.74	\$25.49	\$38.23	\$27.60	\$55.23	\$82.83
		2	\$13.98	\$27.96	\$41.94	\$30.29	\$60.58	\$90.87
		3	\$15.83	\$31.66	\$47.48	\$34.30	\$68.60	\$102.87
		4	\$17.07	\$34.13	\$51.20	\$36.99	\$73.95	\$110.93
		5	\$18.92	\$37.85	\$56.77	\$40.99	\$82.01	\$123.00
MetLife PPO	Standard <i>(In and Out-of-Network benefits vary)</i>	1	\$7.29	\$14.58	\$21.88	\$15.80	\$31.59	\$47.41
		2	\$7.87	\$15.74	\$23.61	\$17.05	\$34.10	\$51.16
		3	\$8.69	\$17.39	\$26.08	\$18.83	\$37.68	\$56.51
		4	\$9.64	\$19.27	\$28.91	\$20.89	\$41.75	\$62.64
		5	\$10.57	\$21.14	\$31.71	\$22.90	\$45.80	\$68.71
MetLife PPO	High <i>(In and Out-of-Network benefits vary)</i>	1	\$11.97	\$23.94	\$35.91	\$25.94	\$51.87	\$77.81
		2	\$13.38	\$26.76	\$40.15	\$28.99	\$57.98	\$86.99
		3	\$14.55	\$29.10	\$43.65	\$31.53	\$63.05	\$94.58
		4	\$15.73	\$31.45	\$47.18	\$34.08	\$68.14	\$102.22
		5	\$17.59	\$35.19	\$52.78	\$38.11	\$76.25	\$114.36
United Concordia PPO	High <i>(In-Network benefits only except for emergency services)</i>	1	\$11.58	\$23.14	\$34.72	\$25.09	\$50.14	\$75.23
		2	\$13.25	\$26.50	\$39.75	\$28.71	\$57.42	\$86.13
		3	\$14.38	\$28.73	\$43.11	\$31.16	\$62.25	\$93.41
		4	\$15.49	\$30.98	\$46.47	\$33.56	\$67.12	\$100.69
		5	\$17.18	\$34.34	\$51.50	\$37.22	\$74.40	\$111.58

## Regional Dental Rates

Please note that the rating areas for each Carrier are not the same for all plans. Please see the specific plan brochure or call the plan's customer service number to determine your specific region and premium.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self plus One	Self & Family	Self Only	Self plus One	Self & Family
CompBenefits HMO	High	1	\$9.99	\$19.98	\$29.97	\$21.65	\$43.29	\$64.94
		2	\$10.25	\$20.49	\$30.74	\$22.21	\$44.40	\$66.60
		3	\$10.81	\$21.63	\$32.44	\$23.42	\$46.87	\$70.29
		4	\$14.04	\$28.08	\$42.11	\$30.42	\$60.84	\$91.24
		5	\$14.79	\$29.58	\$44.37	\$32.05	\$64.09	\$96.14
GHI PPO	High	1	\$16.44	\$32.88	\$49.31	\$35.62	\$71.24	\$106.84
Triple S PPO	High	1	\$4.14	\$8.28	\$10.93	\$8.97	\$17.94	\$23.68

## International Dental Rates

Please note that international premium rates are not regionally based.

	Biweekly Premium			Monthly Premium		
	Self Only	Self plus One	Self & Family	Self Only	Self plus One	Self & Family
Aetna	\$18.14	\$36.29	\$54.43	\$39.30	\$78.63	\$117.93
GEHA Standard	\$9.36	\$18.73	\$28.09	\$20.28	\$40.58	\$60.86
GEHA High	\$12.74	\$25.49	\$38.23	\$27.60	\$55.23	\$82.83
MetLife Standard	\$10.57	\$21.14	\$31.71	\$22.90	\$45.80	\$68.71
MetLife High	\$17.59	\$35.19	\$52.78	\$38.11	\$76.25	\$114.36
United Concordia	\$17.18	\$34.34	\$51.50	\$37.22	\$74.40	\$111.58

## Nationwide Vision Plans Open to All

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

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

Plan Name	Telephone & Website	Plan Option	Your Biweekly Premium			Your Monthly Premium		
			Self Only	Self plus One	Self & Family	Self Only	Self plus One	Self & Family
Blue Cross Blue Shield	888-550-2583 fepblue.org	Standard Option	\$3.97	\$7.94	\$11.92	\$8.60	\$17.20	\$25.83
		High Option	\$5.01	\$10.01	\$15.02	\$10.86	\$21.69	\$32.54
Spectera	866-375-3263 spectera.com/myfedvision	Standard Option	\$2.63	\$5.13	\$7.64	\$5.70	\$11.12	\$16.55
		High Option	\$3.41	\$6.65	\$9.91	\$7.39	\$14.41	\$21.47
VSP	800-807-0764 choosevsp.com	Standard Option	\$3.82	\$7.65	\$11.47	\$8.28	\$16.58	\$24.85
		High Option	\$5.40	\$10.81	\$16.21	\$11.70	\$23.42	\$35.12

Frames	Lenses	Exams	Copayments	Additional Features
Every 12 months Every 12 months	Every 12 months Every 12 months	Every 12 months Every 12 months	\$0 \$0	Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% off remaining cost frame allowance for standard and high options.
Every 12 months Every 12 months	Every 12 months Every 12 months	Every 12 months Every 12 months	\$10 exam/\$25 material \$10 exam/\$10 material	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance for standard and high options.
Every 12 months Every 12 months	Every 12 months Every 12 months	Every 12 months Every 12 months	\$10 exam/\$20 material \$10 exam and glasses	Prescription eyewear, choose glasses or contacts; Laser vision correction discount. \$120 frame allowance under standard option. \$150 frame allowance under high option.

# The Federal Flexible Spending Account Program – FSAFEDS

What is an FSA?

It is a tax-favored benefit that allows you to set aside pre-tax money from your paychecks to pay for a variety of eligible expenses.

There are three types of FSAs offered by FSAFEDS. Each type has a minimum annual election of \$250 and a maximum annual election of \$5,000.

- **Health Care FSA (HCFSA)** – Pays for eligible health care expenses for you and your dependents which are not covered or reimbursed by FEHB or other insurance.
- **Dependent Care FSA (DCFSA)** – Pays for eligible dependent care expenses that allow you (and your spouse if married) to work, look for work (as long as you have earned income for the year), or attend school full-time.
- **Limited Expense Health Care FSA (LEX HCFSA)** – Designed for employees enrolled in or covered by a High Deductible Health Plan with a Health Savings Account. Eligible expenses are limited to dental and vision care expenses for you and your dependents which are not covered or reimbursed by FEHB or FEDVIP coverage or other insurance.

What expenses can I pay with an FSAFEDS account?

For the HCFSA – Health plan copayments, deductibles, over-the-counter medications and products, sunscreen, eyeglasses, contacts, other vision and dental expenses (but not insurance premiums), etc.

For the DCFSA – Daycare expenses (including summer camp) for your child(ren) under age 13, dependent care expenses for dependents unable to care for themselves.

For the LEX HCFSA – Dental and vision care expenses including eligible over-the-counter medicines and products related to dental and vision care (but not insurance premiums).

AND MUCH MORE! Visit [www.FSAFEDS.com](http://www.FSAFEDS.com).

Who is eligible to enroll?

Most Federal employees in the Executive branch and many in non-Executive branch agencies are eligible. For specifics on eligibility, visit [www.FSAFEDS.com](http://www.FSAFEDS.com) or call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (1-877-372-3337), Monday through Friday, 9 a.m. until 9 p.m., Eastern Time. TTY: 1-800-952-0450.

When can I enroll?

If you wish to participate, you must make an election to enroll each year by visiting [www.FSAFEDS.com](http://www.FSAFEDS.com) or calling the number above during the FEHB Open Season or within 60 days of employment (for new employees).

**Even if you enrolled for 2006, you must make a new election to continue participating in 2007. Enrollment DOES NOT carry over from year to year.**

Who is SHPS?

SHPS is the Third Party administrator hired by OPM to manage the FSAFEDS Program. SHPS is responsible for enrollment, claims processing, customer service, and day-to-day operations of FSAFEDS.

What is BENEFEDS?

BENEFEDS is the name of the voluntary benefits portal hired by OPM to work with the FSAFEDS Program to set up payroll deductions for FSAFEDS allotments. BENEFEDS is the same entity handling enrollments and payroll deductions for FEDVIP



# The Federal Long Term Care Insurance Program

It's important protection.

Why should you consider applying for coverage under the **Federal Long Term Care Insurance Program (FLTCIP)**?

- **FEHB plans do not cover the cost of long term care.** Also called “custodial care,” long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself—or supervision you receive because of a severe cognitive impairment. The need for long term care can strike anyone at any age and the cost of care can be substantial.
- **The Federal Long Term Care Insurance Program can help protect you from the potentially high cost of long term care.** This coverage gives you options regarding the type of care you receive and where you receive it. With FLTCIP coverage, you won't have to worry about relying on your loved ones to provide or pay for your care.
- **It's to your advantage to apply sooner rather than later.** To qualify for coverage under the FLTCIP, you must apply and pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you're in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your premiums. If you are a new or newly eligible employee, you (and your spouse, if applicable) have a limited opportunity to apply using the abbreviated underwriting application, which asks fewer questions about your health. Newly married spouses of employees also have a limited opportunity to apply using abbreviated underwriting.
- **Qualified relatives are also eligible to apply.** Qualified relatives include spouses and adult children of employees and annuitants, and parents, parents-in-law, and stepparents of employees.

**To request an Information Kit and application,** call 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557) or visit [www.ltcfeds.com](http://www.ltcfeds.com).

# Stop Health Care Fraud

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

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

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

CALL -- THE HEALTH CARE FRAUD HOTLINE

**202-418-3300**

OR WRITE TO:

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

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

# Plan Comparisons

## Nationwide Fee-For-Service Plans Open to All

(Pages 22 through 25)

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

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

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

## Nationwide Fee-for-Service Plans Open to All

How to read this chart:

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan-High (APWU)	800-222-2798	471	472	108.75	243.71	50.19	112.48
Blue Cross and Blue Shield Service Benefit Plan-Std (BCBS)	Local phone #	104	105	124.15	290.98	57.30	134.30
Blue Cross and Blue Shield Service Benefit Plan-Basic (BCBS)	Local phone #	111	112	82.32	192.82	37.99	88.99
GEHA Benefit Plan-High (GEHA)	800-821-6136	311	312	204.95	417.84	94.59	192.85
GEHA Benefit Plan-Std (GEHA)	800-821-6136	314	315	72.10	163.85	33.28	75.62
Mail Handlers Benefit Plan-High (MH)	800-410-7778	451	452	372.80	737.45	172.06	340.36
Mail Handlers Benefit Plan-Std (MH)	800-410-7778	454	455	105.48	230.52	48.68	106.39
NALC	888-636-6252	321	322	139.58	257.77	64.42	118.97

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

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

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

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		R&B	Level I	Level II / Level III
APWU -High	PPO	\$275	None	None	\$18	10%	10%	\$8	25%/25%	Yes
	Non-PPO	\$500	None	\$300	30%	30%	30%	50%	50%/50%	No
BCBS -Std	PPO	\$250	None	\$100	\$15	10%	Nothing	25%	25%/25%	Yes
	Non-PPO	\$250	None	\$300	25%	25%	30%	45%+	45%+/45%+	No
BCBS -Basic	PPO	None	None	\$100/day x 5	\$20	\$100	Nothing	\$10	\$30/\$35 or 50%	No
GEHA -High	PPO	\$350	None	\$100	\$20	10%	Nothing	\$5	25%/N/A	No
	Non-PPO	\$350	None	\$300	25%	25%	Nothing	\$5	25%+/N/A	No
GEHA -Std	PPO	\$400	None	None	\$10	15%	15%	\$5	50%/50%	No
	Non-PPO	\$400	None	None	35%	35%	35%	\$5	50%+/50%+	No
MH -High	PPO	\$300	None	\$100	\$20/\$10	10%	Nothing	\$10	\$25/\$40	Yes
	Non-PPO	\$350	None	\$300	30%	30%	30%	50%	50%/50%	Yes
MH -Std	PPO	\$350	None	\$200	\$20/\$10	10%	Nothing	\$10	\$30/\$50	Yes
	Non-PPO	\$450	None	\$400	30%	30%	30%	50%	50%/50%	Yes
NALC	PPO	\$250	None	None	\$20	Nothing/10%	Nothing/10%	25%	25%/25%	Yes
	Non-PPO	\$300	\$25	\$100	30%	30%	30%	50%+	50%+/50%+	No

## Nationwide Fee-for-Service Plans Open to All

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

<b>Overall Plan Satisfaction</b>	• How would you rate your overall experience with your health plan?
<b>Getting Needed Care</b>	• Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist?
<b>Getting Care Quickly</b>	• Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted?
<b>How Well Doctors Communicate</b>	• Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you?
<b>Customer Service</b>	• Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable?
<b>Claims Processing</b>	• Did your plan pay your claims correctly and in a reasonable time?

Plan Name	Plan Code	Member Survey Results (with national averages for Fee-for-Service plans in each category)					
		Overall plan satisfaction 79.4	Getting needed care 86.9	Getting care quickly 83.6	How well doctors communicate 94.1	Customer service 73.7	Claims processing 94.6
APWU Health Plan-High	47	86.8	88.4	85.3	94.7	72.8	95.1
Blue Cross and Blue Shield Service Benefit Plan-Std	10	80.2	89.7	84.6	93.9	77.8	96.1
Blue Cross and Blue Shield Service Benefit Plan-Basic	11	62.8	85.3	80.7	92.5	71.8	92.9
GEHA Benefit Plan-High	31	83.9	86.6	84.1	94.2	75.8	98.7
GEHA Benefit Plan-Std	31	72.2	85.2	83	94	75	96.6
Mail Handlers Benefit Plan-High	45	71.2	86.7	81.9	93.3	69.1	89.5
Mail Handlers Benefit Plan-Std	45	80.3	85.6	82.9	93.3	74.8	93.5
NALC	32	86.9	89.8	86.4	94.7	79.4	97.8

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

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

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

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

Plan Name		Location		Member Survey Results (with national averages for Fee-for-Service plans in each category)				
				Plan Code	Overall plan satisfaction 79.4	Getting needed care 86.9	Getting care quickly 83.6	How well doctors communicate 94.1
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Arizona	10	82.3	84.5	79	92.3	72.1	95.8
		11	62.9	80.3	74.5	88.8	66.7	92.0
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	California	10	80.8	87.6	82.5	93	73.8	95.3
		11	64.4	80.4	75.8	89.4	70.3	91.7
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	District of Columbia	10	83	86.8	78.1	93.9	76.9	94.9
		11	53	77	69.1	88.2	66.2	91.3
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Florida	10	82.6	88	79.5	92.3	79.1	96.7
		11	68.1	84.9	74.1	89.5	72.2	93.4
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Illinois	10	80.3	89.6	82.7	93.5	69.6	95.3
		11	66.6	87.3	80.8	92.9	73.7	94.2
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Maryland	10	78.9	88.7	80.7	92.1	71.1	93.7
		11	63.1	82.4	74.8	91.1	71.4	94.1
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Texas	10	78.6	88.3	80.8	92.6	74.7	94.9
		11	66.1	83.4	75.9	90.4	72.2	94
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Virginia	10	80.8	90	81.4	93.8	75.7	97.5
		11	64.8	86.4	77.5	91	78.6	96.8

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# Plan Comparisons

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

(Pages 28 through 30)

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

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

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

How to read this chart:

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Association Benefit Plan (ABP)	800-634-0069	421	422	132.67	316.55	61.23	146.10
Foreign Service Benefit Plan (FS)	202-833-4910	401	402	109.90	299.48	50.72	138.22
Panama Canal Area Benefit Plan (PCABP)	800-424-8196	431	432	93.63	195.43	43.21	90.20
Rural Carrier Benefit Plan (Rural)	800-638-8432	381	382	191.19	317.20	88.24	146.40
SAMBA-High	800-638-6589	441	442	210.78	523.10	97.28	241.43
SAMBA-Std	800-638-6589	444	445	99.47	227.18	45.91	104.85

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

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

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

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		R&B	Level I	Level II / Level III
ABP	PPO	\$300	None	\$100	\$10	10%	Nothing	\$5	\$25/30% or \$40	Yes
	Non-PPO	\$300	None	\$300	30%	30%	Nothing	\$5	\$25/30% or \$40	Yes
FS	PPO	\$300	None	Nothing	10%	10%	Nothing	25%/\$15 min.	25%/\$25 min./N/A	Yes
	Non-PPO	\$300	None	\$200	30%	30%	Nothing	25%/\$15 min.	25%/\$25 min./N/A	Yes
PCABP	POS	None	None	\$50	\$10	Nothing	Nothing	40%	40%/40%	No
	FFS	None	None	\$125	50%	50%	50%	40%	40%/40%	No
Rural	PPO	\$350	\$200	\$100	\$20	10%	Nothing	30%	30%/30%	Yes
	Non-PPO	\$400	\$200	\$300	25%	20%	Nothing	30%	30%/30%	Yes
SAMBA-High	PPO	\$250	None	\$200	\$20/\$0	10%	Nothing	\$10	\$25/\$40	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$25/\$40	Yes
SAMBA-Std	PPO	\$250	None	\$200	\$20/\$0	15%	Nothing	\$10	\$30 + 1 refill/\$45 + 1 refill	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$30 + 1 refill/\$45 + 1 refill	Yes

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

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

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

<b>Overall Plan Satisfaction</b>	• How would you rate your overall experience with your health plan?
<b>Getting Needed Care</b>	• Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist?
<b>Getting Care Quickly</b>	• Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted?
<b>How Well Doctors Communicate</b>	• Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you?
<b>Customer Service</b>	• Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable?
<b>Claims Processing</b>	• Did your plan pay your claims correctly and in a reasonable time?

Plan Name	Plan Code	Member Survey Results (with national averages for Fee-for-Service plans in each category)					
		Overall plan satisfaction 79.4	Getting needed care 86.9	Getting care quickly 83.6	How well doctors communicate 94.1	Customer service 73.7	Claims processing 94.6
Association Benefit Plan	42	85.1	87.3	84.6	95.3	77.3	96.6
Foreign Service Benefit Plan	40	77.2	82.4	80.8	92.6	67.4	92.5
Panama Canal Area Benefit Plan	43						
Rural Carrier Benefit Plan	38	84.6	91.1	86.5	94.8	79.2	96.5
SAMBA-High	44	79.5	87.5	83	94.7	70	91.7
SAMBA-Std	44	78.3	84.9	84.9	95.6	67.3	91.4

# Plan Comparisons

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

(Pages 32 through 57)

Health Maintenance Organization (HMO) – A Health Maintenance Organization provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs coordinate the health care service you receive and free you from completing paperwork or being billed for covered services. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work.

- The HMO provides a comprehensive set of services – as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and sometimes a copayment for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group as your primary care physician (PCP). Your PCP provides your general medical care. In many HMOs, you must get authorization or a “referral” from your PCP to see other providers. The referral is a recommendation by your physician for you to be evaluated and/or treated by a different physician or medical professional. The referral ensures that you see the right provider for the care appropriate to your condition.
- Medical care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

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

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

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

**Hospital per stay deductible** – shows the amount you pay when you are admitted into a hospital.

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

**Mail Order Discount** – If your plan has a mail order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through mail order), your plan’s response is “yes.” If the plan does not have a mail order program or it is not superior to its pharmacy benefit, the plan’s response is “no.”

**Member Survey Results** – See page 6 for a description.

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Arizona</b>							
Aetna Open Access - Phoenix and Tucson Areas	800-537-9384	WQ1	WQ2	90.74	226.87	41.88	104.71
Health Net of Arizona, Inc.-High -Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	95.06	266.00	43.87	122.77
Health Net of Arizona, Inc.-Std - Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	79.26	200.81	36.58	92.68
PacificCare of Arizona - Maricopa, Pima and Pinal Counties	866-546-0510	A31	A32	100.08	284.42	46.19	131.27
<b>California</b>							
Aetna Open Access - Los Angeles and San Diego Areas	800-537-9384	2X1	2X2	68.16	167.93	31.46	77.50
Blue Cross- HMO - Most of California	800-235-8631	M51	M52	134.03	435.09	61.86	200.81
Blue Shield of CA Access+HMO - Most of California	800-880-8086	SJ1	SJ2	99.20	286.91	45.78	132.42
Health Net of California - Most of California	800-522-0088	LB1	LB2	112.35	273.28	51.85	126.13
Kaiser Foundation Health Plan of California-High -Northern California	800-464-4000	591	592	150.15	395.00	69.30	182.31
Kaiser Foundation Health Plan of California-Std - Northern California	800-464-4000	594	595	73.81	176.19	34.06	81.32
Kaiser Foundation Health Plan of California-High -Southern California	800-464-4000	621	622	98.50	227.65	45.46	105.07
Kaiser Foundation Health Plan of California-Std - Southern California	800-464-4000	624	625	63.69	147.21	29.39	67.94
PacificCare of California - Most of California	866-546-0510	CY1	CY2	89.56	207.79	41.33	95.90
<b>Colorado</b>							
Aetna Open Access-High -Denver Area	800-537-9384	9E1	9E2	199.10	491.42	91.89	226.81
Aetna Open Access-Basic - Denver Area	800-537-9384	9E4	9E5	85.17	228.95	39.31	105.67
Kaiser Foundation Health Plan of Colorado-High -Denver/Colorado Springs areas	800-632-9700	651	652	135.85	317.81	62.70	146.68
Kaiser Foundation Health Plan of Colorado-Std - Denver/Colorado Springs areas	800-632-9700	654	655	85.00	194.64	39.23	89.83
PacificCare of Colorado - Metro Denver/Boulder/Colorado Springs	866-546-0510	D61	D62	132.17	340.99	61.00	157.38
United HealthCare of Colorado - Colorado	877-835-9861	CH1	CH2	121.99	335.27	56.30	154.74
<b>Connecticut</b>							
Aetna Open Access-High -All of Connecticut	800-537-9384	JC1	JC2	151.50	432.31	69.92	199.53
Aetna Open Access-Basic - All of Connecticut	800-537-9384	JC4	JC5	97.04	396.02	44.79	182.78
ConnectiCare-High -All of Connecticut	800-251-7722	TE1	TE2	150.96	345.69	69.67	159.55
ConnectiCare-Std - All of Connecticut	800-251-7722	TE4	TE5	84.10	191.37	38.82	88.32
<b>Delaware</b>							
Coventry Health Care-High -Most of Delaware	800-833-7423	2J1	2J2	113.02	353.86	52.16	163.32
Coventry Health Care-Std - Most of Delaware	800-833-7423	2J4	2J5	84.32	210.80	38.92	97.29

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Arizona</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.6	74.4	73.4	90.2	69.9	85.6
Health Net of Arizona, Inc.-High	\$15/\$30	\$200/day X 3	\$10	\$30/\$50	Yes	62.7	77.3	74.4	88.7	68.7	89.6
Health Net of Arizona, Inc.-Std	\$15/\$40	\$250/day X 3	\$15	\$40/\$70	Yes						
PacifiCare of Arizona	\$15/\$30	\$150/day x 3	\$10	\$30/\$50	Yes	59	75.8	75.8	91.6	69.8	90.5
<b>California</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	57	76.8	71.7	87.9	69.6	79.5
Blue Cross- HMO	\$15/\$15	\$100/day x 3	\$10	\$20/50%	Yes	64.9	71.2	71.5	89.7	67.2	88.4
Blue Shield of CA Access+HMO	\$10/\$10	None	\$5	\$10/\$25	Yes	69.1	71.6	75	88.7	74.2	85.6
Health Net of California	\$15/\$15	\$250	\$10	\$35/\$50	Yes	62.8	69.3	71	88.8	66.8	84.6
Kaiser Foundation Health Plan of CA-High	\$15/\$15	\$250	\$10	\$35/\$35	No	71.1	79.7	79.5	89.7	73.2	80.7
Kaiser Foundation Health Plan of CA-Std	\$30/\$30	\$500	\$10	\$30/\$30	No						
Kaiser Foundation Health Plan of CA-High	\$15/\$15	\$250	\$10	\$35/\$35	No	70.7	76.3	69.4	87.8	74	75.4
Kaiser Foundation Health Plan of CA-Std	\$30/\$30	\$500	\$10	\$30/\$30	No						
PacifiCare of California	\$10/\$30	\$100/day x 3	\$10	\$30/\$50	Yes	66.7	75.4	75.5	91.1	71.8	85.3
<b>Colorado</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	58.3	79.9	85.1	93	65.9	91.2
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Kaiser Foundation Health Plan of CO-High	\$20/\$30	\$250	\$10	\$25/\$25	No	69.1	77.3	80.3	90.5	73	90.5
Kaiser Foundation Health Plan of O-Std	\$25/\$45	\$250/dayx3	\$15	\$35/\$35	No						
PacifiCare of Colorado	\$20/\$40	\$150/day x 5	\$10	\$30/\$50	Yes	59.8	76.6	84.3	94.7	66.8	90.9
United HealthCare of Colorado	\$20/\$30	\$150/day x 3	\$10	\$30/\$50	Yes	59.3	88.3	84.3	94.6	62.5	85.9
<b>Connecticut</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	61.5	83.4	83.5	94.2	72.2	92.1
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
ConnectiCare-High	\$15/\$30	\$100 perday/\$500max	\$15	\$25/\$40	Yes						
ConnectiCare-Std	\$20/\$30	Nothing after ded	\$15	\$25/\$40	Yes	67	81.7	81	92.8	74.2	92.9
<b>Delaware</b>											
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	63	78.8	80.7	92.7	69.2	83.5
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>District of Columbia</b>							
Aetna Open Access-High - Washington, DC Area	800-537-9384	JN1	JN2	175.72	384.91	81.10	177.65
Aetna Open Access-Basic - Washington, DC Area	800-537-9384	JN4	JN5	75.71	177.17	34.94	81.77
CareFirst BlueChoice - Washington, D.C. Metro Area	866-296-7363	2G1	2G2	127.27	280.60	58.74	129.51
Kaiser Foundation Health Plan Mid-Atlantic States-High - Washington, DC area	800-777-7902	E31	E32	120.17	310.31	55.46	143.22
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Washington, DC area	800-777-7902	E34	E35	63.69	151.57	29.39	69.96
M.D. IPA - Washington, DC area	800-251-0956	JP1	JP2	113.80	274.06	52.52	126.49
<b>Florida</b>							
Av-Med Health Plan-High - Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	97.58	317.20	45.04	146.40
Av-Med Health Plan-Std - Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	81.73	212.51	37.72	98.08
Capital Health Plan - Tallahassee area	850-383-3311	EA1	EA2	81.21	215.21	37.48	99.33
Humana Medical Plan, Inc. - South Florida	888-393-6765	EE1	EE2	85.85	197.46	39.62	91.13
JMH Health Plan - Broward-Dade counties	800-721-2993	J81	J82	94.97	242.62	43.83	111.98
Vista Healthplan of South Florida - Southern Florida	800-441-5501	5E1	5E2	67.93	186.86	31.35	86.24
<b>Georgia</b>							
Aetna Open Access - Atlanta and Athens Areas	800-537-9384	2U1	2U2	103.66	245.96	47.84	113.52
Kaiser Foundation Health Plan Of Georgia, Inc.-High -Atlanta Area	888-865-5813	F81	F82	93.44	251.46	43.12	116.06
Kaiser Foundation Health Plan Of Georgia, Inc.-Std - Atlanta Area	888-865-5813	F84	F85	71.01	180.29	32.77	83.21
United Healthcare of Georgia - Athens and Atlanta Areas	877-835-9861	GN1	GN2	93.84	221.37	43.31	102.17
<b>Guam</b>							
TakeCare-High -Guam/N.Mariana Islands/Belau (Palau)	671-647-3526	JK1	JK2	212.40	668.72	98.03	308.64
TakeCare-Std - Guam/N.Mariana Islands/Belau (Palau)	671-647-3526	JK4	JK5	94.09	296.51	43.43	136.85
<b>Hawaii</b>							
HMSA - All of Hawaii	808-948-6499	871	872	86.56	192.67	39.95	88.92
Kaiser Foundation Health Plan of Hawaii-High -Islands of Hawaii/Kauai/Maui/Oahu	808-432-5955	631	632	94.88	203.99	43.79	94.15
Kaiser Foundation Health Plan of Hawaii-Std - Islands of Hawaii/Kauai/Maui/Oahu	808-432-5955	634	635	65.62	141.09	30.29	65.12
<b>Idaho</b>							
Group Health Cooperative-High -Kootenai and Latah	888-901-4636	VR1	VR2	184.65	434.44	85.22	200.51
Group Health Cooperative-Std - Kootenai and Latah	888-901-4636	VR4	VR5	95.43	219.48	44.04	101.30



Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>District of Columbia</b>											
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$10	\$25/\$40	No	63.1	74.7	75.4	91.6	72.2	91.7
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No						
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	65.7	77.4	76.8	91.5	67.9	84.8
Kaiser Foundation Health Plan Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20 Net	\$20/\$40/\$35/\$55	Yes	60.5	70.9	69.5	86.7	70.5	83.5
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25Net	\$25/\$45/\$40/\$60	Yes						
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	61.9	74.8	71.6	87.8	76.7	92.4
<b>Florida</b>											
Av-Med Health Plan-High	\$15/\$40	\$150/dayx5	\$15	\$30/\$50	No	77.2	81.4	72.6	89.2	77.9	84.4
Av-Med Health Plan-Std	\$25/\$45	\$175/dayx5	\$20	\$40/\$60	No						
Capital Health Plan	\$15/\$25	\$250	\$15	\$30/\$50	No	81.7	82.1	75.6	91.1	82.5	97.1
Humana Medical Plan, Inc.	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	No	63.8	73.1	69	88.3	73.7	87.8
JMH Health Plan	\$15/\$25	\$100/day x 5	\$5	50%/50%	Yes						
Vista Healthplan of South Florida	\$15/\$30	\$250 + \$150x3 days	\$20	\$40/\$60/20%	No	51.7	67	61.5	85.9	64.7	77.2
<b>Georgia</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	65.2	77.1	76.5	91.7	70.8	88.7
Kaiser Foundation Health Plan Of GA, Inc.-High	\$10/\$20	\$250	\$10/\$16	\$20/\$26 \$20/\$26	No	67.1	78.3	72.3	89	74.7	89
Kaiser Foundation Health Plan Of GA, Inc.-Std	\$15/\$25	\$250/dayx3	\$15/\$21	\$25/\$31 \$25/\$31	No						
United Healthcare of Georgia	\$15/\$30	\$200 per day	\$7	\$25/\$40	Yes						
<b>Guam</b>											
TakeCare-High	\$10/\$25	\$100	\$5	\$10/\$20	No	70.4	75	68.9	89.8	70.8	75.4
TakeCare-Std	\$15/\$25	\$250	\$10	\$20/\$30	No	70	74.1	67.2	89.1	73.9	77.8
<b>Hawaii</b>											
HMSA - In-Network	\$15/\$15	None	\$5	\$20/50%	Yes	77.7	85.8	83.1	95	73.8	94.5
HMSA - Out-of-Network	30% sch + /30% sch +	30% sch +	\$5+20%+	\$20+20%+ /50%+	No	77.7	85.8	83.1	95	73.8	94.5
Kaiser Foundation Health Plan of Hawaii-High	\$12/\$12	None	\$10	\$10/\$10	Yes	65.7	75.2	72.4	91.8	71.5	85.1
Kaiser Foundation Health Plan of Hawaii-Std	\$20/\$20	10%	\$10	\$10/\$10	Yes						
<b>Idaho</b>											
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	67	79.2	83.8	92.7	74.8	89
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Illinois</b>							
Aetna Open Access - Chicago Area	800-537-9384	IK1	IK2	75.49	191.61	34.84	88.43
BlueCHOICE - Madison and St. Clair counties	800-634-4395	9G1	9G2	141.47	274.65	65.29	126.76
Group Health Plan, Inc.-High -Southern/Central	800-755-3901	MM1	MM2	225.08	452.96	103.88	209.06
Health Alliance HMO - Central/E.Central/N.Central/South/West IL	800-851-3379	FX1	FX2	172.21	422.09	79.48	194.81
Humana Health Plan Inc.-High -Chicago area	888-393-6765	751	752	101.38	235.26	46.79	108.58
Humana Health Plan Inc.-Std - Chicago area	888-393-6765	754	755	73.00	167.91	33.69	77.50
OSF Health Plans, Inc.-High -Central/Central-Northwestern Illinois	800-673-5222	9F1	9F2	100.85	363.35	46.54	167.70
PersonalCares HMO - Central Illinois	800-431-1211	GE1	GE2	100.71	337.89	46.48	155.95
Unicare HMO-High -Chicagoland Area	888-234-8855	171	172	133.62	280.86	61.67	129.63
Unicare HMO-Std - Chicagoland Area	888-234-8855	174	175	85.26	189.09	39.35	87.27
Union Health Service - Chicago area	312-829-4224	761	762	73.31	181.82	33.84	83.92
United Healthcare of the Midwest - Southwest Illinois	877-835-9861	B91	B92	101.83	227.50	47.00	105.00
UnitedHealthcare Plan of the River Valley Inc. - West Central Illinois	800-747-1146	YH1	YH2	88.33	216.42	40.77	99.89
<b>Indiana</b>							
Advantage Health Solutions, Inc.-High -Most of Indiana	800-553-8933	6Y1	6Y2	164.95	411.84	76.13	190.08
Aetna Open Access - Northern Indiana Area	800-537-9384	IK1	IK2	75.49	191.61	34.84	88.43
Aetna Open Access - Southeastern Indiana Area	800-537-9384	RD1	RD2	130.46	385.43	60.21	177.89
Arnett HMO - Lafayette area	765-448-7440	G21	G22	124.24	425.10	57.34	196.20
Health Alliance HMO - Western Indiana	800-851-3379	FX1	FX2	172.21	422.09	79.48	194.81
Humana Health Plan Inc.-High -Lake/Porter/LaPorte Counties	888-393-6765	751	752	101.38	235.26	46.79	108.58
Humana Health Plan Inc.-Std - Lake/Porter/LaPorte Counties	888-393-6765	754	755	73.00	167.91	33.69	77.50
M*Plan - Indiana Metropolitan Area	317-571-5320	IN1	IN2	129.46	288.82	59.75	133.30
Physicians Health Plan of Northern Indiana - Northeast Indiana	260-432-6690	DQ1	DQ2	109.75	235.80	50.65	108.83
Unicare HMO-High -Lake/Porter Counties	888-234-8855	171	172	133.62	280.86	61.67	129.63
Unicare HMO-Std - Lake/Porter Counties	888-234-8855	174	175	85.26	189.09	39.35	87.27

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Illinois</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	54.6	71.9	76.6	90.2	68.6	85.2
BlueCHOICE	\$15/\$15	\$200	\$10	\$20/\$30	Yes	70.5	79.6	81.7	92.5	71.3	96
Group Health Plan, Inc.-High	\$20/\$20	\$200/day X 2	\$10	\$20/\$45	Yes	73.7	85.8	81.6	94.2	74.9	95.7
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	75.6	83.4	84.8	93	76.3	93.7
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45/25%	No						
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45/25%	No	55	76.3	74.1	89.8	65.1	75.5
OSF Health Plans, Inc.-High	\$20/\$20	\$500	\$10	\$20/\$40	Yes	75.8	81.4	85.8	95.4	76.9	92.4
PersonalCares HMO	\$20/\$20	\$100/day x 5	\$10	\$20/\$50	No	78.2	83.5	83.5	93.2	79.4	93
Unicare HMO-High	\$15/\$15	None	\$5	\$15/\$25	Yes	61.8	72.4	72.8	89.6	69.8	77.3
Unicare HMO-Std	\$20/\$35	10%	\$10	\$25/\$45	Yes						
Union Health Service	\$10/\$10	None	\$15	\$15/\$15	No						
United Healthcare of the Midwest	\$10/\$20	\$250	\$7	\$25/\$50	Yes	66.7	88.5	84.5	94.9	61.2	89.1
UnitedHealthcare Plan of the River Valley Inc.	\$15/\$30	\$100/5 days	\$10	\$30/\$45	Yes	69.6	83.3	81.2	91.9	77	94.2
<b>Indiana</b>											
Advantage Health Solutions, Inc.-High	\$15/\$30	\$400x2/yr	\$10	\$30/\$50	Yes	57	79	83.3	95.8	68	88.6
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	54.6	71.9	76.6	90.2	68.6	85.2
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.3	80.2	85	93.3	71.7	91.5
Arnett HMO	\$15/\$25	\$200	\$10	\$20/\$40	Yes	73.6	86.6	85.7	93.4	76.4	93.4
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	75.6	83.4	84.8	93	76.3	93.7
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45/25%	No	55	76.3	74.1	89.8	65.1	75.5
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45/25%	No						
M*Plan	\$10/\$35	\$100/day x 5	\$5/\$15	\$25/50%	Yes						
Physicians Health Plan of Northern Indiana	\$15/\$15	20%	\$10	\$20/\$40/25%	Yes	64	88.6	84.4	93.5	75.5	95.5
Unicare HMO-High	\$15/\$15	None	\$5	\$15/\$25	Yes	61.8	72.4	72.8	89.6	69.8	77.3
Unicare HMO-Std	\$20/\$35	10%	\$10	\$25/\$45	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Iowa</b>							
Coventry Health Care of Iowa-High -Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	88.99	263.64	41.07	121.68
Health Alliance HMO - Central Iowa	800-851-3379	FX1	FX2	172.21	422.09	79.48	194.81
HealthPartners Open Access Deductible- Northern Iowa	952-883-5000	534	535	127.30	302.60	58.75	139.66
Sioux Valley Health Plan-High -Northwestern Iowa	800-752-5863	AU1	AU2	145.32	344.52	67.07	159.01
Sioux Valley Health Plan-Std - Northwestern Iowa	800-752-5863	AU4	AU5	130.98	310.98	60.45	143.53
UnitedHealthcare Plan of the River Valley Inc. - Eastern Iowa	1-800-747-1446	YH1	YH2	88.33	216.42	40.77	99.89
<b>Kansas</b>							
Aetna Open Access - Kansas City Area	800-537-9384	KS1	KS2	88.35	216.08	40.78	99.73
Coventry Health Care of Kansas-Wichita/Salinas-High -Wichita/Salina areas	800-664-9251	7W1	7W2	158.47	490.75	73.14	226.50
Coventry Health Care of Kansas-Wichita/Salinas-Std - Wichita/Salina areas	800-664-9251	7W4	7W5	131.00	433.79	60.46	200.21
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800-969-3343	HA1	HA2	88.73	228.99	40.95	105.69
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800-969-3343	HA4	HA5	85.18	219.77	39.31	101.43
Humana Health Plan, Inc.-High -Kansas City area	888-393-6765	MS1	MS2	200.33	470.56	92.46	217.18
Humana Health Plan, Inc.-Std - Kansas City area	888-393-6765	MS4	MS5	84.65	194.70	39.07	89.86
Preferred Plus of Kansas - S. Central Area	800-660-8114	VA1	VA2	143.31	501.69	66.14	231.55
United Healthcare of the Midwest - Kansas City Area	877-835-9861	GX1	GX2	88.84	227.49	41.00	105.00
<b>Kentucky</b>							
Aetna Open Access - Northern Kentucky Area	800-537-9384	RD1	RD2	130.46	385.43	60.21	177.89
<b>Louisiana</b>							
Coventry Health Care of Louisiana-High -New Orleans area	800-341-6613	BJ1	BJ2	97.82	227.17	45.15	104.85
Coventry Health Care of Louisiana-Std - New Orleans area	800-341-6613	BJ4	BJ5	85.95	199.61	39.67	92.13
Coventry Health Care of Louisiana-High -Baton Rouge area	800-341-6613	JA1	JA2	173.12	418.79	79.90	193.29
Coventry Health Care of Louisiana-Std - Baton Rouge area	800-341-6613	JA4	JA5	117.24	289.03	54.11	133.40
Vantage Health Plan, Inc. - Monroe/Shreveport/Alexandria Areas	888-823-1910	MV1	MV2	103.27	247.30	47.66	114.14

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Iowa</b>											
Coventry Health Care of Iowa-High	\$15/\$15	\$100/day x 3	\$10	\$20/\$45	Yes	65.1	83.9	86.7	92.4	69.3	89.8
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	75.6	83.4	84.8	93	76.3	93.7
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	74	83.6	85.8	92.1	73.2	91.5
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	49.6	81.3	83.8	94	70	89.8
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No	49.6	81.3	83.8	94	70	89.8
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No						
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No						
UnitedHealthcare Plan of the River Valley Inc.	\$15/\$30	\$100/5 days	\$10	\$30/\$45	Yes	69.6	83.3	81.2	91.9	77	94.2
<b>Kansas</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.8	80.9	80.3	91.9	71.4	93.1
Coventry Health Care of Kansas-Wichita/Salinas-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes						
Coventry Health Care of Kansas-Wichita/Salinas-Std	\$20/\$35	\$300/day x 3	\$10	\$35/\$60	Yes						
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	61.8	79.8	79.8	90.4	70.2	90.1
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$35/\$60	Yes						
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50/25%	No	64.2	82.3	80.1	90.9	67	87.1
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50/25%	No						
Preferred Plus of Kansas	\$20/\$25	\$150/day X 5	\$10	\$30/\$50	Yes						
United Healthcare of the Midwest	\$10/\$30	\$150 per day	\$7	\$30/\$50	Yes	66.7	88.5	84.5	94.9	61.2	89.1
<b>Kentucky</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.3	80.2	85	93.3	71.7	91.5
<b>Louisiana</b>											
Coventry Health Care of Louisiana-High	\$15/\$15	\$150/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-Std	\$20/\$30	\$250/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-High	\$15/\$15	\$150/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-Std	\$20/\$30	\$250/day x 3	\$10	\$25/\$50	Yes						
Vantage Health Plan, Inc.	\$15/\$15	\$250	\$10	\$20/\$35	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Maryland</b>							
Aetna Open Access-High -Northern/Central/Southern Maryland	800-537-9384	JN1	JN2	175.72	384.91	81.10	177.65
Aetna Open Access-Basic - Northern/Central/Southern Maryland	800-537-9384	JN4	JN5	75.71	177.17	34.94	81.77
CareFirst BlueChoice - All of Maryland	866-296-7363	2G1	2G2	127.27	280.60	58.74	129.51
Coventry Health Care-High -Most of Maryland	800-833-7423	IG1	IG2	98.62	288.82	45.52	133.30
Coventry Health Care-Std - Most of Maryland	800-833-7423	IG4	IG5	77.39	193.47	35.72	89.29
Kaiser Foundation Health Plan Mid-Atlantic States-High -Baltimore/Washington, DC areas	800-777-7902	E31	E32	120.17	310.31	55.46	143.22
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Baltimore/Washington, DC areas	800-777-7902	E34	E35	63.69	151.57	29.39	69.96
M.D. IPA - All of Maryland	800-251-0956	JP1	JP2	113.80	274.06	52.52	126.49
<b>Massachusetts</b>							
Blue CHIP Coordinated Health Plan - BCBS of RI - Southeastern Massachusetts	401-459-5500	DA1	DA2	162.70	548.56	75.09	253.18
ConnectiCare-High -Counties Hampden, Hampshire, Franklin	800-251-7722	TE1	TE2	150.96	345.69	69.67	159.55
ConnectiCare-Std - Counties Hampden, Hampshire, Franklin	800-251-7722	TE4	TE5	84.10	191.37	38.82	88.32
Fallon Community Health Plan-High -Central/Eastern Massachusetts	800-868-5200	JV1	JV2	211.88	564.85	97.79	260.70
Fallon Community Health Plan-Std - Central/Eastern Massachusetts	800-868-5200	JV4	JV5	108.03	312.41	49.86	144.19
<b>Michigan</b>							
Bluecare Network of MI-High -Midland County Area	800-662-6667	K51	K52	117.31	271.29	54.14	125.21
Bluecare Network of MI-Std - Midland County Area	800-662-6667	K54	K55	79.19	180.61	36.55	83.36
Bluecare Network of MI-High -Mid Michigan	800-662-6667	LN1	LN2	213.38	556.90	98.48	257.03
Bluecare Network of MI-Std - Mid Michigan	800-662-6667	LN4	LN5	90.79	218.63	41.90	100.90
Bluecare Network of MI-High -Southeast MI	800-662-6667	LX1	LX2	77.74	205.81	35.88	94.99
Bluecare Network of MI-Std - Southeast MI	800-662-6667	LX4	LX5	62.17	164.53	28.69	75.94
Grand Valley Health Plan-High -Grand Rapids area	616-949-2410	RL1	RL2	98.73	420.22	45.57	193.95
Grand Valley Health Plan-Std - Grand Rapids area	616-949-2410	RL4	RL5	82.89	236.56	38.26	109.18
Health Alliance Plan - Southeastern Michigan/Flint area	800-422-4641	521	522	93.75	296.38	43.27	136.79
HealthPlus MI - East Central Michigan	800-332-9161	X51	X52	103.53	240.78	47.78	111.13
M-Care - Southeastern Michigan and Flint area	800-658-8878	EG1	EG2	83.37	220.96	38.48	101.98

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Maryland</b>											
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$10	\$25/\$40	No	63.1	74.7	75.4	91.6	72.2	91.7
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No						
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	65.7	77.4	76.8	91.5	67.9	84.8
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	63	78.8	80.7	92.7	69.2	83.5
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes						
Kaiser Foundation Health Plan Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20 Net	\$20/\$40/\$35/\$55	Yes	60.5	70.9	69.5	86.7	70.5	83.5
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25Net	\$25/\$45/\$40/\$60	Yes						
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	61.9	74.8	71.6	87.8	76.7	92.4
<b>Massachusetts</b>											
Blue CHIP Coordinated Health Plan - BCBS of RI - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	62.2	86.9	81.7	93.9	68.5	85.6
Blue CHIP Coordinated Health Plan - BCBS of RI - Out-of-Network	30%/30%	None	\$50+20%	\$50+20%	No	62.2	86.9	81.7	93.9	68.5	85.6
ConnectiCare-High	\$15/\$30	\$100 per dayx5	\$15	\$25/\$40	Yes	60.2	81.9	83.4	91.8	76.8	95
ConnectiCare-Std	\$20/\$30	Nothing after ded	\$15	\$25/\$40	Yes						
Fallon Community Health Plan-High	\$15/\$25	\$250	\$5	\$25/\$50	Yes	70.6	82.2	85.6	93.5	78.8	89.9
Fallon Community Health Plan-Std	\$20/\$20	Nothing after ded	\$10	\$30/\$60	Yes						
<b>Michigan</b>											
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	73	74.6	80	91.3	66.4	87.7
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3	\$10	\$40/\$40	Yes						
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	73	74.6	80	91.3	66.4	87.7
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3	\$10	\$40/\$40	Yes						
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	73	74.6	80	91.3	66.4	87.7
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3	\$10	\$40/\$40	Yes						
Grand Valley Health Plan-High	\$10/\$10	Nothing	\$5	\$5/\$5	No	75.8	81.1	88.9	91.6	77.2	89.7
Grand Valley Health Plan-Std	\$20/\$20	\$500x3 days	\$10	\$40/\$40	No						
Health Alliance Plan	\$10/\$10	None	\$10	\$20/\$20	Yes	74	81.1	82.8	92.3	74	91.7
HealthPlus MI	\$10/\$10	None	\$10	\$20/\$20	Yes	79.1	80.8	83.2	93.7	79.2	94
M-Care	\$15/\$25	None	\$10	\$20/\$40	Yes	69.6	75.7	76.7	90.8	73.2	92.6

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Minnesota</b>							
HealthPartners Classic -Minnesota	952-883-5000	531	532	246.72	578.30	113.87	266.91
HealthPartners Open Access Deductible - Minnesota	952-883-5000	534	535	127.30	302.60	58.75	139.66
HealthPartners Primary Clinic Plan - Minneapolis/St. Paul/St. Cloud	952-883-5000	HQ1	HQ2	343.14	800.28	158.37	369.36
<b>Missouri</b>							
Aetna Open Access - KC and St. Louis Areas, including SW IL	800-537-9384	KS1	KS2	88.35	216.08	40.78	99.73
BlueCHOICE - StLouis/Central/SW areas	800-634-4395	9G1	9G2	141.47	274.65	65.29	126.76
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800-969-3343	HA1	HA2	88.73	228.99	40.95	105.69
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800-969-3343	HA4	HA5	85.18	219.77	39.31	101.43
Group Health Plan, Inc.-High -St. Louis Area	800-755-3901	MM1	MM2	225.08	452.96	103.88	209.06
Humana Health Plan, Inc.-High -Kansas City area	888-393-6765	MS1	MS2	200.33	470.56	92.46	217.18
Humana Health Plan, Inc.-Std - Kansas City area	888-393-6765	MS4	MS5	84.65	194.70	39.07	89.86
Mercy Health Plans - Southwest Missouri Region	800-836-0402	7M1	7M2	281.65	575.16	129.99	265.46
United Healthcare of the Midwest - St. Louis Area	877-835-9861	B91	B92	101.83	227.50	47.00	105.00
United Healthcare of the Midwest - Kansas City Area	877-835-9861	GX1	GX2	88.84	227.49	41.00	105.00
<b>Montana</b>							
New West Health Services - Most of Montana	800-290-3657	NV1	NV2	105.33	220.44	48.61	101.74
<b>Nebraska</b>							
Coventry Health Care of Nebraska - Central and Eastern Nebraska counties	800-471-0240	IE1	IE2	138.24	424.28	63.80	195.82
<b>Nevada</b>							
Aetna Open Access - Las Vegas and Reno Areas	800-537-9384	Y11	Y12	76.16	189.62	35.15	87.52
Health Plan of Nevada - Northern Area	800-777-1840	2L1	2L2	79.88	204.52	36.87	94.39
Health Plan of Nevada - Las Vegas area	800-777-1840	NM1	NM2	53.62	137.30	24.75	63.37
PacifiCare of Nevada - Las Vegas/Clark County	866-546-0510	K91	K92	89.16	202.40	41.15	93.41



Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Minnesota</b>											
HealthPartners Classic	\$15/\$15	\$100	\$12	\$12/\$24	No	73.4	83.8	86.3	94.7	68.1	95
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	74	83.6	85.8	92.1	73.2	91.5
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$12/\$24	Yes	81.8	82.4	84.4	93	76.3	94.7
<b>Missouri</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.8	80.9	80.3	91.9	71.4	93.1
BlueCHOICE	\$15/\$15	\$200	\$10	\$20/\$30	Yes	70.5	79.6	81.7	92.5	71.3	96
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	61.8	79.8	79.8	90.4	70.2	90.1
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$35/\$60	Yes						
Group Health Plan, Inc.-High	\$20/\$20	\$200/day X 2	\$10	\$20/\$45	Yes	73.7	85.8	81.6	94.2	74.9	95.7
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50/25%	No	64.2	82.3	80.1	90.9	67	87.1
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50/25%	No						
Mercy Health Plans - In-Network	\$10/\$20	None	\$10	\$20/\$35	Yes	75.1	86.8	84.6	94.4	76.1	89.6
Mercy Health Plans - Out-of-Network	30%/30%	30%	N/A	N/A/N/A	No	75.1	86.8	84.6	94.4	76.1	89.6
United Healthcare of the Midwest	\$10/\$20	\$250	\$7	\$25/\$50	Yes	66.7	88.5	84.5	94.9	61.2	89.1
United Healthcare of the Midwest	\$10/\$30	\$150 per day	\$7	\$30/\$50	Yes	66.7	88.5	84.5	94.9	61.2	89.1
<b>Montana</b>											
New West Health Services - High Option	\$15/\$15	\$100	\$10	\$20/\$40	Yes	40	79.6	81.9	94.2	62.2	80.5
New West Health Services - POS Option	30%/30%	30%	N/A	N/A	No	40	79.6	81.9	94.2	62.2	80.5
<b>Nebraska</b>											
Coventry Health Care of Nebraska	\$20/\$20	None	\$10	\$30/\$55	Yes						
<b>Nevada</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.6	74.4	73.4	90.2	69.9	85.6
Health Plan of Nevada	\$10/\$10	\$50	\$5	\$30/\$50	Yes						
Health Plan of Nevada	\$10/\$10	\$50	\$5	\$30/\$50	Yes	53.7	64.9	61.8	80.8	70.3	88.8
PacificCare of Nevada	\$15/\$30	\$150/day x 5	\$10	\$30/\$50	Yes	54.7	72.1	65.8	82.7	72.8	81

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New Jersey</b>							
Aetna Open Access-High -Northern New Jersey	800-537-9384	JR1	JR2	176.52	415.93	81.47	191.97
Aetna Open Access-Basic - Northern New Jersey	800-537-9384	JR4	JR5	99.67	307.21	46.00	141.79
Aetna Open Access-High -Southern NJ	800-537-9384	P31	P32	215.09	563.46	99.27	260.06
Aetna Open Access-Basic - Southern NJ	800-537-9384	P34	P35	93.25	231.82	43.04	106.99
AmeriHealth HMO - All of New Jersey	800-454-7651	FK1	FK2	144.43	371.86	66.66	171.63
Coventry Health Care-High -Southern New Jersey	800-833-7423	2J1	2J2	113.02	353.86	52.16	163.32
Coventry Health Care-Std - Southern New Jersey	800-833-7423	2J4	2J5	84.32	210.80	38.92	97.29
GHI Health Plan-High -Northern New Jersey	212-501-4444	801	802	188.42	542.38	86.96	250.33
GHI Health Plan-Std - Northern New Jersey	212-501-4444	804	805	96.55	225.37	44.56	104.02
<b>New Mexico</b>							
Lovelace Health Plan - All of New Mexico	800-808-7363	Q11	Q12	92.78	227.66	42.82	105.07
Presbyterian Health Plan-High -All counties in New Mexico	800-356-2219	P21	P22	155.42	353.82	71.73	163.30
Presbyterian Health Plan-Std - All counties in New Mexico	800-356-2219	P24	P25	137.87	313.95	63.63	144.90

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>New Jersey</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	62.6	77.2	72.6	88.6	73.8	87.7
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	72.3	84.7	78.7	93.6	77.8	92.7
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
AmeriHealth HMO	\$30/\$35	\$200/day x 3	\$10	\$40/50%	Yes	62.6	80.3	77.8	93.3	69.4	79.4
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	63	78.8	80.7	92.7	69.2	83.5
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes						
GHI Health Plan - In-Network	\$15/\$15	\$100/admx2	\$15	\$25/\$50	Yes	57.3	76.1	75.8	90.4	64.3	88.2
GHI Health Plan - Out-of-Network	+50% of sch./+50% of sch.	+50% of sch.	N/A	N/A/N/A	No	57.3	76.1	75.8	90.4	64.3	88.2
GHI Health Plan-Std	\$25/\$25	\$250/dayx3	\$10	\$25/\$50	Yes						
<b>New Mexico</b>											
Lovelace Health Plan	\$15/\$25	\$250	\$7	\$15/\$35	Yes	55.8	71.9	72.6	90.8	62.7	79.3
Presbyterian Health Plan-High	\$15/\$25	\$200	\$10	\$20/\$40	Yes	69.9	81.2	77.5	90.2	75	88.7
Presbyterian Health Plan-Std	\$30/\$40	\$500	\$15	\$35/\$55	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New York</b>							
Aetna Open Access-High -NYC Area/Upstate NY	800-537-9384	JC1	JC2	151.50	432.31	69.92	199.53
Aetna Open Access-Basic - NYC Area/Upstate NY	800-537-9384	JC4	JC5	97.04	396.02	44.79	182.78
Blue Choice - Rochester area	800-462-0108	MK1	MK2	78.91	197.73	36.42	91.26
CDPHP Universal Benefits-High -Upstate, Hudson Valley, Cent New York	877-269-2134	SG1	SG2	133.25	342.70	61.50	158.17
CDPHP Universal Benefits-Std - Upstate, Hudson Valley, Cent New York	877-269-2134	SG4	SG5	93.84	240.98	43.31	111.22
GHI Health Plan-High -All of New York	212-501-4444	801	802	188.42	542.38	86.96	250.33
GHI Health Plan-Std - NYC (Manhattan,Brooklyn,Bronx,Queens, & Staten Island), all of Nassau, Suffolk, Rockland, Westchester Counties, and N. New Jersey	212-501-4444	804	805	96.55	225.37	44.56	104.02
GHI HMO Select-High -Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	199.75	597.28	92.19	275.67
GHI HMO Select-Std - Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V4	6V5	146.56	462.13	67.64	213.29
GHI HMO Select-High -Capital/Hudson Valley Regions	877-244-4466	X41	X42	170.52	529.66	78.70	244.46
GHI HMO Select-Std - Capital/Hudson Valley Regions	877-244-4466	X44	X45	127.38	414.42	58.79	191.27
HIP of Greater New York-High -New York City area	800-HIP-TALK	511	512	96.45	382.81	44.51	176.68
HIP of Greater New York-Std - New York City area	800-HIP-TALK	514	515	86.80	274.78	40.06	126.82
HMO Blue - Utica/Rome/Central New York areas	800-722-7884	AH1	AH2	119.69	396.98	55.24	183.22
HMOBlue-CNY - Syracuse/Binghamton/Elmira areas	800-828-2887	EB1	EB2	218.79	555.19	100.98	256.24
Independent Health Assoc-High -Western New York	800-501-3439	QA1	QA2	82.66	226.72	38.15	104.64
MVP Health Care-High -Eastern Region	888-687-6277	GA1	GA2	92.21	255.19	42.56	117.78
MVP Health Care-Std - Eastern Region	888-687-6277	GA4	GA5	81.09	209.42	37.43	96.66
MVP Health Care-High -Central Region	888-687-6277	M91	M92	99.18	327.17	45.77	151.00
MVP Health Care-Std - Central Region	888-687-6277	M94	M95	87.22	225.27	40.26	103.97
MVP Health Care-High -Mid-Hudson Region	888-687-6277	MX1	MX2	115.31	392.88	53.22	181.33
MVP Health Care-Std - Mid-Hudson Region	888-687-6277	MX4	MX5	92.66	258.53	42.77	119.32
Preferred Care - Rochester area	800-950-3224	GV1	GV2	79.72	213.05	36.79	98.33
Univera Healthcare - Western New York (Southern Counties)	800-427-8490	KQ1	KQ2	134.55	472.87	62.10	218.25
Univera Healthcare - Western New York (Northern Counties)	800-427-8490	Q81	Q82	86.92	288.30	40.12	133.06
<b>North Carolina</b>							
Aetna Open Access - Charlotte/Raleigh/Durham Areas	800-537-9384	MP1	MP2	95.17	340.97	43.92	157.37

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>New York</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	64.8	78.6	76.9	89.3	72.5	88.1
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Blue Choice	\$20/\$20	\$100	\$10	\$25/\$40	No	64.5	82.4	84.8	92.2	66.5	94.6
CDPHP Universal Benefits-High	\$20/\$30	\$100 X 5	25%	25%/25%	No						
CDPHP Universal Benefits-Std	\$25/\$40	\$500 + 10%	30%	30%/30%	No	79.3	86.7	83.7	94.7	82	96.2
GHI Health Plan - In-Network	\$15/\$15	\$100/admx2	\$15	\$25/\$50	Yes	57.3	76.1	75.8	90.4	64.3	88.2
GHI Health Plan - Out-of-Network	+50% of sch./+50% of sch.	+50% of sch.	N/A	N/A/N/A	No	57.3	76.1	75.8	90.4	64.3	88.2
GHI Health Plan-Std	\$25/\$25	\$250/dayx3	\$10	\$25/\$50	Yes						
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes						
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	51.1	75.1	80.5	92.5	66.9	78.3
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes						
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	51.1	75.1	80.5	92.5	66.9	78.3
HIP of Greater New York-High	\$10/\$10	None	\$10	\$15/\$40	Yes	61.9	71.3	67.2	87.1	69.8	84.1
HIP of Greater New York-Std	\$10/\$20	\$500	\$10	\$20/\$40	Yes						
HMO Blue	\$20/\$20	\$240	\$10	\$25/\$40	No	62.7	81.4	83.2	93.9	67.2	90.8
HMOBlue-CNY	\$20/\$20	\$240	\$10	\$25/\$40	No	62.7	81.4	83.2	93.9	67.2	90.8
Independent Health Assoc - In-Network	\$15/\$15	None	\$10	\$20/\$35	No	76.7	87.6	82.9	95.1	78.3	95.6
Independent Health Assoc - Out-of-Network	Ded. + 25%/25%	Ded. + 25%	N/A	N/A	No	76.7	87.6	82.9	95.1	78.3	95.6
MVP Health Care-High	\$20/\$20	\$240 per year	\$10	\$30/\$50	Yes	69.7	84.8	83.9	94.6	79	91.4
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes						
MVP Health Care-High	\$20/\$20	\$240 per year	\$10	\$30/\$50	Yes	69.7	84.8	83.9	94.6	79	91.4
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes						
MVP Health Care-High	\$20/\$20	\$240 per year	\$10	\$30/\$50	Yes	69.7	84.8	83.9	94.6	79	91.4
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes						
Preferred Care	\$20/\$20	\$250	\$10	\$30/\$50	Yes	76.1	86.3	85.9	94.6	80.4	92.5
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No	73.5	83.6	82.7	92.4	77.9	94.6
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No	73.5	83.6	82.7	92.4	77.9	94.6
<b>North Carolina</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Dakota</b>							
HealthPartners Open Access Deductible - Eastern North Dakota	952-883-5000	534	535	127.30	302.60	58.75	139.66
Heart of America Health Plan - Northcentral North Dakota	800-525-5661	RU1	RU2	81.11	208.45	37.44	96.21
<b>Ohio</b>							
Aetna Open Access - Cleveland and Toledo Areas	800-537-9384	7D1	7D2	98.15	237.05	45.30	109.41
Aetna Open Access - Columbus Area	800-537-9384	ND1	ND2	95.57	230.71	44.11	106.48
Aetna Open Access - Greater Cincinnati Area	800-537-9384	RD1	RD2	130.46	385.43	60.21	177.89
AultCare HMO-High -Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	171.43	478.33	79.12	220.77
Blue HMO - Most of Ohio	800-228-4375	R51	R52	200.18	463.36	92.39	213.86
HMO Health Ohio - Northeast Ohio	800-522-2066	L41	L42	125.87	411.12	58.09	189.75
Kaiser Foundation Health Plan of Ohio-High -Cleveland/Akron areas	800-686-7100	641	642	143.59	409.48	66.27	188.99
Kaiser Foundation Health Plan of Ohio-Std - Cleveland/Akron areas	800-686-7100	644	645	85.62	210.10	39.52	96.97
Paramount Health Care - Northwest/North Central Ohio	800-462-3589	U21	U22	154.75	526.35	71.42	242.93
SummaCare Health Plan - Cleveland, Akron and Canton areas	330-996-8700	5W1	5W2	127.53	346.64	58.86	159.99
SuperMed HMO - Northeast Ohio	800-522-2066	5M1	5M2	380.32	1061.97	175.53	490.14
The Health Plan of the Upper Ohio Valley - Eastern Ohio	800-624-6961	U41	U42	90.19	207.44	41.63	95.74
United Healthcare of Ohio, Inc. - Cleveland	877-835-9861	AK1	AK2	97.50	238.64	45.00	110.14
United Healthcare of Ohio, Inc. - Columbus	877-835-9861	CA1	CA2	130.68	313.62	60.31	144.75
<b>Oklahoma</b>							
Aetna Open Access-High -Oklahoma City/Tulsa Areas	800-537-9384	SL1	SL2	160.14	387.42	73.91	178.81
Aetna Open Access-Basic - Oklahoma City/Tulsa Areas	800-537-9384	SL4	SL5	82.46	221.28	38.06	102.13
Globalhealth, Inc. - Oklahoma	877-280-2990	IM1	IM2	90.44	217.97	41.74	100.60
PacifiCare of Oklahoma - Central/Northeastern Oklahoma	866-546-0510	2N1	2N2	140.92	351.28	65.04	162.13
<b>Oregon</b>							
Kaiser Foundation Health Plan of Northwest-High -Portland/Salem areas	800-813-2000	571	572	146.58	346.95	67.65	160.13
Kaiser Foundation Health Plan of Northwest-Std - Portland/Salem areas	800-813-2000	574	575	94.11	216.46	43.43	99.90
PacifiCare of Oregon - Metro Portland/Salem/Corvallis/Eugene	866 546-0510	7Z1	7Z2	176.26	387.94	81.35	179.05

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>North Dakota</b>											
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	74	83.6	85.8	92.1	73.2	91.5
Heart of America Health Plan	\$10/Nothing	None	50%	50%/50%	None						
<b>Ohio</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.3	80.2	85	93.3	71.7	91.5
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.3	80.2	85	93.3	71.7	91.5
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.3	80.2	85	93.3	71.7	91.5
AultCare HMO-High	\$10/\$10	None	\$10	\$20/\$35	No	87.7	86.7	85.5	95.1	82.7	97.7
Blue HMO	\$15/\$15	\$200	\$10	\$25/\$40	Yes	73	83.8	82.8	94.2	71.1	94
HMO Health Ohio	\$15/\$15	\$250	\$10	\$20/\$30	Yes	73	80.9	80.6	92.4	71.5	89.5
Kaiser Foundation Health Plan of Ohio-High	\$15/\$15	\$200	\$10	\$25/\$25	No	69.5	79.8	83.6	89.5	77.1	84
Kaiser Foundation Health Plan of Ohio-Std	\$20/\$40	\$500	\$15	\$30/\$30	No						
Paramount Health Care	\$15/\$25	\$300	\$10	\$20/\$35	Yes	74.9	80.8	81.4	92.9	77.7	92.9
SummaCare Health Plan	\$15/\$20	\$250	\$15	\$30/\$60	Yes	73.2	83	83.1	93.6	72.5	94.4
SuperMed HMO	\$15/\$15	\$250	\$10	\$20/\$30	Yes	73	80.9	80.6	92.4	71.5	89.5
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	73.2	84.9	84.1	93.8	78.2	96.7
United Healthcare of Ohio, Inc.	\$10/\$25	\$250	\$7	\$25/\$40	Yes	54.9	87	84.3	94.5	69	89.9
United Healthcare of Ohio, Inc.	\$10/\$25	\$250	\$7	\$25/\$40	Yes	54.9	87	84.3	94.5	69	89.9
<b>Oklahoma</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	58.1	78.2	81.8	93.5	69	91.1
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Globalhealth, Inc.	\$15/\$25	\$150/day x 3	\$10	\$25/\$40	Yes						
PacifiCare of Oklahoma	\$20/\$40	\$250/day x 5	\$10	\$30/\$50	Yes	72.9	81.1	81.7	93.5	73.2	94.1
<b>Oregon</b>											
Kaiser Foundation Health Plan of Northwest-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	64.1	75.9	72.9	88.8	73.2	88.4
Kaiser Foundation Health Plan of Northwest-Std	\$20/\$30	\$250	\$20	\$40/\$40	Yes						
PacifiCare of Oregon	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	57.9	81.3	86	95.4	63.3	88.9

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Pennsylvania</b>							
Aetna Open Access-High -Philadelphia/Central/Southeastern PA	800-537-9384	P31	P32	215.09	563.46	99.27	260.06
Aetna Open Access-Basic - Philadelphia/Central/Southeastern PA	800-537-9384	P34	P35	93.25	231.82	43.04	106.99
Aetna Open Access - Pittsburgh and Western PA Areas	800-537-9384	YE1	YE2	62.82	173.23	28.99	79.95
Geisinger Health Plan-High -Pennsylvania	570-387-1114	GG1	GG2	266.92	623.67	123.19	287.85
Geisinger Health Plan-Std - Pennsylvania	570-387-1114	GG4	GG5	186.42	438.58	86.04	202.42
HealthAmerica Pennsylvania-High -Greater Pittsburgh area	866-351-5946	261	262	126.86	410.19	58.55	189.32
HealthAmerica Pennsylvania-Std - Greater Pittsburgh area	866-351-5946	264	265	92.19	242.90	42.55	112.11
HealthAmerica Pennsylvania-High -Northeast Pennsylvania	866-351-5946	4N1	4N2	374.23	870.52	172.72	401.78
HealthAmerica Pennsylvania-Std - Northeast Pennsylvania	866-351-5946	4N4	4N5	243.39	569.55	112.33	262.87
HealthAmerica Pennsylvania-High -Southeastern Pennsylvania	866-351-5946	PN1	PN2	216.67	506.09	100.00	233.58
HealthAmerica Pennsylvania-Std - Southeastern Pennsylvania	866-351-5946	PN4	PN5	137.31	323.79	63.37	149.44
HealthAmerica Pennsylvania-High -Central Pennsylvania	866-351-5946	SW1	SW2	237.80	556.72	109.75	256.95
HealthAmerica Pennsylvania-Std - Central Pennsylvania	866-351-5946	SW4	SW5	163.85	386.66	75.62	178.46
Keystone Health Plan Central-High -Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S41	S42	183.98	475.11	84.91	219.28
Keystone Health Plan Central-Std - Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S44	S45	146.47	385.77	67.60	178.05
Keystone Health Plan East-High -Philadelphia area	800-227-3115	ED1	ED2	119.91	429.78	55.34	198.36
Keystone Health Plan East-Std - Philadelphia area	800-227-3115	ED4	ED5	95.38	309.23	44.02	142.72
UPMC Health Plan-High -Western Pennsylvania area	888-876-2756	8W1	8W2	110.76	369.42	51.12	170.50
<b>Puerto Rico</b>							
Humana Health Plans of Puerto Rico, Inc. - Puerto Rico	800-314-3121	ZJ1	ZJ2	66.46	152.84	30.67	70.54
Triple-S - All of Puerto Rico	787-749-4777	891	892	76.93	165.23	35.50	76.26
<b>Rhode Island</b>							
Blue CHIP Coordinated Health Plan - BCBS of RI - All of Rhode Island	401-459-5500	DA1	DA2	162.70	548.56	75.09	253.18
<b>South Carolina</b>							
Carolina Care - South Carolina	800-868-6734	IB1	IB2	114.27	251.46	52.74	116.06



Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Pennsylvania</b>											
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	61.6	80.3	79.9	93.6	70	91.8
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	61.6	80.3	79.9	93.6	70	91.8
Geisinger Health Plan-High	\$15/\$25	Nothing	\$10	\$25/\$40	Yes						
Geisinger Health Plan-Std	\$20/\$35	NothingafrDed	\$15	\$30/\$45	Yes						
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$5	\$25/\$40	Yes	66.9	87.2	84.1	93.5	77	93.8
HealthAmerica Pennsylvania-Std	\$20/\$30	Ded. + 10%	\$5	\$35/\$50	Yes	65.5	82.1	83.9	95.5	75.1	92
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$5	\$25/\$40	Yes	66.9	87.2	84.1	93.5	77	93.8
HealthAmerica Pennsylvania-Std	\$20/\$30	Ded. + 10%	\$5	\$35/\$50	Yes	65.5	82.1	83.9	95.5	75.1	92
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$5	\$25/\$40	Yes	66.9	87.2	84.1	93.5	77	93.8
HealthAmerica Pennsylvania-Std	\$20/\$30	Ded. + 10%	\$5	\$35/\$50	Yes	65.5	82.1	83.9	95.5	75.1	92
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$5	\$25/\$40	Yes	66.9	87.2	84.1	93.5	77	93.8
HealthAmerica Pennsylvania-Std	\$20/\$30	Ded. + 10%	\$5	\$35/\$50	Yes	65.5	82.1	83.9	95.5	75.1	92
Keystone Health Plan Central-High	\$15/\$20	\$200 copay	\$10	\$25/\$40	Yes	75.4	80.3	81.7	92.3	71.9	90.1
Keystone Health Plan Central-Std	\$20/\$25	\$100 x 5	\$5	\$35/\$60	Yes						
Keystone Health Plan East-High	\$20/\$25	\$125 perdayx 5	\$10	\$20/\$35	Yes	60.3	79.2	78.4	92.3	69.7	87.8
Keystone Health Plan East-Std	\$20/\$40	20% after ded	\$20	\$40/\$60	Yes						
UPMC Health Plan-High	\$20/\$20	None	\$10	\$20/\$40	Yes	65.8	87.3	80.6	91.4	80.4	93.4
<b>Puerto Rico</b>											
Humana Health Plans of PR, Inc. - In-Network	\$5/\$5	None	\$2.50	\$8/\$12/30%	No	82.5	86	70.2	92.5	72.7	80.4
Humana Health Plans of PR, Inc. - Out-of-Network	\$8/\$8	\$50	N/A	N/A/N/A	No	82.5	86	70.2	92.5	72.7	80.4
Triple-S - In-Network	\$7.50/\$10	None	\$5	\$8/\$12	Yes	82.8	92.6	75.5	95.3	83.9	83.7
Triple-S - Out-of-Network	\$7.50 + 10%/\$10 + 10%	None	25%	25%/25%	No	82.8	92.6	75.5	95.3	83.9	83.7
<b>Rhode Island</b>											
Blue CHIP Coordinated Health Plan - BCBS of RI - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	62.2	86.9	81.7	93.9	68.5	85.6
Blue CHIP Coordinated Health Plan - BCBS of RI - Out-of-Network	30%/30%	None	\$50+20%	\$50+20%	No	62.2	86.9	81.7	93.9	68.5	85.6
<b>South Carolina</b>											
Carolina Care	\$20/\$30	\$500	\$10	\$20/\$50	Yes	58.5	85.4	81.6	93.8	65.8	86.4

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>South Dakota</b>							
HealthPartners Open Access Deductible - Eastern South Dakota	952-883-5000	534	535	127.30	302.60	58.75	139.66
Sioux Valley Health Plan-High -Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	145.32	344.52	67.07	159.01
Sioux Valley Health Plan-Std - Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	130.98	310.98	60.45	143.53
<b>Tennessee</b>							
Aetna Open Access - Nashville Area	800-537-9384	6J1	6J2	168.48	387.79	77.76	178.98
Aetna Open Access - Memphis Area	800-537-9384	UB1	UB2	87.81	223.91	40.53	103.34
<b>Texas</b>							
Aetna Open Access - Houston Area	800-537-9384	8G1	8G2	98.46	285.80	45.44	131.91
Aetna Open Access - Austin and San Antonio Areas	800-537-9384	P11	P12	98.43	294.36	45.43	135.86
Aetna Open Access-High -Dallas/Ft. Worth Areas	800-537-9384	PU1	PU2	206.44	563.44	95.28	260.05
Aetna Open Access-Basic - Dallas/Ft. Worth Areas	800-537-9384	PU4	PU5	119.95	503.92	55.36	232.58
Firstcare - Waco area	800-884-4901	6U1	6U2	95.32	204.93	43.99	94.58
Firstcare - West Texas	800-884-4901	CK1	CK2	181.81	354.55	83.91	163.64
HMO Blue Texas - Houston	877-299-2377	YM1	YM2	193.05	527.82	89.10	243.61
Humana Health Plan of Texas-High -San Antonio area	888-393-6765	UR1	UR2	248.33	580.95	114.61	268.13
Humana Health Plan of Texas-Std - San Antonio area	888-393-6765	UR4	UR5	98.40	226.30	45.41	104.44
Mercy Health Plans - Webb/Zapata/Duval/Jim Hogg Counties	800-617-3433	HM1	HM2	120.86	373.53	55.78	172.40
Pacificare of Texas - San Antonio, Dallas/Ft. Worth	866-546-0510	GF1	GF2	124.11	293.95	57.28	135.67
<b>Utah</b>							
Altius Health Plans-High -Wasatch Front	800-377-4161	9K1	9K2	172.36	358.30	79.55	165.37
<b>Vermont</b>							
MVP Health Care-High -All of Vermont	888-687-6277	VW1	VW2	258.31	764.25	119.22	352.73
MVP Health Care-Std - All of Vermont	888-687-6277	VW4	VW5	241.83	721.63	111.61	333.06
<b>Virgin Islands</b>							
Triple-S - US Virgin Islands	800-981-3241	851	852	98.14	222.87	45.29	102.86

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>South Dakota</b>											
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	74	83.6	85.8	92.1	73.2	91.5
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	49.6	81.3	83.8	94	70	89.8
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No	49.6	81.3	83.8	94	70	89.8
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No						
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A	No						
<b>Tennessee</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	73.5	80.6	77.2	94	71.5	83.2
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	73.5	80.6	77.2	94	71.5	83.2
<b>Texas</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	64	75.8	76	90.1	70.6	86.8
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	61.3	76.6	76.2	91.1	71.7	92.9
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	64.9	73.3	78.1	90.9	66.2	91.3
Aetna Open Access-Basic	\$15/\$30	\$500/day x 10	\$5	\$30/\$50	Yes						
Firstcare	\$20/\$40	\$150/dayX5	\$10	\$20/\$40	No	70.6	82.4	82.8	92.8	76.7	94.7
Firstcare	\$20/\$40	\$150/dayX5	\$10	\$20/\$40	No	64.2	83.1	77.5	91.2	74.1	93.7
HMO Blue Texas	\$20/\$30	\$150/dayx5	\$10	\$25/\$40	Yes	67.6	74.6	71.6	89.1	70.1	86.8
Humana Health Plan of Texas-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50/25%	No	69.2	80.5	75.2	89.3	75.5	87.1
Humana Health Plan of Texas-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50/25%	No						
Mercy Health Plans - In-Network	\$10/\$10	None	\$7	\$12/\$25	Yes	79	81.8	71.5	91.8	82.6	96.6
Mercy Health Plans - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	79	81.8	71.5	91.8	82.6	96.6
Pacificare of Texas	\$20/\$40	\$250/day x 3	\$10	\$30/\$50	Yes	69.8	81.6	79.5	91.1	74.5	89.3
<b>Utah</b>											
Altius Health Plans-High	\$10/\$15	None	\$10	\$20/\$40	Yes	60	77.4	77.5	92.4	67.7	88.4
<b>Vermont</b>											
MVP Health Care-High	\$20/\$20	\$240	\$10	\$30/\$50	Yes	69.7	84.8	83.9	94.6	79	91.4
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes						
<b>Virgin Islands</b>											
Triple-S - In-Network	\$7.50/\$10	None	\$5	\$8/\$12	Yes						
Triple-S - Out-of-Network	\$7.50 + 10%/\$10 + 10%	None	25%	25%/25%	No						

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Virginia</b>							
Aetna Open Access-High -Northern/Central/Richmond Virginia Area	800-537-9384	JN1	JN2	175.72	384.91	81.10	177.65
Aetna Open Access-Basic - Northern/Central/Richmond Virginia Area	800-537-9384	JN4	JN5	75.71	177.17	34.94	81.77
CareFirst BlueChoice - Northern Virginia	866-296-7363	2G1	2G2	127.27	280.60	58.74	129.51
Kaiser Foundation Health Plan Mid-Atlantic States-High -Washington, DC area	800-777-7902	E31	E32	120.17	310.31	55.46	143.22
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Washington, DC area	800-777-7902	E34	E35	63.69	151.57	29.39	69.96
M.D. IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	800-251-0956	JP1	JP2	113.80	274.06	52.52	126.49
Optima Health Plan - Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	140.56	362.72	64.87	167.41
Piedmont Community Healthcare-High -Lynchburg area	888-674-3368	2C1	2C2	119.82	281.06	55.30	129.72
<b>Washington</b>							
Aetna Open Access - Seattle and Puget Sound Areas	800-537-9384	8J1	8J2	131.91	420.01	60.88	193.85
Group Health Cooperative-High -Most of Western Washington	888-901-4636	541	542	137.22	306.54	63.33	141.48
Group Health Cooperative-Std - Most of Western Washington	888-901-4636	544	545	93.49	211.05	43.15	97.41
Group Health Cooperative-High -Central WA/Spokane/Pullman	888-901-4636	VR1	VR2	184.65	434.44	85.22	200.51
Group Health Cooperative-Std - Central WA/Spokane/Pullman	888-901-4636	VR4	VR5	95.43	219.48	44.04	101.30
Kaiser Foundation Health Plan of Northwest-High -Vancouver/Longview	800-813-2000	571	572	146.58	346.95	67.65	160.13
Kaiser Foundation Health Plan of Northwest-Std - Vancouver/Longview	800-813-2000	574	575	94.11	216.46	43.43	99.90
KPS Health Plans-Std - All of Washington	800-552-7114	L11	L12	93.07	200.88	42.95	92.71
KPS Health Plans - All of Washington	800-552-7114	VT1	VT2	147.10	295.90	67.89	136.57
PacificCare of Oregon - Clark County	800-546-0510	7Z1	7Z2	176.26	387.94	81.35	179.05
Pacificare of Washington - Puget Sound/Most of Western Washington	866 546-0510	SA1	SA2	92.84	217.53	42.85	100.40

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>Virginia</b>											
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$10	\$25/\$40	No	63.1	74.7	75.4	91.6	72.2	91.7
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No						
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	65.7	77.4	76.8	91.5	67.9	84.8
Kaiser Foundation HP Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20 Net	\$20/\$40/\$35/\$55	Yes	60.5	70.9	69.5	86.7	70.5	83.5
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25Net	\$25/\$45/\$40/\$60	Yes						
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	61.9	74.8	71.6	87.8	76.7	92.4
Optima Health Plan	\$10/\$20	\$250	\$10	\$20/\$40	Yes	74.2	83.8	78.8	93.2	80	96.3
Piedmont Community Healthcare - In-Network	\$25/\$25	20%	\$15	\$30/\$55	Yes						
Piedmont Community Healthcare - Out-of-Network	30%/30%	30%	\$15	\$30/\$55	Yes						
<b>Washington</b>											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59.4	74.9	84.1	92.9	64.4	83.9
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	67	79.2	83.8	92.7	74.8	89
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes						
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	67	79.2	83.8	92.7	74.8	89
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes						
Kaiser Foundation Health Plan of Northwest-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	64.1	75.9	72.9	88.8	73.2	88.4
Kaiser Foundation Health Plan of Northwest-Std	\$20/\$30	\$250	\$20	\$40/\$40	Yes						
KPS Health Plans - In-Network	\$15/3 or 20%/20%	\$100/day x 5	\$10	\$30/50%	Yes	72.1	87.2	87.4	93.2	76.1	93.7
KPS Health Plans - Out-of-Network	\$15/3 or 45%/45%	\$100/day x 5	Not Covered	Not Covered	No	72.1	87.2	87.4	93.2	76.1	93.7
KPS Health Plans - In-Network	\$20/\$20	None	\$5	\$20/50%	Yes	78.7	88.7	88.7	94.4	78	94.3
KPS Health Plans - Out-of-Network	\$20+45%/\$20+45%	None	Not covered	N/A/N/A	No	78.7	88.7	88.7	94.4	78	94.3
PacifiCare of Oregon	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	57.9	81.3	86	95.4	63.3	88.9
Pacificare of Washington	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	63.8	80.8	85.4	95.2	64.4	87.5

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

See page 31 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>West Virginia</b>							
The Health Plan of the Upper Ohio Valley - Northern/Central West Virginia	800-624-6961	U41	U42	90.19	207.44	41.63	95.74
<b>Wisconsin</b>							
Dean Health Plan - South Central Wisconsin	800-279-1301	WD1	WD2	100.69	369.89	46.47	170.72
Group Health Cooperative - South Central Wisconsin	608-828-4827	WJ1	WJ2	90.50	267.58	41.77	123.50
HealthPartners Classic - Wisconsin	952-883-5000	531	532	246.72	578.30	113.87	266.91
HealthPartners Open Access Deductible - Wisconsin	952-883-5000	534	535	127.30	302.60	58.75	139.66
HealthPartners Primary Clinic Plan - West Central Wisconsin	952-883-5000	HQ1	HQ2	343.14	800.28	158.37	369.36
<b>Wyoming</b>							
WINhealth Partners - Wyoming	307-638-7700	PV1	PV2	175.72	409.07	81.10	188.80

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 67	Getting needed care 80	Getting care quickly 79.3	How well doctors communicate 91.9	Customer service 72.5	Claims processing 89.2
<b>West Virginia</b>											
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	73.2	84.9	84.1	93.8	78.2	96.7
<b>Wisconsin</b>											
Dean Health Plan	\$10/\$10	None	\$10	30%/30%	No	73.3	82.9	85.9	94.6	75.2	93.8
Group Health Cooperative	\$10/\$10	None	\$5	\$20/\$20	No	78.2	81.1	86.9	94.1	77.3	93.1
HealthPartners Classic	\$15/\$15	\$100	\$12	\$12/\$24	No	73.4	83.8	86.3	94.7	68.1	95
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	74	83.6	85.8	92.1	73.2	91.5
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$12/\$24	Yes	81.8	82.4	84.4	93	76.3	94.7
<b>Wyoming</b>											
WINhealth Partners	\$10/\$10	None	\$10	\$15/\$40	Yes						

# High Deductible and Consumer-Driven Health Plans

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

(Pages 60 through 81)

A High Deductible Health Plan (HDHP) provides comprehensive coverage for high-cost medical events and a tax-advantaged way to help you build savings for future medical expenses. The HDHP gives you flexibility and discretion over how you use your health care benefits.

When you enroll, your health plan establishes for you either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). The plan automatically deposits a monthly “premium pass through” into your HSA or the same amount into the HRA. (This is the “Premium Contribution to HSA/HRA” column in the following charts.)

Preventive care is often covered in full, usually with no or only a small deductible or copayment. Preventive care expenses may also be payable up to an annual maximum dollar amount (up to \$300 for instance). As you receive other non-preventive medical care, you must meet the plan deductible before the health plan pays benefits. You can choose to pay your deductible with funds from your HSA or you can choose instead to pay for your deductible out-of-pocket, allowing your savings to continue to grow.

The HDHP features higher annual deductibles (a minimum of \$1,100 for Self Only and \$2,200 for Self and Family coverage) and annual out-of-pocket (catastrophic) limits (not to exceed \$5,250 for Self and \$10,500 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using in-network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using in-network providers will save you money.

### Health Savings Account (HSA)

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

Features of an HSA include:

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

### Health Reimbursement Arrangement (HRA)

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

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

Features of an HRA include:

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



# High Deductible and Consumer-Driven Health Plans

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

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

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

# High Deductible and Consumer-Driven Health Plans

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

*You must read the plan's brochure for details.*

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

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

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

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

Inpatient Hospital shows what you pay after the deductible is met for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan-CDHP - Nationwide	866-833-3463	474	475	88.60	199.33	40.89	92.00
GEHA High Deductible Health Plan - Nationwide	800-821-6136	341	342	95.20	217.45	43.94	100.36
Mail Handlers Benefit Plan Consumer Option - Nationwide	800-694-9901	481	482	73.24	165.98	33.80	76.60

# High Deductible and Consumer-Driven Health Plans

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

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

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

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

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan -	In-Network	N/A	\$600/\$1,200	\$3,000/\$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health Plan -	Out-of-Network	N/A	\$600/\$1,200	\$9,000/\$9,000	40%	None	40%	Nothing up to \$1200	Not Covered/
GEHA HDHP -	In-Network	\$90/\$180	\$1,500/\$3,000	\$5,000/\$10,000	15%	15%	15%	Nothing	30%/30%/30%
GEHA HDHP -	Out-of-Network	\$90/\$180	\$1,500/\$3,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30% +/30% +/30% +
Mail Handlers Benefit Plan Consumer Option -	In-Network	\$83/\$166	\$2,000/\$4,000	\$5,000/\$10,000	\$15	\$75 day-\$750	Nothing	Nothing	\$10/\$25/\$40
Mail Handlers Benefit Plan Consumer Option -	Out-of-Network	\$83/\$166	\$2,000/\$4,000	\$7,500/\$15,000	40%	40%	40%	Not Covered	Not Covered

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Alabama</b>							
Aetna HealthFund-CDHP - Most of Alabama	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Alabama	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Alaska</b>							
Aetna HealthFund-CDHP - Anchorage and Fairbanks Areas	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Anchorage and Fairbanks Areas	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Arizona</b>							
Aetna HealthFund-CDHP - Phoenix and Tucson Areas	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Phoenix and Tucson Areas	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Phoenix Area	888-393-6765	DB1	DB2	62.70	144.20	28.94	66.55
<b>Arkansas</b>							
Aetna HealthFund-CDHP - Little Rock/Central/Northeast/Northwest	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Little Rock/Central/Northeast/Northwest	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>California</b>							
Aetna HealthFund-CDHP - Northern/Central Valley/Southern CA	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Northern/Central Valley/Southern CA	800-537-9384	224	225	78.99	180.10	36.46	83.12

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Alabama</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>Alaska</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>Arizona</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Arkansas</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>California</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Colorado</b>							
Aetna HealthFund-CDHP - All of Colorado	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Colorado	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Denver Area	888-393-6765	7T1	7T2	69.66	160.22	32.15	73.95
Humana CoverageFirst-CDHP - Colorado Springs Area	888-393-6765	FC1	FC2	73.14	168.24	33.76	77.65
<b>Connecticut</b>							
Aetna HealthFund-CDHP - All of Connecticut	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Connecticut	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Delaware</b>							
Aetna HealthFund-CDHP - All of Delaware	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Delaware	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care HDHP - Most of Delaware	800-833-7423	LK1	LK2	71.01	172.06	32.77	79.41
<b>District of Columbia</b>							
Aetna HealthFund-CDHP - All of Washington DC	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Washington DC	800-537-9384	224	225	78.99	180.10	36.46	83.12
United HealthCare Definity HDHP - Washington DC, MD and VA	877-835-9861	E91	E92	68.31	149.68	31.53	69.08

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Colorado</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Connecticut</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>Delaware</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP -	In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care HDHP -	Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A
<b>District of Columbia</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
United HealthCare Definity HDHP -	In-Network	\$83/\$167	\$3000/\$6000	\$5000/\$10000	\$0/10%	10%	10%	10%	\$10/\$30/\$50
United HealthCare Definity HDHP -	Out-of-Network	\$83/\$167	\$6000/\$12000	\$10000/\$20000	30%	30%	30%	30%	\$10/\$30/\$50

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Florida</b>							
Aetna HealthFund-CDHP - Most of Florida	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Florida	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Pensacola Area	888-393-6765	BP1	BP2	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Daytona Area	888-393-6765	DL1	DL2	83.60	192.27	38.58	88.74
Humana CoverageFirst-CDHP - Tampa Area	888-393-6765	MJ1	MJ2	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Jacksonville Area	888-393-6765	MQ1	MQ2	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - South Florida Area	888-393-6765	QP1	QP2	69.66	160.22	32.15	73.95
Humana CoverageFirst-CDHP - Orlando Area	888-393-6765	YG1	YG2	76.63	176.24	35.37	81.34
<b>Georgia</b>							
Aetna HealthFund-CDHP - Most of Georgia	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Georgia	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Atlanta Area	888-393-6765	AD1	AD2	59.21	136.20	27.33	62.86
Humana CoverageFirst-CDHP - Macon Area	888-393-6765	LM1	LM2	73.14	168.24	33.76	77.65
Kaiser Foundation Health Plan of Georgia Inc. HDHP - Atlanta Area	888-865-5813	GW1	GW2	82.78	203.73	38.20	94.03
<b>Idaho</b>							
Aetna HealthFund-CDHP - Kootenai County	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Kootenai County	800-537-9384	224	225	78.99	180.10	36.46	83.12



Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Florida</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays/	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays/	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Georgia</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Kaiser Foundation Health Plan of GA Inc. HDHP		\$45.83/\$91.66	\$1,100/\$2,200	\$3,000/\$6,000	20%	20%	20%	\$15	20%/20%/20%
<b>Idaho</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Illinois</b>							
Aetna HealthFund-CDHP - Chicago Area/Eastern/Northern/SW IL	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Chicago Area/Eastern/Northern/SW IL	800-537-9384	224	225	78.99	180.10	36.46	83.12
Group Health Plan, Inc. - HDHP - Southern/Central	800-755-3901	MM4	MM5	126.32	232.68	58.30	107.39
Humana CoverageFirst-CDHP - Chicago Area	888-393-6765	MW1	MW2	59.21	136.19	27.33	62.86
OSF Health Plans, Inc.-HDHP -Central/Central-Northwestern Illinois	800-673-5222	9F4	9F5	82.14	204.51	37.91	94.39
Unicare HMO - Chicagoland Area	888-234-8855	721	722	69.38	151.70	32.02	70.01
<b>Indiana</b>							
Advantage Health Solutions, Inc.-HDHP -Most of Indiana	800-553-8933	6Y4	6Y5	80.11	179.96	36.97	83.06
Aetna HealthFund-CDHP - Evansville/Ft. Wayne/Indianapolis/SE	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Evansville/Ft. Wayne/Indianapolis/SE	800-537-9384	224	225	78.99	180.10	36.46	83.12
Bluegrass Family Health, Inc. - Southern Indiana	800-787-2680	KV1	KV2	85.87	197.51	39.63	91.16
Humana CoverageFirst-CDHP - Indianapolis Area	888-393-6765	HZ1	HZ2	69.66	160.22	32.15	73.95
Humana CoverageFirst-CDHP - Eastern Indiana Area	888-393-6765	L81	L82	62.70	144.20	28.94	66.55
Humana CoverageFirst-CDHP - Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	59.21	136.19	27.33	62.86
Unicare HMO - Lake/Porter Counties	888-234-8855	721	722	69.38	151.70	32.02	70.01
<b>Iowa</b>							
Coventry Health Care of Iowa-HDHP -Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	81.74	211.71	37.72	97.71

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Illinois</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Group Health Plan, Inc. - HDHP -	In-Network	\$41.67/\$83.33	\$1,250/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
	Out-of-Network	\$41.67/\$83.33	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	NA
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
OSF Health Plans, Inc. HDHP -	In-Network	\$42/\$83	\$1,100/\$2,200	\$3,000/\$6,000	\$20	20%	20%	\$20	20%/20%/20%
OSF Health Plans, Inc. HDHP -	Out-of-Network	\$42/\$83	\$4,000/\$8,000	\$12,000/\$24,000	40% UCR	40%	40% UCR	40%	All
Unicare HMO HDHP -	In-Network	\$104/\$208	\$2,000/\$4,000	\$5,000/\$10,000	10%	10%	10%	Nothing to \$300	\$10/\$20/\$40
Unicare HMO HDHP -	Out-of-Network	\$104/\$208	\$4,000/\$8,000	\$10,000/\$20,000	30%	30%	30%	Ded/30% to \$300	\$10+30%/\$20+30%/\$40+30%
<b>Indiana</b>									
Advantage Health Solutions, Inc.-HDHP		\$66.66/\$133.33	\$1550/\$3100	\$4,050/\$8,100	20%	20%	20%	20%	\$10 after Ded/\$30 after Ded/\$50 after Ded
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Bluegrass Family Health, Inc. HDHP -	In-Network	\$110/\$220	\$2,200/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Bluegrass Family Health, Inc. HDHP -	Out-of-Network	\$110/\$220	\$4,000/\$8,000	\$8,000/\$16,000	40%	40%	40%	Ded + 40%	N/A/N/A/N/A
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Unicare HMO HDHP -	In-Network	\$104/\$208	\$2,000/\$4,000	\$5,000/\$10,000	10%	10%	10%	Nothing to \$300	\$10/\$20/\$40
Unicare HMO HDHP -	Out-of-Network	\$104/\$208	\$4,000/\$8,000	\$10,000/\$20,000	30%	30%	30%	Ded/30% to \$300	\$10+30%/\$20+30%/\$40+30%
<b>Iowa</b>									
Coventry Health Care of Iowa-HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	10%	10%	\$20/\$30/10%	\$10/\$20/\$45

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Kansas</b>							
Aetna HealthFund-CDHP - Kansas City Area and Southeastern KS	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Kansas City Area and Southeastern KS	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care of Kansas, Inc. (HDHP) - Wichita/Salina areas	800-664-9251	7G1	7G2	70.82	174.88	32.68	80.71
Coventry Health Care of Kansas (Kansas City)-HDHP - Kansas City Area	800-969-3343	9H1	9H2	78.90	203.57	36.42	93.95
Humana CoverageFirst-CDHP - Kansas City Area	888-393-6765	PH1	PH2	55.73	128.18	25.72	59.16
<b>Kentucky</b>							
Aetna HealthFund-CDHP - Lexington/Louisville/Eastern/Northern KY	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Lexington/Louisville/Eastern/Northern KY	800-537-9384	224	225	78.99	180.10	36.46	83.12
Bluegrass Family Health, Inc. - Kentucky	800-787-2680	KV1	KV2	85.87	197.51	39.63	91.16
Humana CoverageFirst-CDHP - Lexington Area	888-393-6765	6N1	6N2	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Northern Kentucky	888-393-6765	L81	L82	62.70	144.20	28.94	66.55
<b>Louisiana</b>							
Aetna HealthFund-CDHP - BatonRouge/Lafayette/NewOrleans/Shreveport	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - BatonRouge/Lafayette/NewOrleans/Shreveport	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care of Louisiana HDHP - New Orleans area	800-341-6613	HB1	HB2	70.24	163.14	32.42	75.30
Coventry Health Care of Louisiana HDHP - Baton Rouge area	800-341-6613	LT1	LT2	68.08	157.63	31.42	72.75
Humana CoverageFirst-CDHP - New Orleans Area	888-393-6765	9J1	9J2	66.18	152.21	30.54	70.25
Humana CoverageFirst-CDHP - Baton Rouge Area	888-393-6765	9L1	9L2	73.14	168.24	33.76	77.65
Humana CoverageFirst-CDHP - Shreveport Area	888-393-6765	9S1	9S2	76.63	176.24	35.37	81.34

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Kansas</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Coventry Health Care of Kansas, Inc. (HDHP)		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Coventry Health Care of Kansas (Kansas City)-HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Kentucky</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Bluegrass Family Health, Inc. HDHP - In-Network		\$110/\$220	\$2,200/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Bluegrass Family Health, Inc. HDHP - Out-of-Network		\$110/\$220	\$4,000/\$8,000	\$8,000/\$16,000	40%	40%	40%	Ded + 40%	N/A
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Louisiana</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Coventry Health Care of LA HDHP - In-Network		\$41.66/\$83.33	\$1,100/\$2,200	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care of LA HDHP - Out-of-Network		\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A
Coventry Health Care of LA HDHP - In-Network		\$41.66/\$83.33	\$1,100/\$2,200	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care of LA HDHP - Out-of-Network		\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Maine</b>							
Aetna HealthFund-CDHP - All of Maine	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Maine	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Maryland</b>							
Aetna HealthFund-CDHP - All of Maryland	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - All of Maryland	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care HDHP - Most of Maryland	800-833-7423	GZ1	GZ2	66.08	159.75	30.50	73.73
United HealthCare Definity HDHP-Maryland	877-835-9861	E91	E92	68.31	149.68	31.53	69.08
<b>Massachusetts</b>							
Aetna HealthFund-CDHP - Most of Massachusetts	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Most of Massachusetts	800-537-9384	224	225	78.99	180.10	36.46	83.12
Fallon Community Health Plan HDHP - Central/Eastern Massachusetts	800-868-5200	DV1	DV2	98.46	259.80	45.44	119.91
<b>Michigan</b>							
Aetna HealthFund-CDHP - Most of Michigan	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Most of Michigan	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Detroit Area	888-393-6765	BW1	BW2	59.21	136.20	27.33	62.86
Humana CoverageFirst-CDHP - Most of Michigan	888-393-6765	FT1	FT2	69.66	160.22	32.15	73.95
Humana CoverageFirst-CDHP - Grand Rapids Area	888-393-6765	GT1	GT2	73.14	168.24	33.76	77.65
<b>Mississippi</b>							
Aetna HealthFund-CDHP - Grenvl/Gulfprt/Jackson/Vicksburg/No. MS	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Grenvl/Gulfprt/Jackson/Vicksburg/No. MS	800-537-9384	224	225	78.99	180.10	36.46	83.12

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Maine</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>Maryland</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP -	In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care HDHP -	Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A
United HealthCare Definity HDHP -	In-Network	\$83/\$167	\$3,000/\$6,000	\$5,000/\$10,000	\$0/10%	10%	10%	10%	\$10/\$30/\$50
United HealthCare Definity HDHP -	Out-of-Network	\$83/\$167	\$6,000/\$12,000	\$10,000/\$20,000	30%	30%	30%	30%	\$10/\$30/\$50
<b>Massachusetts</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Fallon Community Health Plan HDHP		\$63/\$125	\$1500/\$3000	\$3000/\$6000	Ded/\$20	Ded/\$0	Ded/\$0	Nothing	\$10/\$25/\$50
<b>Michigan</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Mississippi</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
		Self only	Self & family	Monthly		Biweekly	
				Self only	Self & family	Self only	Self & family
<b>Missouri</b>							
Aetna HealthFund-CDHP - Most of Missouri	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Missouri	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care of Kansas (Kansas City)-HDHP - Kansas City Area	800-969-3343	9H1	9H2	78.90	203.57	36.42	93.95
Group Health Plan, Inc – HDHP – St. Louis Area	800-755-3901	MM4	MM5	126.32	232.68	58.30	107.39
Humana CoverageFirst-CDHP - Kansas City Area	888-393-6765	PH1	PH2	55.73	128.18	25.72	59.16
<b>Nevada</b>							
Aetna HealthFund-CDHP - Las Vegas/Clark and Nye Counties	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Las Vegas/Clark and Nye Counties	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>New Hampshire</b>							
Aetna HealthFund-CDHP - Most of New Hampshire	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of New Hampshire	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>New Jersey</b>							
Aetna HealthFund-CDHP - All of New Jersey	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -All of New Jersey	800-537-9384	224	225	78.99	180.10	36.46	83.12
Coventry Health Care HDHP - Southern New Jersey	800-833-7423	LK1	LK2	71.01	172.06	32.77	79.41
<b>New York</b>							
Aetna HealthFund-CDHP - NY City Area/Upstate NY	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -NY City Area/Upstate NY	800-537-9384	224	225	78.99	180.10	36.46	83.12
CDPHP Universal Benefits - HDHP - Upstate, Hudson Valley, Central NY	877-269-2134	SX1	SX2	91.68	210.51	42.31	97.16
Independent Health Assoc-HDHP -Western New York	800-501-3439	QA4	QA5	75.68	182.26	34.93	84.12



Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Missouri</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Group Health Plan, Inc. HDHP-	In-Network	\$41.67/\$83.33	\$1,250/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc. HDHP-	Out-of-Network	\$41.67/\$83.33	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	NA
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Nevada</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>New Hampshire</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>New Jersey</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP -	In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care HDHP -	Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A
<b>New York</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
CDPHP Universal Benefits - HDHP -	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,100/\$10,200	10% of Allow	10% of Allow	10% of Allow	Nothing	\$15/\$40/\$60
CDPHP Universal Benefits - HDHP -	Out-of-Network	\$62.50/\$125	\$5,000/\$10,000	\$10,000/\$20,000	30% of Allow	30% of Allow	30% of Allow	30% + Ded	N/A
Independent Health Assoc HDHP -	In-Network	\$83.33/\$166.66	\$2000/\$4000	\$5000/\$10000	\$15	Nothing	20%	\$15	\$7/\$25/\$40
Independent Health Assoc HDHP -	Out-of-Network	\$83.33/\$166.66	\$2000/\$4000	\$5000/\$10000	40%	40%	40%	Ded/40%	N/A

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Carolina</b>							
Aetna HealthFund-CDHP - Ralgh/Durhm/Charlot/Win-Sal/Cntrl	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Ralgh/Durhm/Charlot/Win-Sal/Cntrl	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Ohio</b>							
Aetna HealthFund-CDHP - Cincinnati/Cleveland/Columbus/Toledo	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP - Cincinnati/Cleveland/Columbus/Toledo	800-537-9384	224	225	78.99	180.10	36.46	83.12
AultCare HMO-HDHP - Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	91.29	182.91	42.13	84.42
Humana CoverageFirst-CDHP - Cincinnati/Dayton Area	888-393-6765	L81	L82	62.70	144.20	28.94	66.55
<b>Oklahoma</b>							
Aetna HealthFund-CDHP - Oklahoma City and Tulsa Areas	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Oklahoma City and Tulsa Areas	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Pennsylvania</b>							
Aetna HealthFund-CDHP - Phil/Pitts/Lehigh Vly/Cent/NE/SE PA	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Phil/Pitts/Lehigh Vly/Cent/NE/SE PA	800-537-9384	224	225	78.99	180.10	36.46	83.12
Health America Pennsylvania-HDHP - Southeastern Pennsylvania	866-351-5946	9N1	9N2	98.12	221.23	45.28	102.10
Health America Pennsylvania-HDHP - Greater Pittsburgh Area	866-351-5946	Y61	Y62	82.27	202.27	37.97	93.35
Health America Pennsylvania-HDHP - Northeast Pennsylvania	866-351-5946	YN1	YN2	200.03	453.46	92.32	209.29
Health America Pennsylvania-HDHP - Central Pennsylvania	866-351-5946	YW1	YW2	99.03	223.67	45.70	103.23
UPMC Health Plan-HDHP -Western Pennsylvania area	888-876-2756	8W4	8W5	101.82	287.67	46.99	132.77
<b>South Carolina</b>							
Aetna HealthFund-CDHP - The Midlands and Upstate	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -The Midlands and Upstate	800-537-9384	224	225	78.99	180.10	36.46	83.12

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>North Carolina</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
<b>Ohio</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
AultCare HMO HDHP -	In-Network	166.67/333.33	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO HDHP -	Out-of-Network	166.67/333.33	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%/40%/40%
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Oklahoma</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
<b>Pennsylvania</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+
Health America Pennsylvania-HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania-HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania-HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania-HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
UPMC Health Plan HDHP -	In-Network	\$83.33/\$167	\$2,500/\$5,000	\$4,000/\$8,000	None	None	Nothing	Nothing	\$15/\$30/\$50
UPMC Health Plan HDHP -	Out-of-Network	\$83.33/\$167	\$2,500/\$5,000	\$5,500/\$11,000	20%	20%	20%	20%	NA
<b>South Carolina</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%/+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%/+

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Tennessee</b>							
Aetna HealthFund-CDHP - Most of Tennessee	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Tennessee	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Nashville Area	888-393-6765	BT1	BT2	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Memphis Area	888-393-6765	L61	L62	76.63	176.24	35.37	81.34
<b>Texas</b>							
Aetna HealthFund-CDHP - Most of Texas	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Texas	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Houston Area	888-393-6765	T21	T22	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Dallas/Ft. Worth Area	888-393-6765	T81	T82	76.63	176.24	35.37	81.34
Humana CoverageFirst-CDHP - Corpus Christi Area	888-393-6765	TP1	TP2	73.14	168.24	33.76	77.65
Humana CoverageFirst-CDHP - San Antonio Area	888-393-6765	TU1	TU2	69.66	160.22	32.15	73.95
Humana CoverageFirst-CDHP - Austin Area	888-393-6765	TV1	TV2	76.63	176.24	35.37	81.34
<b>Utah</b>							
Altius Health Plans-HDHP -Wasatch Front	800-377-4161	9K4	9K5	156.70	264.25	72.32	121.96
<b>Virginia</b>							
Aetna HealthFund-CDHP - Most of Virginia	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of Virginia	800-537-9384	224	225	78.99	180.10	36.46	83.12
Piedmont Community Healthcare-HDHP -Lynchburg area	888-674-3368	2C4	2C5	99.52	221.63	45.93	102.29
United HealthCare Definity HDHP-Virginia	877-835-9861	E91	E92	68.31	149.68	31.53	69.08

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Tennessee</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Texas</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst - In-Network		\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50/+
Humana CoverageFirst - Out-of-Network		N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
<b>Utah</b>									
Altius Health Plans-HDHP		\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$10/\$25/\$50
<b>Virginia</b>									
Aetna HealthFund CDHP - In-Network		\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP - Out-of-Network		\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP - In-Network		\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP - Out-of-Network		\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Piedmont Community Healthcare HDHP - In-Network		\$38.46/\$76.92	\$2000/\$4000	\$4000/\$8000	20%	20%	20%	\$25 Copay	\$15/\$40/\$55
Piedmont Community Healthcare HDHP - Out-of-Network		\$38.46/\$76.92	\$5000/\$10,000	\$10,000/\$20,000	30%	30%	30%	30% after Ded.	N/A
United HealthCare Definity HDHP - In-Network		\$83/\$167	\$3,000/\$6,000	\$5,000/\$10,000	\$0/10%	10%	10%	10%	\$10/\$30/\$50
United HealthCare Definity HDHP - Out-of-Network		\$83/\$167	\$6,000/\$12,000	\$10,000/\$20,000	30%	30%	30%	30%	\$10/\$30/\$50

## High Deductible and Consumer-Driven Health Plans

See page 60 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Washington</b>							
Aetna HealthFund-CDHP - Seattle/Puget Sound/Spokane (EastWA)	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Seattle/Puget Sound/Spokane (EastWA)	800-537-9384	224	225	78.99	180.10	36.46	83.12
KPS Health Plans-HDHP -All of Washington	800-552-7114	L14	L15	77.21	168.72	35.64	77.87
<b>West Virginia</b>							
Aetna HealthFund-CDHP - Most of West Virginia	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Most of West Virginia	800-537-9384	224	225	78.99	180.10	36.46	83.12
<b>Wisconsin</b>							
Aetna HealthFund-CDHP - Milwaukee and Southeast WI	800-537-9384	221	222	71.11	163.56	32.82	75.49
Aetna HealthFund-HDHP -Milwaukee and Southeast WI	800-537-9384	224	225	78.99	180.10	36.46	83.12
Humana CoverageFirst-CDHP - Milwaukee Area	888-393-6765	FB1	FB2	80.11	184.25	36.97	85.04

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Washington</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
KPS Health Plans HDHP-	In-Network	\$50/\$100	\$1,500/\$3,000	\$5,000/\$10,000	20%	None	20%	Nothing up to \$400	\$10/\$30/\$50
KPS Health Plans HDHP-	Out-of-Network	\$50/\$100	\$1,500/\$3,000	\$5,000/\$10,000	40%	None	40%	Not Covered	Not Covered/Not Covered/Not Covered
<b>West Virginia</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
<b>Wisconsin</b>									
Aetna HealthFund CDHP -	In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP -	Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP -	In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP -	Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst -	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	0/\$50	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst -	Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

