

Introducing the **2009** Guide to Federal Benefits

For TCC and Former Spouse Enrollees/
Individuals Eligible To Enroll For:

- Temporary Continuation of Coverage (TCC);
- Coverage under the Spouse Equity Provisions of FEHB Law or similar statutes providing coverage to former spouses.



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Are you using the right Guide?

We have different editions of the Guide to Federal Benefits.

If you are:	Your Guide is:
Federal Civilian Employee	Federal Civilian Employees (RI 70-1)
United States Postal Employee	USPS Career Employees (RI 70-2)
United States Postal Inspector and Office of Inspector General Employee	United States Postal Inspectors and Office of Inspector General Employees (RI 70-2IN)
National Postal Professional Nurse	United States Postal Service Professional Nurses (RI 70-2NU)
Covered under the Spouse Equity Provisions of FEHB Law or similar statutes providing coverage to former spouses.	Temporary Continuation of Coverage (TCC) and Former Spouse Enrollees (RI 70-5)
Temporary Continuation of Coverage (TCC)	Temporary Continuation of Coverage (TCC) and Former Spouse Enrollees (RI 70-5)
Receiving Compensation from the Office of Workers' Compensation Programs (OWCP)	Individuals Receiving Compensation From the Office of Workers' Compensation Programs (OWCP) (RI 70-6)
Certain Temporary Employees Those eligible to enroll in the FEHB Program under 5 U.S.C. 8906a	Certain Temporary Employees (RI 70-8)
Certain Temporary (Non-Career) United States Postal Service Employees	Certain Temporary (Non-Career) United States Postal Service Employees (RI 70-8PS)
Federal Retiree or Survivor	Federal Retirees and Their Survivors (RI 70-9)
Federal Deposit Insurance Corporation Employee	For Federal Deposit Insurance Corporation (FDIC) Employees (RI 70-14)

Contact your Agency Benefits Office to request the appropriate copy of the Guide to Federal Benefits or visit <http://www.opm.gov/insure/health/planinfo/guides/guides.asp>

Introduction to Federal Benefits and This Guide

Enrollment in the Federal Employees Health Benefits (FEHB) Program can provide important insurance coverage to protect you and your family and/or, in some cases, offer tax advantages that reduce the burden of paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide basic information about the health benefits offered to you as a Temporary Continuation of Coverage (TCC) or Former Spouse enrollee under the Federal Employees Health Benefits Program, and assist you in making informed choices about benefits.

Additional Information

You will find references to websites or other locations to obtain more detailed information. We encourage you to access these sites to become a more educated decision-maker and consumer of this Federal benefit program.

Federal Employees Health Benefits (FEHB) Program Health Information Technology and Price/Cost Transparency Leaders

Over the past few years, OPM has encouraged FEHB health benefits plans to increase their use of health information technology (HIT). HIT can help your health plan and healthcare providers deliver safer more efficient care. Using HIT, your health plan can offer you tools to help you organize your health information, access information targeted to your health needs, and determine the quality and price/cost of the doctors, hospitals and other providers that you and your family use for day-to-day healthcare needs.

HIT based on broadly accepted standards, allows patients, healthcare providers and health plans to share information securely, driving down costs by avoiding duplicate procedures and manual transactions. More importantly, HIT reduces medical errors; for instance, from misread handwritten prescriptions, and emergency care medical decisions made without complete and accurate health information. HIT can also help you find appropriate health information to aid you and your doctor in making appropriate clinical decisions regarding your care. Since privacy and security considerations are vitally important, safeguards have been established to keep your records safe from inappropriate disclosure.

Personal Health Records

The health plans listed below have made a commitment to offer you and your family access to internet based personal health records (PHR). PHRs come in a variety of forms but what they all have in common is that they give you a convenient way to track, view, and manage your personal health information. PHRs also allow you to share your health information with your healthcare providers so they have a better picture of your health history. When providers know your health history they can make more accurate diagnoses and provide you with safer more efficient care.

Quality and Price/Cost Transparency On-line Tools

The health plans listed here have also made a commitment to offer you and your family access to healthcare quality and price/cost information so you can make more informed choices on which providers to use to receive care. The web site information available includes online decision tools with cost estimators and quality indicators for physician and hospital services and prescription drugs used to treat common or chronic illnesses and conditions. These health plans describe the sources of this health information and any limitations so you can understand what the information means. Some examples of the types of surgical procedures for which you can obtain cost and quality 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 helps you understand the true price/cost and quality of your healthcare and enhances your ability to compare hospital, physician, prescription and other provider value as you make healthcare choices. FEHB health plans are working to expand the price/cost and quality information they provide to you.

The health plans listed on the following page met OPM's HIT, quality and price/cost 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 before you make your healthcare decisions.

Federal Employees Health Benefits (FEHB) Program Health Information Technology and Price/Cost Transparency Leaders

The following health plans have demonstrated their commitment to efficiency, safety and quality through computer system enhancements that offer PHRs, quality information, and price/cost transparency decision support tools:

Aetna Health Plans	HealthPlus of Michigan
Altius Health Plans	HIP Health Plan of New York
Anthem Blue Cross HMO	HMO Health Ohio
APWU Health Plans	Humana Health Plans
AvMed Health Plans	Independent Health Association
BlueCross BlueShield Government Wide Service Benefit Plan	Kaiser Foundation Health Plans
Blue Cross & Blue Shield of RI	KPS Health Plans
CareFirst BlueChoice, Inc	Mail Handlers Benefit Plan
ConnectiCare, Inc	M.D. IPA
Coventry Health Care Plans	Medica Health Plans
Blue Care Network of Michigan	MVP Health Care, Inc.
Blue Preferred HMO	NALC Health Benefit Plan
Geisinger Health Plan	Optima Health
GHI Health Plan	PacifiCare Health Plans
Government Employees Health Association, Inc. (GEHA)	PersonalCare of Illinois
Group Health Plan	Physicians Health Plan of Northern Indiana, Inc.
Health Alliance Plan (HAP)	Preferred Care
Health America Pennsylvania	SAMBA
Health Net of Arizona, Inc.	UniCare Health Plans of the Midwest, Inc.
Health Net of California	UnitedHealthcare (except the River Valley, Inc., in Iowa and Illinois)
HealthPartners, Inc.	UPMC Health Plan

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Eligibility Requirements

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

Individuals eligible for temporary continuation of coverage (TCC), including:

- former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct, including employees who are not eligible to continue FEHB into retirement;
- children who lose FEHB coverage under a family enrollment; and
- former (divorced) spouses who are not eligible for FEHB coverage under the Spouse Equity provisions of FEHB law because they have remarried before age 55 or are not entitled to a portion of the Federal employee's annuity or a former spouse survivor annuity.

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

If your TCC enrollment terminates because you acquire other FEHB coverage, and that coverage ends before your original TCC eligibility period ends, you may reenroll for the time remaining until your original TCC ending date.

Note: *The office that maintained the other FEHB enrollment can advise you on your eligibility for a new TCC enrollment period.*

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

Former (divorced) spouses eligible to enroll under the Spouse Equity Provisions of FEHB Law or similar statutes. If you are the spouse of a Federal employee

or annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage – under certain circumstances. Contact the employee's human resources office or the annuitant's retirement system for the requirements for electing coverage.

Former spouses enrolled under the Spouse Equity Provisions of FEHB Law or similar statute who cancel their enrollment **cannot** reenroll as a former spouse unless they cancel because they acquire other coverage under the FEHB Program and that coverage ends.

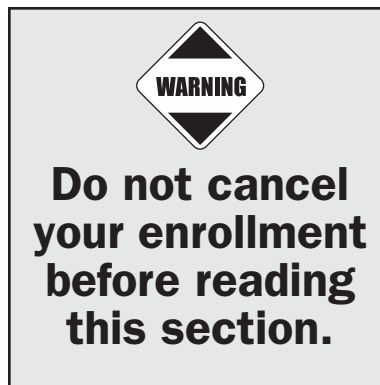
You may *suspend* your FEHB enrollment because you are enrolling in one of the following programs:

- A Medicare Advantage health plan;
- Medicaid or similar State-sponsored program of medical assistance for the needy;
- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life);
- CHAMPVA; or
- Coverage as a Peace Corps volunteer.

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

Time limitations and other restrictions apply. For instance, you must submit documentation that you are suspending FEHB for one of the reasons stated above in case you wish to reenroll in the FEHB Program at a later time.

If you had suspended FEHB coverage for one of these reasons (and had submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside of Open Season only if you *involuntarily* lose coverage under one of these programs. For more information on enrolling in the FEHB Program, contact your human resources office or retirement system.



Federal Employees Health Benefits (FEHB) Program

What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to eligible employees, retirees and their dependents. **Temporary Continuation of Coverage (TCC)** is available to eligible former employees and former dependents of employees or retirees for a limited period. **Spouse Equity** coverage is available to certain former spouses of employees or retirees as long as they remain eligible. You can choose from among fee-for-service, health maintenance organizations, point-of-service products, high deductible, and consumer driven health plans.

Key FEHB Program facts

- The FEHB Program is part of the annual Federal Benefits Open Season.
- FEHB coverage continues each year. You do not need to re-enroll each year. If you are happy with your current coverage, do nothing. Please note that your premiums and benefits may change.
- You can choose from Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts, and lower premiums; or Health Maintenance Organizations or Fee-for-Service plans with comprehensive coverage and higher premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- Enrollment changes can only be made during Open Season or if you experience a qualifying life event.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.

What enrollment types are available?

- Self Only, which covers only the enrollee;
- Self and Family, which covers the enrollee and all eligible family members.
Note: A former spouse's eligible family members are limited to children of both the employee or annuitant and the former spouse.

How much does it cost?

Under **Spouse Equity** coverage, you pay the total monthly premium, that is, both the enrollee and Government shares. Under **TCC**, you pay the total monthly premium plus a 2 percent administrative charge. The charts in Appendix E provide cost information for all plans in the FEHB Program.

Am I eligible to enroll?

Individuals eligible for **TCC** include:

- former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct. This includes employees who are not eligible to continue FEHB into retirement;
- children who lose FEHB coverage under a self and family enrollment because they are no longer considered eligible family members; and

Federal Employees Health Benefits (FEHB) Program

- former (divorced) spouses who are not eligible for FEHB coverage under the Spouse Equity provisions of FEHB law because they have remarried before age 55 or are not entitled to a portion of the Federal employee's annuity or a former spouse survivor annuity.

Former (divorced) spouses eligible to enroll under the Spouse Equity provisions of FEHB law or similar statutes. If you are the spouse of a Federal employee or annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage – under certain circumstances. Contact the employee's human resources office or the annuitant's retirement system for the requirements for electing coverage.

When can I enroll?

Individuals eligible for TCC generally must enroll within 60 days after the qualifying event permitting enrollment, or after receiving notice of eligibility, whichever is later. However, the opportunity to elect TCC ends 60 days after the qualifying event if: (1) you do not notify your human resources office or retirement system within 60 days of your child's loss of coverage, or (2) you or your former spouse do not notify your human resources office or retirement system within 60 days of your divorce.

Former spouses under the Spouse Equity provisions generally must apply within 60 days after the dissolution of the marriage. However, if a retiring employee elects to provide a former spouse annuity or insurable interest annuity for the former spouse, the former spouse must apply within 60 days after OPM's notice of eligibility for FEHB. Former spouses may enroll any time after an employee's or retiree's employing office establishes eligibility.

How do I enroll?

You must contact the employee's human resources office or the retiree's retirement system to enroll.

What should I consider in making my decision to participate in this program?

- In the case of a former employee, TCC ends on the date that is 18 months after the date of separation.
- Children who lose coverage because they are no longer dependent, and former spouses not eligible for coverage under the Spouse Equity provisions, may carry the enrollment for 36 months from the time they cease being an eligible family member for FEHB purposes.
- A TCC enrollee may cancel the enrollment at any time. However, once the cancellation takes effect, the enrollee cannot reenroll – **the cancellation is final**.
- Former spouses enrolled under the Spouse Equity provisions may *suspend* their FEHB enrollment because they are enrolling in one of these programs: A Medicare Advantage health plan; Medicaid or similar State-sponsored program of medical assistance for the needy; TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life); CHAMPVA; or coverage as a Peace Corps volunteer. For more information on how to suspend your FEHB enrollment, contact the human resources office or retirement system that handles your account.

How do I get more information about this Program?

Visit FEHB on-line at www.opm.gov/insure/health for more information about Temporary Continuation of Coverage and the Spouse Equity provisions.

Appendix A

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.
- **Group Benefits.** Under Spouse Equity coverage, you pay the total monthly premium. Under TCC, you pay the total monthly premium plus a 2 percent administrative charge.
- **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.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment. The Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce or death. See your human resources office or retirement system for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible 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 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.

Appendix B

Choosing an FEHB Plan

Worksheets and Definitions

What type of health plan is best for you?

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

	Choice of doctors, hospitals, pharmacies, and other providers	Specialty care	Out-of-pocket costs	Paperwork
Fee-for-Service w/PPO (Preferred Provider Organization)	You must use the plan's network to reduce your out-of-pocket costs. Not using PPO providers means only some or none of your claims 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 to reduce your out-of-pocket costs.	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 to reduce your out-of-pocket costs. You may go outside the network but you will pay more.	Referral generally required to get maximum 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 maximum 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 (HSA) or Health Reimbursement Arrangement (HRA)	Some plans are network only, others pay something even if you do not use a network provider.	Referral not required to get maximum 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.

Appendix B

Choosing an FEHB Plan

Worksheets and Definitions

Cost and benefits

Work Sheet For Picking A Health Plan

An easy-to-use tool allowing you to compare plans is available on the web at www.opm.gov/insure/spmt/plansearch.aspx. If you do not have Internet access, complete the chart below by using this Guide and the health plan's 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. The side-by-side comparison can help you pick a plan with the benefits you need at a cost you can afford.

Type of Plan: HMO, Fee-for-Service, Point-of-Service, High Deductible, Consumer-Driven

	Plan:	Plan:	Plan:	Plan:	Plan:	Plan:
Annual Premium						
Annual Deductible (if any)						
Office visit to primary care doctor (cost x estimated # of visits)						
Office visit to specialist (cost x estimated # of visits)						
Hospital inpatient deductible						
Prescription drugs						
Maximum out-of-pocket limit for year						
Durable medical equipment						
Preventive care						
Maternity care						
Well child care						
Routine physicals						
TOTAL COST						

Appendix B

Choosing an FEHB Plan

Worksheets and Definitions

Think Quality

Pay attention to how a plan performs on measures of quality. We have several sources for reviewing quality information: accreditation (independent evaluations from private **accrediting** organizations), **member survey results** (evaluations by current plan members), and **effectiveness of care** (how the plan performs in preventing and treating common conditions). Check your health plan's brochure for its accreditation level or look for the Health Plan Accreditation link at www.opm.gov/insure/health. Member survey results are posted within the health plan benefit chart in this Guide. And a plan's effectiveness of care is measured by the Healthcare Effectiveness Data and Information Set found on our website at www.opm.gov/insure/health/hedis2009.

Enrollment Checklist

<input type="checkbox"/> The plans I can choose based upon where I live	
<input type="checkbox"/> The total of all family members' visits to primary care doctors last year	
<input type="checkbox"/> The total of all family members' visits to specialists last year	
<input type="checkbox"/> The total of all family members' visits to hospitals last year	
<input type="checkbox"/> The total number of prescriptions for the family each month	
<input type="checkbox"/> Do I have to choose a primary care physician	
<input type="checkbox"/> Do I need a referral to see a specialist	
<input type="checkbox"/> Will I receive benefits if I go outside the plan's network	
<input type="checkbox"/> Is there a discount prescription drug mail order service	
<input type="checkbox"/> Prescription drugs - a flat fee or percentage	
<input type="checkbox"/> How are routine physicals covered	
<input type="checkbox"/> The annual deductible	
<input type="checkbox"/> The hospital deductible, copayment, or coinsurance	
<input type="checkbox"/> Maximum out-of-pocket costs (catastrophic protection) for the year	

Review the Member Survey Results:

<input type="checkbox"/> Overall Plan satisfaction	
<input type="checkbox"/> Getting needed care	
<input type="checkbox"/> Getting care quickly	
<input type="checkbox"/> How well doctors communicate	
<input type="checkbox"/> Customer service	
<input type="checkbox"/> Claims processing	

Appendix B Choosing an FEHB Plan

Worksheets and Definitions

Dental

<input type="checkbox"/> Does the health plan have a dental benefit	
<input type="checkbox"/> Expected number of visits to the dentist for treatment other than routine cleaning	
<input type="checkbox"/> Total visits of all family members to the dentist for treatment last year	
<input type="checkbox"/> How much did it cost for all dental expenses last year	
<input type="checkbox"/> Do you have higher dental expenses planned for next year	
<input type="checkbox"/> Compare the cost of next year's premiums with the amount you expect to spend out of pocket on dental care next year. If the premiums are more, or equal to the amount you expect to spend, you may not need additional dental insurance.	

Vision

<input type="checkbox"/> Are routine vision exams covered under my health plan	
<input type="checkbox"/> Does any family member need vision correction	
<input type="checkbox"/> How much did the family spend on vision correction last year	
<input type="checkbox"/> Does the vision plan cover the correction methods the family needs	
<input type="checkbox"/> Is my total premium for next year more than my expected benefit? If yes, you may not need to purchase additional vision coverage	

Flexible Spending Account

<input type="checkbox"/> How much did the family spend on items such as: over-the-counter medicines and products, insurance co-pays and coinsurance	
<input type="checkbox"/> Are you or any family member planning to receive health services not covered by the health plan? How much will it cost?	

Add the amount in the 2 rows above and you may consider setting that amount aside for your FSA

Appendix B

Choosing an FEHB Plan

Definitions

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 plan's allowance for the service (you pay 20%, for example).

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.

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 determines the drugs to include in the formulary.

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 the brand name, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection).

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 who receive services outside the network may pay all charges.

Premium Conversion - A program to allow Federal employees to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. Based on Federal tax rules, employees can deduct their share of health insurance premiums from their taxable income, which reduces their taxes.

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

Qualifying Life Events - An event that may allow participants in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events also apply to employees under premium conversion and include such events as change in family status, loss of FEHB coverage due to termination or cancellation, and change in employment status.

Appendix C

Qualifying Life Events (QLEs) that May Permit a Change in Your FEHB Enrollment (for Former Spouses under Spouse Equity provisions)

Qualifying Life Events are those events that permit individuals to change their health benefits enrollment outside of the annual Open Season period. Below is a brief list of the more common qualifying life events for **Former Spouses under the Spouse Equity provisions**. (Note: Former spouses may change to Self and Family only if family members are also eligible family members of the employee or annuitant.) Be aware that time limits apply for requesting changes. A complete listing of qualifying life events can be found at www.opm.gov/forms/pdf_fill/sf2809.pdf. For more details about these and other qualifying life events, contact the human resources office of your employing agency or retirement system.

	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another
Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	No	Yes	Yes
Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes
On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	Not Applicable	No	Yes
Enrolled former spouse or eligible child loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> • Loss of coverage under another federally-sponsored health benefits program; • Loss of coverage under a non-Federal health plan 	Not Applicable	Yes	Yes

Appendix C
Qualifying Life Events (QLEs)
that May Permit a Change in Your FEHB Enrollment
(for Temporary Continuation of Coverage for Eligible Former Employees,
Former Spouses, and Children)

Below is a brief list of the more common qualifying life events for **Temporary Continuation of Coverage (TCC) for Eligible Former Employees, Former Spouses, and Children**. Be aware that time limits apply for requesting changes. A complete listing of qualifying life events can be found at www.opm.gov/forms/pdf_fill/sf2809.pdf. For more details about these and other qualifying life events, contact the human resources office of your employing agency or retirement system.

	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another
Change in family status (except former spouse): for example, marriage, birth or death of family member, adoption, legal separation, or divorce	No	Yes	Yes
On becoming eligible for Medicare	Not Applicable	No	Yes
Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	No	Yes	Yes

Appendix D

FEHB Member Survey Results

Each year Federal Employees Health Benefits plans with 500 or more subscribers mail the Consumers Assessment of Healthcare Providers and Systems (CAHPS)¹ to a random sample of plan members. For Health Maintenance Organizations (HMO)/Point-of-Service (POS) and High Deductible Health Plans (HDHP) and Consumer-Driven Health Plans (CDHP), 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 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 HMO plans, FFS/PPO plans, HDHP, and CDHP 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 – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
- Getting Care Quickly – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you wanted?
- How Well Doctors Communicate – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
- Customer Service –How often did your health plan's customer service department give you the information or help you needed? How often did your health plan's customer service staff treat you with courtesy and respect? How often were the forms from your health plan easy to fill out?
- Claims processing – How often did your health plan handle your claims quickly and correctly?
- Shared Decision Making – Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you?

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.

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

Appendix E

FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans (Pages 14 through 17)

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 may also choose medical providers who do not contract 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) have agreed to accept the health plan's reimbursement. You usually pay a copayment or a coinsurance amount 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, however. Lab work, radiology, and other 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 in out-of-pocket costs.

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.

Fee-for-Service plans open only to specific groups – Several Fee-for-Service plans that are sponsored or underwritten by an employee organization strictly limit enrollment to persons who are members of that organization. If you are not certain if you are eligible, check with your human resources office first.

Nationwide Fee-for-Service Plans

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. *Always consult plan brochures before making your final decision.* 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: Open to All	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	428.72	969.37	437.29	988.76
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	489.32	1120.47	499.11	1142.88
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	369.76	865.93	377.16	883.25
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	535.49	1165.45	546.20	1188.76
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	297.05	675.09	302.99	688.59
Mail Handlers Benefit Plan (MH) -std	800-410-7778	454	455	466.96	1042.64	476.30	1063.49
Mail Handlers Benefit Plan Value (MHV)	800-410-7778	414	415	186.59	444.88	190.32	453.78
NALC -high	888-636-6252	321	322	459.68	1008.58	468.87	1028.75
SAMBA -high	800-638-6589	441	442	549.36	1293.76	560.35	1319.64
SAMBA -std	800-638-6589	444	445	409.85	936.02	418.05	954.74

Plan Name: Open Only to Specific Groups

Association Benefit Plan (ABP) -high	800-634-0069	421	422	459.98	1059.61	469.18	1080.80
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	419.49	1036.77	427.88	1057.51
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	397.32	829.34	405.27	845.93
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	516.73	1051.33	527.06	1072.36

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 R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Level I	Level II / Level III	Mail Order Discounts
APWU -high	PPO	\$275	None	None	\$18	10%	10%	\$8	25%/25%	Yes
	Non-PPO	\$500	None	\$300	30%+diff.	30%+diff.	30%	50%	50%/50%	Yes
BCBS -std	PPO	\$300	None	\$200	\$20	15%	\$200	20%	30%/30%	Yes
	Non-PPO	\$300	None	\$300 + 30%	30%	\$7,500 Max	\$300 + 30%	45% +	45%/45%+	Yes
BCBS -basic	PPO	None	None	\$100/day x 5	\$25	\$100	Nothing	\$10	\$35/\$45 or 50%	No
GEHA -high	PPO	\$350	None	\$100	\$20	10%	Nothing	\$5	25%/N/A	Yes
	Non-PPO	\$350	None	\$300	25%	25%	Nothing	\$5	25%/N/A	Yes
GEHA -std	PPO	\$350	None	None	\$10	15%	15%	\$5	50%/50%	Yes
	Non-PPO	\$350	None	None	35%	35%	35%	\$5	50%/50%+	Yes
MH -std	PPO	\$350	None	\$200	\$20/Nothing	10%	Nothing	\$10	\$40/\$60	Yes
	Non-PPO	\$500	None	\$400	30%	30%	30%	50%	50%/50%	Yes
MH Value	PPO	\$500	None	None	\$30	20%	20%	\$10	50%/50%	Yes
	Non-PPO	\$800	Not Covered	None	40%	40%	40%	Not Covered	Not Covered	No
NALC -high	PPO	\$250	None	\$100	\$15	10%	Nothing	25%	25%/25%	Yes
	Non-PPO	\$300	\$25	\$100	25%	25%	30%	50%+	50%/50%+	Yes
SAMBA -high	PPO	\$250	None	\$200	\$20/\$0	10%	Nothing	\$10	\$30/\$45	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$30/\$45	Yes
SAMBA -std	PPO	\$300	None	\$200	\$20/\$0	15%	Nothing	\$10	25% \$60max/35% \$90max	Yes
	Non-PPO	\$300	None	\$300	30%	30%	30%	\$10	25% \$60max/ 35% \$90max	Yes

ABP	PPO	\$300	None	\$150	\$10	10%	Nothing	\$5	\$30/30% or \$45	Yes
	Non-PPO	\$300	None	\$350	30%	30%	Nothing	\$5	\$30/30% or \$45	Yes
FS	PPO	\$300	None	Nothing	10%	10%	Nothing	\$10	25%/\$25min/30%/\$40min	Yes
	Non-PPO	\$300	None	\$200	30%	30%	20%	\$10	25%/\$25min/30%/\$40min	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

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

Nationwide Fee-for-Service Plans

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. See Appendix D for a fuller explanation of each survey category.

Overall Plan Satisfaction	<ul style="list-style-type: none"> How would you rate your overall experience with your health plan?
Getting Needed Care	<ul style="list-style-type: none"> Was it easy to get an appointment with specialists? Was it easy to get the care, tests, or treatment you thought you needed?
Getting Care Quickly	<ul style="list-style-type: none"> Did you get the advice or help you needed when you called your doctor during regular office hours? Could you get an appointment for regular or routine care as soon as you thought you needed?
How Well Doctors Communicate	<ul style="list-style-type: none"> Did your doctor listen carefully to you and explain things in a way you could understand? Did your doctor spend enough time with you?
Customer Service	<ul style="list-style-type: none"> Was your plan helpful when you called its customer service? Did the plan's written materials or the Internet provide you with the information you needed about how the plan works?
Claims Processing	<ul style="list-style-type: none"> Did your plan pay your claims quickly and correctly?
Shared Decision Making	<ul style="list-style-type: none"> Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you?

Plan Name: Open to All	Member Survey Results (with national averages for Fee-for-Service plans in each category)							
	Plan Code	Overall plan satisfaction 81.3	Getting needed care 91.9	Getting care quickly 92.4	How well doctors communicate 94.5	Customer service 89.5	Claims processing 94	Shared Decision Making 56.8
APWU Health Plan -high	47	82.3	92	92.2	95.9	84.4	92.1	53
Blue Cross and Blue Shield Service Benefit Plan -std	10	82.1	92.5	91	94	89.1	94.5	65.2
Blue Cross and Blue Shield Service Benefit Plan -basic	11	71.4	88.7	89.3	92.1	86	93	57.3
GEHA Benefit Plan -high	31	85.1	93.2	93.2	95.1	92.9	96	52.9
GEHA Benefit Plan -std	31	77.5	90.2	89.5	93.6	88.8	94	53
Mail Handlers Benefit Plan -std	45	76.1	90.1	91.5	94	89	94.3	58.6
Mail Handlers Benefit Plan Value	41							
NALC -high	32	86.9	92.8	91.5	95.3	89.7	95	52.4
SAMBA -high	44	84.1	93.1	93.9	95.8	90.4	94.7	61.9
SAMBA -std	44	74.7	93.2	94.6	95.7	87.7	91.2	59.8

Plan Name: Open Only to Specific Groups

Association Benefit Plan	42	86.4	93.6	95.8	93.5	94.7	97.4	56.8
Foreign Service Benefit Plan	40	81.9	89.3	93.2	94.9	87.3	90	55.1
Panama Canal Area Benefit Plan	43							
Rural Carrier Benefit Plan	38	83.7	94.3	95.7	95.5	93.9	94.3	58

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.

		Member Survey Results (with national averages for Fee-for-Service plans in each category)							
Plan Name	Location	Plan Code	Overall plan satisfaction 81.3	Getting needed care 91.9	Getting care quickly 92.4	How well doctors communicate 94.5	Customer service 89.5	Claims processing 94	Shared Decision Making 56.8
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Arizona	10	85.3	91.9	88.6	93.7	94.5	96.5	54.8
		11	74.5	87.1	84.3	90.4	86.2	91	57.5
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	California	10	81.1	90.8	89.9	91.5	85.1	93.6	58.7
		11	64.4	85.9	83.2	92.3	88	93.2	55.1
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	District of Columbia	10	82.8	92	91.4	95.4	91.2	90.9	61.6
		11	67.9	81.7	77.9	91.2	85.2	89.6	55.4
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Florida	10	85.5	92.6	90.3	93.4	90.2	92.7	58.1
		11	74.9	89	87.8	90.3	87.5	91.6	61.1
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Illinois	10	82	92.2	89.1	94.1	90.2	94	65.4
		11	79.1	91.3	86.4	92.6	87.6	91	54.3
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Maryland	10	84.9	92	90.6	94.3	88.5	94.6	62.8
		11	73.3	86.2	85.7	92.1	80.7	92.8	54.8
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Texas	10	81.8	92.3	90.6	94.4	86.8	94.6	58.4
		11	79.7	91	86.2	92.3	88.7	93.6	58
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Virginia	10	87.5	92.4	91.2	94.9	91	95.8	65.3
		11	77.2	88.1	86.6	92.2	89.5	96.3	56

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Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 20 through 43)

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.

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 Appendix D for a description.

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Arizona							
Aetna Open Access -high- Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	427.09	1067.82	435.63	1089.18
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	422.02	1068.15	430.46	1089.51
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	381.96	967.70	389.60	987.05
PacifiCare of Arizona -high- Maricopa, Pima and Pinal Counties	866-546-0510	A31	A32	474.50	1138.91	483.99	1161.69
California							
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	338.39	833.63	345.16	850.30
Anthem Blue Cross - HMO -high- Most of California	800-235-8631	M51	M52	520.56	1299.03	530.97	1325.01
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	442.95	1023.23	451.81	1043.69
Blue Shield of CA Access+HMO -high- Northern Region	800-880-8086	SJ1	SJ2	607.73	1403.83	619.88	1431.91
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	595.36	1376.46	607.27	1403.99
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	567.47	1312.09	578.82	1338.33
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	456.56	1055.67	465.69	1076.78
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	433.01	1001.11	441.67	1021.13
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	527.58	1259.42	538.13	1284.61
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	397.76	949.46	405.72	968.45
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	443.28	1024.53	452.15	1045.02
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	280.15	647.49	285.75	660.44
PacifiCare of California -high- Most of California	866-546-0510	CY1	CY2	439.49	1003.38	448.28	1023.45
Colorado							
Kaiser Foundation Health Plan of Colorado -high- Denver/Colorado Springs areas	800-632-9700	651	652	459.46	1052.16	468.65	1073.20
Kaiser Foundation Health Plan of Colorado -std- Denver/Colorado Springs areas	800-632-9700	654	655	300.41	687.94	306.42	701.70
PacifiCare of Colorado -high- Metro Denver/Boulder/Colorado Springs	866-546-0510	D61	D62	526.31	1244.51	536.84	1269.40
Connecticut							
Aetna Open Access -high- All of Connecticut	877-459-6604	JC1	JC2	498.07	1225.99	508.03	1250.51
Aetna Open Access -basic- All of Connecticut	877-459-6604	JC4	JC5	447.81	1088.10	456.77	1109.86
ConnectiCare -high- All of Connecticut	800-251-7722	TE1	TE2	485.40	1104.44	495.11	1126.53
ConnectiCare -basic- All of Connecticut	800-251-7722	TE4	TE5	391.50	890.76	399.33	908.58

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Arizona												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	56.7	78.6	80.5	89	76.6	82.5	57
Health Net of Arizona, Inc.-High	\$15/\$30	\$200/day X 3	\$10	\$30/\$50	Yes	65.6	85	81.8	89.8	77.8	88.7	60.8
Health Net of Arizona, Inc.-Std	\$15/\$40	\$250/day X 3	\$10	\$40/\$70	Yes	65.6	85	81.8	89.8	77.8	88.7	60.8
PacifiCare of Arizona-High	\$20/\$30	\$150/day x 5	\$10	\$30/\$50	Yes	58.6	83.2	83.5	92	80.9	86.7	55.4
California												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	60.2	75.4	74.2	87.9	76.1	81.8	48
Anthem Blue Cross - HMO-High	\$25/\$25	\$200/day x 3	\$10/\$30/45%/\$30 or 45%/45%	Yes	60.8	80.7	77.1	86.8	84.9	78.7	53.3	
Blue Shield of CA Access-High	\$15/\$15	\$100/day x 3	\$10	\$35/\$50	Yes							
Blue Shield of CA Access-High	\$15/\$15	\$100/day x 3	\$10	\$35/\$50	Yes	60.8	76.7	79.7	89.5	75	80.1	57.4
Health Net of California-High	\$15/\$30	\$100/dayx3	\$10	\$35/\$50	Yes	63.7	76.6	76.2	87.8	74.6	78	54.5
Health Net of California-Std	\$25/\$25	\$300	\$10	\$35/\$50	Yes	63.7	76.6	76.2	87.8	74.6	78	54.5
Health Net of California-High	\$15/\$30	\$100/dayx3	\$10	\$35/\$50	Yes	63.7	76.6	76.2	87.8	74.6	78	54.5
Health Net of California-Std	\$25/\$25	\$300	\$10	\$35/\$50	Yes	63.7	76.6	76.2	87.8	74.6	78	54.5
Kaiser Foundation HP-High	\$15/\$15	\$250	\$10	\$30/\$30	Yes	66.5	81.4	82.2	91	77.3	79.4	58.5
Kaiser Foundation HP-Std	\$30/\$30	\$500	\$15	\$35/\$35	Yes	66.5	81.4	82.2	91	77.3	79.4	58.5
Kaiser Foundation HP-High	\$15/\$15	\$250	\$10	\$30/\$30	Yes	68.9	76.1	76.2	90.9	78	75.1	55.7
Kaiser Foundation HP-Std	\$30/\$30	\$500	\$15	\$35/\$35	Yes	68.9	76.1	76.2	90.9	78	75.1	55.7
PacifiCare of California-High	\$15/\$30	\$100/day x 5	\$10	\$35/\$50	Yes	61.4	79.4	78.5	92.4	79	84.7	49.1
Colorado												
Kaiser Foundation HP-High	\$20/\$30	\$250	\$10	\$25/\$50	Yes	59.6	80.6	84.1	92.7	79.5	73.5	55.6
Kaiser Foundation HP-Std	\$25/\$45	\$250/dayx3	\$15	\$35/\$70	Yes	59.6	80.6	84.1	92.7	79.5	73.5	55.6
PacifiCare of Colorado-High	\$20/\$40	\$250/day x 5	\$10	\$35/\$50	Yes	60.5	81.2	88.7	94.8	80.4	84.4	61
Connecticut												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	62.9	83.5	90.2	91.2	78	86.8	56.7
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	62.9	83.5	90.2	91.2	78	86.8	56.7
ConnectiCare-High	\$20/\$40	\$250 perday/\$1250ma	\$15	\$30/50% or \$60 max	Yes	62.9	85	86.6	93.4	89.9	90.3	64.5
ConnectiCare-Basic	\$25/\$45	Nothing after ded	\$15	\$30/50% or \$60 max	Yes	62.9	85	86.6	93.4	89.9	90.3	64.5

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Delaware							
Aetna Open Access -high- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	625.30	1508.76	637.81	1538.94
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	427.68	987.59	436.23	1007.34
Coventry Health Care -high- All of Delaware	800-833-7423	2J1	2J2	550.59	1376.42	561.60	1403.95
Coventry Health Care -std- All of Delaware	800-833-7423	2J4	2J5	451.62	1128.94	460.65	1151.52
District of Columbia							
Aetna Open Access -high- Washington, DC Area	877-459-6604	JN1	JN2	567.32	1270.73	578.67	1296.14
Aetna Open Access -basic- Washington, DC Area	877-459-6604	JN4	JN5	372.36	871.39	379.81	888.82
CareFirst BlueChoice -high- Washington, D.C. Metro Area	866-296-7363	2G1	2G2	450.08	1012.53	459.08	1032.78
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area	1-877-574-3337	E31	E32	464.01	1087.02	473.29	1108.76
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area	1-877-574-3337	E34	E35	264.51	629.46	269.80	642.05
M.D. IPA -high- Washington, DC area	877-835-9861	JP1	JP2	444.80	1025.70	453.70	1046.21
Florida							
Av-Med Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	431.47	1035.58	440.10	1056.29
Av-Med Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	332.89	799.00	339.55	814.98
Capital Health Plan -high- Tallahassee area	850-383-3311	EA1	EA2	383.98	1017.45	391.66	1037.80
Humana, Inc. -high- South Florida	888-393-6765	EE1	EE2	431.97	993.53	440.61	1013.40
Humana, Inc. -std- South Florida	888-393-6765	EE4	EE5	341.21	784.81	348.03	800.51
Humana, Inc. -high- Tampa	888-393-6765	LL1	LL2	439.94	1011.86	448.74	1032.10
Humana, Inc. -std- Tampa	888-393-6765	LL4	LL5	396.70	912.43	404.63	930.68
JMH Health Plan -high- Broward-Dade counties	800-721-2993	J81	J82	450.30	1114.58	459.31	1136.87
JMH Health Plan -std- Broward-Dade counties	800-721-2993	J84	J85	393.03	1005.66	400.89	1025.77
United Healthcare of Florida -high- Central and Southwest Florida	877-835-9861	R31	R32	443.54	1006.85	452.41	1026.99
Vista Healthplan of South Florida -high- Southern Florida	800-441-5501	5E1	5E2	354.64	975.39	361.73	994.90
Vista Healthplan of South Florida -std- Southern Florida	800-441-5501	5E4	5E5	310.20	853.13	316.40	870.19

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Delaware												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	52.9	79.7	86.7	94.8	78.7	81.9	61.2
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	52.9	79.7	86.7	94.8	78.7	81.9	61.2
Coventry Health Care-High	\$10/\$20	\$100	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9
District of Columbia												
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$5	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
Aetna Open Access-Basic	\$20/\$30	10% Plan Allow	\$10	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
CareFirst BlueChoice-High	\$20/\$30	\$100	\$10	\$25/\$40	Yes	60.5	80.2	83.9	90.9	70.6	85.2	53
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	63.6	74.5	75.6	88.6	77	79.3	54
Kaiser Foundation HP-Std	\$20/\$30	\$250/dayx3	\$12/\$22 Net	\$35/\$55/\$50/\$70	Yes	63.6	74.5	75.6	88.6	77	79.3	54
M.D. IPA-High	\$20/\$30	\$150/day x 3	\$7	\$25/\$50	No	58	80.4	82.4	91	81.6	80.9	54.7
Florida												
Av-Med Health Plan-High	\$15/\$40	\$150/dayx5	\$15	\$30/\$50/30%	No	74.4	82.6	85.1	90.6	87.9	84.6	64.1
Av-Med Health Plan-Std	\$25/\$45	\$175/dayx5	\$20	\$40/\$60/30%	No	74.4	82.6	85.1	90.6	87.9	84.6	64.1
Capital Health Plan-High	\$15/\$25	\$250	\$15	\$30/\$50	No	80.6	87.4	85.3	93.7	90.3	95.5	55.6
Humana, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes	56.7	82.4	85.6	92	81.1	93	56.8
Humana, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes	56.7	82.4	85.6	92	81.1	93	56.8
Humana, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes	56.7	82.4	85.6	92	81.1	93	56.8
Humana, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes	56.7	82.4	85.6	92	81.1	93	56.8
JMH Health Plan- In-Network	\$15/\$25	\$100/day x 5	\$10	\$20/\$30	Yes							
JMH Health Plan- Out-Network	30%/30%	30%	30%	30%/30%	N/A							
JMH Health Plan-Std	\$30/\$40	\$150/day x 5	\$10	50%/50%	Yes							
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	57.3	84.2	82.7	94.3	72.3	85.2	50.6
Vista Healthplan-High	\$15/\$30	Ded. + \$150x3 days	\$20	\$40/\$60/20%	No	44.9	75.3	72.8	85.3	83.7	80.6	51.7
Vista Healthplan-Std	\$20/\$40	Ded + \$200x3	\$10	\$10/\$60/20 (3)	No							

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	499.18	1145.41	509.16	1168.32
Humana, Inc. -high- Atlanta	888-393-6765	DG1	DG2	411.15	945.66	419.37	964.57
Humana, Inc. -std- Atlanta	888-393-6765	DG4	DG5	373.75	859.67	381.23	876.86
Kaiser Foundation Health Plan of Georgia, Inc. -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	428.83	982.02	437.41	1001.66
Kaiser Foundation Health Plan of Georgia, Inc. -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	293.17	671.39	299.03	684.82
Guam							
TakeCare -high- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK1	JK2	536.27	1409.31	547.00	1437.50
TakeCare -std- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK4	JK5	423.02	1117.11	431.48	1139.45
Hawaii							
HMSA -high- All of Hawaii	808-948-6499	871	872	375.66	836.18	383.17	852.90
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	403.43	867.40	411.50	884.75
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	187.81	403.78	191.57	411.86
Idaho							
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	496.12	1091.55	506.04	1113.38
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	423.15	930.93	431.61	949.55
Group Health Cooperative -high- Kootenai and Latah	888-901-4636	VR1	VR2	567.13	1219.29	578.47	1243.68
Group Health Cooperative -std- Kootenai and Latah	888-901-4636	VR4	VR5	351.76	809.10	358.80	825.28

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
Georgia													
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	60.9	87.6	85	93.4	81.1	84.7	62.7	
Humana, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes								
Humana, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes								
Kaiser Foundation HP-High	\$10/\$20	\$250	\$10/\$16 Comm	\$25/\$31 Comm/\$25	\$31 CommYes	62.9	79.8	82.1	93.2	80.1	76	56	
Kaiser Foundation HP-Std	\$20/\$30	\$250/dayx3	\$20/\$26 Comm	\$30/\$36 Comm/\$30	\$36 CommYes	62.9	79.8	82.1	93.2	80.1	76	56	
Guam													
TakeCare-High	\$20/\$40	\$100 /day for 5 days	\$10	\$10/\$50	No	64.7	74.1	73.3	88.4	75	77	57.7	
TakeCare-Std	\$25/\$40	\$150 /day for 5 days	\$20	\$20/\$80	No	64.7	74.1	73.3	88.4	75	77	57.7	
Hawaii													
HMSA- HMSA-	In-Network Out-Network	\$15/\$15 30%/30%	None 30%	\$5 \$5 + 20% +	\$20/50% \$20 + 20% +	Yes No	81.2 81.2	90.3 90.3	91.3 91.3	95 95	87.4 87.4	93.7 93.7	62.2 62.2
Kaiser Foundation HP-High		\$15/\$15	None	\$15	\$15/\$15	Yes	64.1	77	79.6	91.8	76.5	79.5	58.3
Kaiser Foundation HP-Std		\$25/\$25	10%	\$20	\$20/\$20	Yes	64.1	77	79.6	91.8	76.5	79.5	58.3
Idaho													
Altius Health Plans-High		\$10/\$15	\$100	\$5	\$20/\$50	Yes	62.1	81.9	86.6	94.4	84	88.3	53.5
Altius Health Plans-Std		\$20/\$30	None	\$10	\$25/\$50	Yes							
Group Health Cooperative-High		\$20/\$20	\$350/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3
Group Health Cooperative-Std		\$20+20%/\$20+20%	\$500/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna Open Access -high- Chicago Area	877-459-6604	IK1	IK2	364.07	924.17	371.35	942.65
Blue Preferred HMO -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	486.50	1053.33	496.23	1074.40
Group Health Plan, Inc. -high- Southern/Central	800-755-3901	MM1	MM2	607.95	1313.26	620.11	1339.53
Group Health Plan, Inc. -std- Southern/Central	800-755-3901	MU4	MU5	578.54	1249.63	590.11	1274.62
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West IL	800-851-3379	FX1	FX2	505.53	1179.92	515.64	1203.52
Health Alliance HMO -std- Central/E.Central/N. Cent/South/West IL	800-851-3379	FX4	FX5	373.56	944.82	381.03	963.72
Humana Health Plan Inc. -high- Chicago area	888-393-6765	751	752	494.80	1138.04	504.70	1160.80
Humana Health Plan Inc. -std- Chicago area	888-393-6765	754	755	318.48	732.51	324.85	747.16
OSF HealthPlans, Inc. -high- Cental/Central-Northwestern Illinois	800-673-5222	9F1	9F2	481.02	1202.61	490.64	1226.66
OSF HealthPlans, Inc. -std- Central/Central-Northwestern Illinois	800-673-5222	AB4	AB5	373.25	933.18	380.72	951.84
PersonalCare Insurance of Illinois, Inc. -high- Central Illinois	800-431-1211	GE1	GE2	458.08	1177.30	467.24	1200.85
Unicare HMO -high- Chicagoland Area	888-234-8855	171	172	500.05	1108.99	510.05	1131.17
Unicare HMO -std- Chicagoland Area	888-234-8855	174	175	348.08	771.94	355.04	787.38
Union Health Service -high- Chicago area	312-829-4224	761	762	348.38	863.98	355.35	881.26
United Healthcare of the Midwest -high- Southwest Illinois	877-835-9861	B91	B92	450.73	1007.00	459.74	1027.14
UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois	800-247-9110	YH1	YH2	356.89	874.36	364.03	891.85
Indiana							
Aetna Open Access -high- Northern Indiana Area	877-459-6604	IK1	IK2	364.07	924.17	371.35	942.65
Aetna Open Access -high- Southeastern Indiana Area	877-459-6604	RD1	RD2	646.45	1598.29	659.38	1630.26
Health Alliance HMO -high- Western Indiana	800-851-3379	FX1	FX2	505.53	1179.92	515.64	1203.52
Health Alliance HMO -std- Western Indiana	800-851-3379	FX4	FX5	373.56	944.82	381.03	963.72
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	494.80	1138.04	504.70	1160.80
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	318.48	732.51	324.85	747.16
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	489.54	1091.37	499.33	1113.20
Unicare HMO -high- Lake/Porter Counties	888-234-8855	171	172	500.05	1108.99	510.05	1131.17
Unicare HMO -std- Lake/Porter Counties	888-234-8855	174	175	348.08	771.94	355.04	787.38
Welborn Health Plans -high- Evansville Area	800-521-0265	W11	W12	523.42	1224.82	533.89	1249.32

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Illinois												
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	55.6	78.5	84.1	91.1	82.1	81.8	55.1
Blue Preferred HMO-High	\$25/\$25	\$500	\$10	\$20/\$40	Yes	62.2	87.9	87.4	93.7	81.9	87.3	55.5
Group Health Plan, Inc.-High	\$25/\$25	\$250/day x 3	\$10	\$30/\$50	Yes	61.6	83.4	87.2	94.1	80.5	89.9	61.6
Group Health Plan, Inc.-Std	\$20/\$40	20%after\$500/dayx2	\$12	\$35/\$60	Yes	61.6	83.4	87.2	94.1	80.5	89.9	61.6
Health Alliance HMO-High	\$15/\$25	\$500	\$10	\$20/\$40	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8
Health Alliance HMO-Std	\$20/\$35	20%	\$20	\$35/\$50	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45	Yes	59.8	83.7	85.6	88.9	76.7	75.3	58.8
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45	Yes	59.8	83.7	85.6	88.9	76.7	75.3	58.8
OSF HealthPlans, Inc.-High	\$20/\$20	\$500	\$10	\$30/\$50	Yes	72.6	86.2	87.1	94.8	89.5	90.9	62.2
OSF HealthPlans, Inc.-Std	\$30/\$30	\$750	\$10	\$30/\$50	Yes							
PersonalCare Insurance-High	\$30/\$35	\$350/day x 4	\$15	\$35/\$65	No	77.6	90.2	90.4	92.8	86.4	90	66.2
Unicare HMO-High	\$15/\$15	\$250	\$10	\$25/\$50/20%	Yes	58.1	78	78.3	88.5	69.1	74.3	69.6
Unicare HMO-Std	\$20/\$35	10%	\$15	\$30/\$60/20%	Yes	58.1	78	78.3	88.5	69.1	74.3	69.6
Union Health Service-High	\$10/\$10	None	\$15	\$15/\$15	No							
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	53.2	84.3	85	96.9	71.3	83.1	57.8
UnitedHealthcare River Valley-High	\$15/\$30	\$100/5 days	\$10	\$30/\$45	Yes	65.2	86.8	88.5	94.5	78.9	91.9	53.7
Indiana												
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	55.6	78.5	84.1	91.1	82.1	81.8	55.1
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	59	84.4	85	91.9	82.3	84.8	51.6
Health Alliance HMO-High	\$15/\$25	\$500	\$10	\$20/\$40	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8
Health Alliance HMO-Std	\$20/\$35	20%	\$20	\$35/\$50	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45	Yes	59.8	83.7	85.6	88.9	76.7	75.3	58.8
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45	Yes	59.8	83.7	85.6	88.9	76.7	75.3	58.8
Physicians Health Plan-High	\$15/\$15	20%	\$5	\$20/25%/\$45	Yes	56.7	89	90.2	92.8	88.7	94.1	59.3
Unicare HMO-High	\$15/\$15	\$250	\$10	\$25/\$50/20%	Yes	58.1	78	78.3	88.5	69.1	74.3	69.6
Unicare HMO-Std	\$20/\$35	10%	\$15	\$30/\$60/20%	Yes	58.1	78	78.3	88.5	69.1	74.3	69.6
Welborn Health Plans-High	\$20/\$20	10%	\$10	\$25/\$40	Yes							

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Iowa							
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	434.14	1172.04	442.82	1195.48
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	344.05	808.49	350.93	824.66
Health Alliance HMO -high- Central Iowa	800-851-3379	FX1	FX2	505.53	1179.92	515.64	1203.52
Health Alliance HMO -std- Central Iowa	800-851-3379	FX4	FX5	373.56	944.82	381.03	963.72
HealthPartners Open Access Copay -high- Iowa	952-883-5000	V31	V32	532.55	1224.86	543.20	1249.36
HealthPartners Three for Free -std- Iowa	952-883-5000	V34	V35	280.65	645.47	286.26	658.38
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	513.41	1181.40	523.68	1205.03
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	488.93	1124.41	498.71	1146.90
UnitedHealthcare Plan of the River Valley Inc. -high- Eastern Iowa; W. Central Illinois	800-747-1446	YH1	YH2	356.89	874.36	364.03	891.85
Kansas							
Coventry Health Care of Kansas -high- Kansas City/Wichita/Salina areas	800-969-3343	HA1	HA2	403.04	1017.42	411.10	1037.77
Coventry Health Care of Kansas -std- Kansas City/Wichita/Salina areas	800-969-3343	HA4	HA5	317.83	746.72	324.19	761.65
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	627.12	1442.37	639.66	1471.22
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	365.06	839.61	372.36	856.40
United Healthcare of the Midwest -high- Kansas City Area	877-835-9861	GX1	GX2	503.51	1183.20	513.58	1206.86
Kentucky							
Aetna Open Access -high- Northern Kentucky Area	877-459-6604	RD1	RD2	646.45	1598.29	659.38	1630.26
Louisiana							
Coventry Health Care of Louisiana -high- New Orleans area	800--341-6613	BJ1	BJ2	454.11	1054.60	463.19	1075.69
Coventry Health Care of Louisiana -std- New Orleans area	800--341-6613	BJ4	BJ5	456.80	1060.87	465.94	1082.09
Vantage Health Plan, Inc. -high- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV1	MV2	460.50	1059.15	469.71	1080.33
Vantage Health Plan, Inc. -std- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV4	MV5	403.59	928.42	411.66	946.99

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
Iowa													
Coventry Health Care of Iowa-High	\$15/\$30	\$150/day x5	\$10	\$30/\$55	Yes	59.1	82.5	86.8	94.3	79.6	89.2	60	
Coventry Health Care of Iowa-Std	\$20/\$30	10%	\$10	\$30/\$55	No								
Health Alliance HMO-High	\$15/\$25	\$500	\$10	\$20/\$40	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8	
Health Alliance HMO-Std	\$20/\$35	20%	\$20	\$35/\$50	Yes	73.9	86.6	86.9	93.7	89.9	89.7	61.8	
HealthPartners OA Copay	\$20/\$20	10% of charges	\$10	\$25/\$50	Yes								
HealthPartners 3 for Free	\$0 for 3, then 20%/\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes								
Sanford Health Plan- Sanford Health Plan-	In-Network Out-Network	\$20/\$30 40%/40%	\$100/day x 5 40%	\$15 N/A	\$30/\$50 N/A/N/A	N/A N/A	49.4 49.4	84.4 84.4	90 90	94 94	81.9 81.9	85.7 85.7	60.3 60.3
Sanford Health Plan- Sanford Health Plan-	In-Network Out-Network	\$25/\$25 40%/40%	\$100/day x 5 40%	\$15 N/A	\$30/\$50 N/A/N/A	No No	49.4 49.4	84.4 84.4	90 90	94 94	81.9 81.9	85.7 85.7	60.3 60.3
UnitedHealthcare River Valley-High	\$15/\$30	\$100/5 days	\$10	\$30/\$45	Yes	65.2	86.8	88.5	94.5	78.9	91.9	53.7	
Kansas													
Coventry Health Care-High	\$20/\$30	\$200/day x 5	\$10	\$35/\$60	Yes	59.9	85.7	88.2	93.3	84.9	87.7	66	
Coventry Health Care-Std	\$20/\$40	20%	\$10	\$40/\$65	Yes	59.9	85.7	88.2	93.3	84.9	87.7	66	
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes	63.3	88	89.7	92.8	80.6	84.9	58.7	
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes	63.3	88	89.7	92.8	80.6	84.9	58.7	
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	53.2	84.3	85	96.9	71.3	83.1	57.8	
Kentucky													
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	59	84.4	85	91.9	82.3	84.8	51.6	
Louisiana													
Coventry Health Care-High	\$20/\$40	\$150/day x 3	\$1	\$35/\$60	Yes	59.4	83.2	84.6	93.7	82	86.5	61.7	
Coventry Health Care-Std	\$25/\$50	30%	\$1	\$35/\$60	Yes	59.4	83.2	84.6	93.7	82	86.5	61.7	
Vantage Health Plan, Inc.-High	\$15/\$15	\$250	\$10	\$20/\$35	Yes								
Vantage Health Plan, Inc.-Std	\$30/\$50	\$500	\$15	\$40/\$60	Yes								

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Maryland							
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	567.32	1270.73	578.67	1296.14
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	372.36	871.39	379.81	888.82
CareFirst BlueChoice -high- All of Maryland	866-296-7363	2G1	2G2	450.08	1012.53	459.08	1032.78
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	405.17	1016.73	413.27	1037.06
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	318.80	797.01	325.18	812.95
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas	1-877-574-3337	E31	E32	464.01	1087.02	473.29	1108.76
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	1-877-574-3337	E34	E35	264.51	629.46	269.80	642.05
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	444.80	1025.70	453.70	1046.21
Massachusetts							
Blue CHiP Coordinated Health Plan - BCBS of RI -high- Southeastern Massachusetts	401-274-3500	DA1	DA2	589.57	1562.30	601.36	1593.55
ConnectiCare -high- Counties Hampden, Hampshire, Franklin	800-251-7722	TE1	TE2	485.40	1104.44	495.11	1126.53
ConnectiCare -basic- Counties Hampden, Hampshire, Franklin	800-251-7722	TE4	TE5	391.50	890.76	399.33	908.58
Fallon Community Health Plan -std- Central/Eastern/Western Massachusetts	800-868-5200	JV4	JV5	566.97	1377.96	578.31	1405.52
Fallon Community Health Plan -basic- Central/Eastern/Western Massachusetts	800-868-5200	JG1	JG2	521.47	1267.31	531.90	1292.66
Michigan							
Bluecare Network of MI -high- Midland County Area	800-662-6667	K51	K52	522.71	1191.86	533.16	1215.70
Bluecare Network of MI -high- Southeast MI	800-662-6667	LX1	LX2	378.06	982.32	385.62	1001.97
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	434.01	1136.96	442.69	1159.70
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	383.80	997.92	391.48	1017.88
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	392.51	1020.37	400.36	1040.78
HealthPlus MI -high- East Central Michigan	800-332-9161	X51	X52	476.54	1086.71	486.07	1108.44
Physicians Health Plan of Mid-Michigan -high- Mid-Michigan	517-364-8400	9U1	9U2	506.98	1221.81	517.12	1246.25
Physicians Health Plan of Mid-Michigan -std- Mid-Michigan	517-364-8400	9U4	9U5	423.95	1021.67	432.43	1042.10
Minnesota							
HealthPartners Open Access Copay -high- Minnesota	952-883-5000	V31	V32	532.55	1224.86	543.20	1249.36
HealthPartners Three for Free -std- Minnesota	952-883-5000	V34	V35	280.65	645.47	286.26	658.38
Medica Health Plan -high- Most of Minnesota	800-952-3455	M21	M22	487.09	1115.40	496.83	1137.71

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Maryland												
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$5	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
Aetna Open Access-Basic	\$20/\$30	10% Plan Allow	\$10	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
CareFirst BlueChoice-High	\$20/\$30	\$100	\$10	\$25/\$40	Yes	60.5	80.2	83.9	90.9	70.6	85.2	53
Coventry Health Care-High	\$10/\$20	\$100	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	63.6	74.5	75.6	88.6	77	79.3	54
Kaiser Foundation HP-Std	\$20/\$30	\$250/dayx3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	63.6	74.5	75.6	88.6	77	79.3	54
M.D. IPA-High	\$20/\$30	\$150/day x 3	\$7	\$25/\$50	No	58	80.4	82.4	91	81.6	80.9	54.7
Massachusetts												
BCBS of RI- In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	57.9	89.6	88.7	94.9	85	92.2	65.1
BCBS of RI- Out-Network	30%/30%	None	\$50+20%	\$50+20%/\$50+20%	No	57.9	89.6	88.7	94.9	85	92.2	65.1
ConnectiCare-High	\$20/\$40	\$250 perday/\$1250ma	\$15	\$30/50% or \$60 max	Yes	47.6	85.5	86.6	92.2	87.9	91.1	60.6
ConnectiCare-Basic	\$25/\$45	Nothing after ded	\$15	\$30/50% or \$60 max	Yes	47.6	85.5	86.6	92.2	87.9	91.1	60.6
Fallon Health Plan-Std	\$20/\$20	Nothing after	\$10	\$30/\$60	Yes	68.2	81.7	86	94.2	85.8	82.8	61.5
Fallon Health Plan-Basic	\$20/\$30	\$100to\$500max	\$10	\$30/\$60	Yes							
Michigan												
Bluecare Network of MI-High	\$10/\$25	\$100	\$5	\$30 or 50%/\$30 or 50%	Yes	65.2	86.7	87.3	92.6	84.2	91.1	60.9
Bluecare Network of MI-High	\$10/\$25	\$100	\$5	\$30 or 50%/\$30 or 50%	Yes	65.2	86.7	87.3	92.6	84.2	91.1	60.9
Grand Valley Health Plan-High	\$10/\$10	Nothing	\$5	\$15/\$15	No	73.3	81.9	89.1	94.8	89.9	86.6	54.1
Grand Valley Health Plan-Std	\$20/\$20	\$500x3	\$10	\$40/\$40	No							
Health Alliance Plan-High	\$10/\$20	None	\$10	\$40/\$40	Yes	76.9	83.8	88.2	92.9	84.4	91.2	59.4
HealthPlus MI-High	\$10/\$20	None	\$10	\$20/N/A	Yes	74.9	88.4	91	92.8	83.9	91.2	62.8
Physicians Health Plan-High	\$10/Nothing	Nothing	\$10	\$25/\$40	Yes							
Physicians Health Plan-Std	\$20/Nothing	20%	\$15	\$25/\$50	Yes							
Minnesota												
HealthPartners OA Copay	\$20/\$20	10% of charges	\$10	\$25/\$50	Yes							
HealthPartners 3 for Free	\$0 for 3, then 20%/\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes							
Medica Health Plan- In-Network	\$15/\$15	\$300	\$10	\$25/\$50/\$50	Yes							
Medica Health Plan- Out-Network	40%/40%	None	40%/\$50	40%/\$50/40%/\$50	No							

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Blue Preferred HMO -high- StLouis/Central/SW areas	888-811-2092	9G1	9G2	486.50	1053.33	496.23	1074.40
Coventry Health Care of Kansas -high- Kansas City area	800-969-3343	HA1	HA2	403.04	1017.42	411.10	1037.77
Coventry Health Care of Kansas -std- Kansas City area	800-969-3343	HA4	HA5	317.83	746.72	324.19	761.65
Group Health Plan, Inc. -high- St. Louis Area	800-755-3901	MM1	MM2	607.95	1313.26	620.11	1339.53
Group Health Plan, Inc. -std- St. Louis Area	800-755-3901	MU4	MU5	578.54	1249.63	590.11	1274.62
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	627.12	1442.37	639.66	1471.22
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	365.06	839.61	372.36	856.40
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	450.73	1007.00	459.74	1027.14
United Healthcare of the Midwest -high- Kansas City Area	877-835-9861	GX1	GX2	503.51	1183.20	513.58	1206.86
Montana							
New West Health Services -high- Most of Montana	800-290-3657	NV1	NV2	497.25	1062.19	507.20	1083.43
New West Health Services -POS- Most of Montana	800-290-3657	NV1	NV2	497.25	1062.19	507.20	1083.43
Nevada							
Aetna Open Access -high- Las Vegas and Reno Areas	877-459-6604	Y11	Y12	395.68	985.21	403.59	1004.91
Health Plan of Nevada -high- Las Vegas area	800-777-1840	NM1	NM2	282.53	723.47	288.18	737.94
PacifiCare of Nevada -high- Las Vegas/Clark County	866-546-0510	K91	K92	417.39	947.48	425.74	966.43
New Jersey							
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	559.82	1287.76	571.02	1313.52
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	439.55	1014.67	448.34	1034.96
Aetna Open Access -high- Southern NJ	877-459-6604	P31	P32	625.30	1508.76	637.81	1538.94
Aetna Open Access -basic- Southern NJ	877-459-6604	P34	P35	427.68	987.59	436.23	1007.34
AmeriHealth HMO -high- All of New Jersey	800-454-7651	FK1	FK2	532.26	1259.14	542.91	1284.32
AmeriHealth HMO -std- All of New Jersey	800-454-7651	FK4	FK5	504.23	1193.25	514.31	1217.12
Coventry Health Care -high- Southern New Jersey	800-833-7423	2J1	2J2	550.59	1376.42	561.60	1403.95
Coventry Health Care -std- Southern New Jersey	800-833-7423	2J4	2J5	451.62	1128.94	460.65	1151.52
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	541.52	1353.86	552.35	1380.94
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	386.19	901.49	393.91	919.52
New Mexico							
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	454.72	1114.10	463.81	1136.38
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	570.77	1296.30	582.19	1322.23
Presbyterian Health Plan -std- All counties in New Mexico	800-356-2219	P24	P25	514.39	1168.18	524.68	1191.54

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
Missouri													
Blue Preferred HMO-High	\$25/\$25	\$500	\$10	\$20/\$40	Yes	62.2	87.9	87.4	93.7	81.9	87.3	55.5	
Coventry Health Care-High	\$20/\$30	\$200/day x 5	\$10	\$35/\$60	Yes	59.9	85.7	88.2	93.3	84.9	87.7	66	
Coventry Health Care-Std	\$20/\$40	20%	\$10	\$40/\$65	Yes	59.9	85.7	88.2	93.3	84.9	87.7	66	
Group Health Plan, Inc.-High	\$25/\$25	\$250/day x 3	\$10	\$30/\$50	Yes	61.6	83.4	87.2	94.1	80.5	89.9	61.6	
Group Health Plan, Inc.-Std	\$20/\$40	20%after\$500/dayx2	\$12	\$35/\$60	Yes	61.6	83.4	87.2	94.1	80.5	89.9	61.6	
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes	63.3	88	89.7	92.8	80.6	84.9	58.7	
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes	63.3	88	89.7	92.8	80.6	84.9	58.7	
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	53.2	84.3	85	96.9	71.3	83.1	57.8	
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	53.2	84.3	85	96.9	71.3	83.1	57.8	
Montana													
New West Health Services- High	\$15/\$15	\$100	\$10	\$20/\$40	Yes	46.1	82.4	87.1	94.9	85.8	83.9	58.1	
New West Health Services- POS	30%/30%	30%	N/A	N/A/N/A	No	46.1	82.4	87.1	94.9	85.8	83.9	58.1	
Nevada													
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	56.7	78.6	80.5	89	76.6	82.5	57	
Health Plan of Nevada-High	\$10/\$10	\$50	\$5	\$35/\$55	Yes	50.6	72.4	73.2	85	79.8	82	53.3	
PacifiCare of Nevada-High	\$15/\$30	\$150/day x 5	\$10	\$30/\$50	Yes	51.1	75	75.3	85.8	68.2	78.3	53.3	
New Jersey													
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	50.5	84.2	86.9	91.9	85.2	79.7	52.4	
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	50.5	84.2	86.9	91.9	85.2	79.7	52.4	
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	63.9	87.4	92	93.7	83	86.7	53.4	
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	63.9	87.4	92	93.7	83	86.7	53.4	
AmeriHealth HMO-High	\$25/\$40	\$150/day x 5	\$5	\$40/50%	Yes	61.2	86.6	86.3	94.1	83	80.8	65.3	
AmeriHealth HMO-Std	\$30/\$50	80% after ded	\$5	\$40/50%	Yes	61.2	86.6	86.3	94.1	83	80.8	65.3	
Coventry Health Care-High	\$10/\$20	\$100	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9	
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes	53.9	83.9	85.6	91.7	79.4	80.6	59.9	
GHI Health Plan- GHI Health Plan-	In-Network Out-Network	\$15/\$15 +50% of sch	\$100 +50% of sch.	\$15 N/A	\$25/\$50 N/A/N/A	Yes No	69.6 69.6	87.1 87.1	86.8 86.8	92.1 92.1	76.2 76.2	86.8 86.8	65.3 65.3
GHI Health Plan-Std	\$25/\$25	\$250/day x 3	\$10	\$25/\$50	Yes	69.6	87.1	86.8	92.1	76.2	86.8	65.3	
New Mexico													
Lovelace Health Plan-High	\$15/\$25	\$250	\$7	\$15/\$35	Yes	60.4	80.4	76.3	92.9	82.5	85.2	53.5	
Presbyterian Health Plan-High	\$15/\$25	\$200	\$10	\$20/\$40	Yes								
Presbyterian Health Plan-Std	\$30/\$40	\$500	\$15	\$35/\$55	Yes	60.7	79.6	84.4	90.1	77.2	86.5	63.5	

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Open Access -high- NYC Area/Upstate NY	877-459-6604	JC1	JC2	498.07	1225.99	508.03	1250.51
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	447.81	1088.10	456.77	1109.86
Blue Choice -high- Rochester area	800-462-0108	MK1	MK2	453.66	1139.69	462.73	1162.48
Blue Choice -std- Rochester area	800-462-0108	MK4	MK5	349.64	865.52	356.63	882.83
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Cent New York	877-269-2134	SG1	SG2	483.25	1223.93	492.92	1248.41
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Cent New York	877-269-2134	SG4	SG5	377.43	973.77	384.98	993.25
Community Blue -high- Northeastern NY-Clinton/Essex Counties	800-544-2583	BS1	BS2	643.52	1726.75	656.39	1761.29
Community Blue -high- Western New York	800-459-7587	BX1	BX2	474.57	1313.48	484.06	1339.75
Community Blue -high- Northeastern NY-Capital Region	800-544-2583	BZ1	BZ2	601.84	1614.93	613.88	1647.23
GHI HMO -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	467.11	1187.03	476.45	1210.77
GHI HMO -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	446.36	1141.40	455.29	1164.23
GHI Health Plan -high- All of New York	212-501-4444	801	802	541.52	1353.86	552.35	1380.94
GHI Health Plan -std- New York City (the Boroughs of Manhattan, Brooklyn, Bronx, Queens, and Staten Island), all of Nassau, Suffolk, Rockland, and Westchester Counties	212-501-4444	804	805	386.19	901.49	393.91	919.52
HIP of Greater New York -high- New York City area	800-HIP-TALK	511	512	461.85	1293.15	471.09	1319.01
HIP of Greater New York -std- New York City area	800-HIP-TALK	514	515	422.67	1183.48	431.12	1207.15
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	448.72	1184.34	457.69	1208.03
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	429.67	1110.11	438.26	1132.31
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	404.89	1046.00	412.99	1066.92
MVP Health Care -high- Central Region	888-687-6277	M91	M92	457.80	1182.70	466.96	1206.35
MVP Health Care -std- Central Region	888-687-6277	M94	M95	434.63	1122.81	443.32	1145.27
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	507.15	1310.27	517.29	1336.48
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	459.66	1187.51	468.85	1211.26
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	463.58	1194.98	472.85	1218.88
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	445.53	1151.71	454.44	1174.74
Preferred Care -high- Rochester area	800-950-3224	GV1	GV2	377.00	1007.67	384.54	1027.82
Preferred Care -std- Rochester area	800-950-3224	GV4	GV5	314.73	841.27	321.02	858.10
Univera Healthcare -high- Western New York (Southern Counties)	800-427-8490	KQ1	KQ2	657.28	1737.43	670.43	1772.18
Univera Healthcare -high- Western New York (Northern Counties)	800-427-8490	Q81	Q82	538.63	1527.11	549.40	1557.65

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
New York													
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	58.9	83.7	87.3	91.9	84.9	86.5	52.2	
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	58.9	83.7	87.3	91.9	84.9	86.5	52.2	
Blue Choice-High	\$20/\$20	\$100	\$10	\$25/\$40	No	64.3	88.9	88.6	91.5	84.7	92.4	59.3	
Blue Choice-Std	\$25/\$40	\$500	\$10	\$30/\$50	No								
CDPHP Universal Benefits-High	\$20/\$30	\$100 X 5	25%	25%/25%	No	76.8	90.6	91.4	94.1	90.1	90.6	58	
CDPHP Universal Benefits-Std	\$25/\$40	\$500 + 10%	30%	30%/30%	No	76.8	90.6	91.4	94.1	90.1	90.6	58	
Community Blue-High	\$10/\$10	\$250	\$5	\$30/\$50	Yes								
Community Blue-High	\$10/\$10	\$250	\$5	\$30/\$50	Yes								
Community Blue-High	\$10/\$10	\$250	\$5	\$30/\$50	Yes								
GHI HMO	\$25/\$40	\$500	\$10	\$30/\$50	Yes	60.6	82.4	86.2	91.9	81.9	75.5	67.7	
GHI HMO-High	\$25/\$40	\$500	\$10	\$30/\$50	Yes	60.6	82.4	86.2	91.9	81.9	75.5	67.7	
GHI Health Plan- GHI Health Plan-	In-Network Out-Network	\$15/\$15 +50% of sch	\$100 +50% of sch.	\$15 N/A	\$25/\$50 N/A/N/A	Yes No	69.6 69.6	87.1 87.1	86.8 86.8	92.1 92.1	76.2 76.2	86.8 86.8	65.3 65.3
GHI Health Plan-Std	\$25/\$25	\$250/day x 3	\$10	\$25/\$50	Yes	69.6	87.1	86.8	92.1	76.2	86.8	65.3	
HIP of Greater New York-High	\$10/\$10	None	\$10	\$20/\$40	Yes	51.9	80.1	80.2	90.5	71.8	77	58.8	
HIP of Greater New York-Std	\$10/\$20	\$500	\$15	\$30/\$50	Yes	51.9	80.1	80.2	90.5	71.8	77	58.8	
Independent Health - Independent Health -	In-Network Out-Network	\$20/\$20 25%/25%	\$250 25%	\$10 N/A	\$20/\$35 N/A/N/A	No No	70.7 70.7	86.2 86.2	89.4 89.4	94.9 94.9	91.8 91.8	94.5 94.5	59 59
MVP Health Care-High	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
MVP Health Care-High	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
MVP Health Care-High	\$20/\$20	\$240	\$10	\$30/\$50	Yes								
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes								
MVP Health Care-High	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
MVP Health Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes	68.6	87	87.4	93.9	88	88.6	61.8	
Preferred Care-High	\$20/\$20	\$250	\$10	\$30/\$50	Yes	69.5	87.8	88.5	91.3	89.7	92.6	66.2	
Preferred Care-Std	\$25/\$40	\$500	\$10	\$30/\$50	Yes	69.5	87.8	88.5	91.3	89.7	92.6	66.2	
Univera Healthcare-High	\$20/\$20	\$250	\$10	\$20/\$45	No	64.3	88.9	88.6	91.5	84.7	92.4	59.3	
Univera Healthcare-High	\$20/\$20	\$250	\$10	\$20/\$45	No	60.1	88.2	91.3	94.5	80.5	86.8	67.9	

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna Open Access -high- Charlotte/Raleigh/Durham NC Areas	877-459-6604	JN1	JN2	567.32	1270.73	578.67	1296.14
Aetna Open Access -basic- Charlotte/Raleigh/Durham NC Areas	877-459-6604	JN4	JN5	372.36	871.39	379.81	888.82
North Dakota							
HealthPartners Open Access Copay -high- North Dakota	952-883-5000	V31	V32	532.55	1224.86	543.20	1249.36
HealthPartners Three for Free -std- North Dakota	952-883-5000	V34	V35	280.65	645.47	286.26	658.38
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	368.05	945.92	375.41	964.84
Ohio							
Aetna Open Access -high- Cleveland and Toledo Areas	877-459-6604	7D1	7D2	454.24	1081.19	463.32	1102.81
Aetna Open Access -high- Columbus Area	877-459-6604	ND1	ND2	530.68	1281.04	541.29	1306.66
Aetna Open Access -high- Greater Cincinnati Area	877-459-6604	RD1	RD2	646.45	1598.29	659.38	1630.26
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	509.69	1251.25	519.88	1276.28
HMO Health Ohio -high- Northeast Ohio	800-522-2066	L41	L42	532.22	1361.40	542.86	1388.63
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	520.07	1196.15	530.47	1220.07
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	339.95	781.93	346.75	797.57
Paramount Health Care -high- Northwest/North Central Ohio	800-462-3589	U21	U22	530.83	1273.94	541.45	1299.42
The Health Plan of the Upper Ohio Valley -high- Northeast and Eastern Ohio	800-624-6961	U41	U42	418.49	962.52	426.86	981.77
United Healthcare of Ohio, Inc. -high- Cleveland	877-835-9861	AK1	AK2	490.84	1138.74	500.66	1161.51
United Healthcare of Ohio, Inc. -high- Columbus	877-835-9861	CA1	CA2	550.18	1269.52	561.18	1294.91
Oklahoma							
Aetna Open Access -high- Oklahoma City/Tulsa Areas	877-459-6604	SL1	SL2	549.16	1273.94	560.14	1299.42
Aetna Open Access -basic- Oklahoma City/Tulsa Areas	877-459-6604	SL4	SL5	365.58	914.49	372.89	932.78
Globalhealth, Inc. -high- Oklahoma	877-280-2990	IM1	IM2	356.81	859.95	363.95	877.15
PacificCare of Oklahoma -high- Central/Northeastern Oklahoma	866-546-0510	2N1	2N2	519.50	1215.74	529.89	1240.05
Oregon							
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	500.67	1150.20	510.68	1173.20
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	414.46	952.12	422.75	971.16

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
North Carolina												
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$5	\$25/\$50	No							
Aetna Open Access-Basic	\$20/\$30	10% Plan Allow	\$10	\$25/\$50	No							
North Dakota												
HealthPartners OA Copay	\$20/\$20	10% of charges	\$10	\$25/\$50	Yes							
HealthPartners 3 for Free	\$0 for 3, then 20%/\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes							
Heart of America HP-High	\$15/\$25	None	50%	50%/50%	None							
Ohio												
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	59	84.4	85	91.9	82.3	84.8	51.6
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	59	84.4	85	91.9	82.3	84.8	51.6
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	59	84.4	85	91.9	82.3	84.8	51.6
AultCare HMO-High	\$10/\$10	None	\$10	\$20/\$35	No	80.7	94.4	93.8	94.1	91.7	97.1	61.2
HMO Health Ohio-High	\$20/\$20	\$250	\$20	\$30/\$40	Yes	63.5	90.4	87.7	94.4	85.4	87.6	59.2
Kaiser Foundation HP-High	\$15/\$15	\$200	\$10	\$25/\$25	No	65.1	83.1	85.8	91.9	79.3	80	54.2
Kaiser Foundation HP-Std	\$20/\$40	\$500	\$15	\$30/\$30	No	65.1	83.1	85.8	91.9	79.3	80	54.2
Paramount Health Care-High	\$15/\$25	\$500	\$10	\$20/\$45	Yes	69.4	81.8	86.9	93	83.9	88.1	57
HP of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	73.7	90.8	90.7	95.5	90.3	95.1	62.3
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	52	87.2	86.9	93.3	80.1	83.5	51
United Healthcare-High	\$20/\$30	\$150 a day x 3	\$7	\$30/\$50	Yes	52	87.2	86.9	93.3	80.1	83.5	51
Oklahoma												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	60.9	86.6	88.2	94.6	84.4	90.3	60.5
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	60.9	86.6	88.2	94.6	84.4	90.3	60.5
Globalhealth, Inc.-High	\$15/\$35	\$150/day x 3	\$10	\$25/\$40	Yes	58.5	77.1	82.1	91.8	75	77.5	55.2
PacificCare of Oklahoma-High	\$20/\$40	\$250/day x 5	\$10	\$30/\$50	Yes	64.3	85.2	88.2	93.2	77.4	87.2	55.8
Oregon												
Kaiser Foundation HP-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	61.7	75.5	77.4	92.7	81.3	85.1	53.9
Kaiser Foundation HP-Std	\$20/\$30	\$250	\$20	\$40/\$40	Yes	61.7	75.5	77.4	92.7	81.3	85.1	53.9

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna Open Access -high- Philadelphia/Central/Southeastern PA	877-459-6604	P31	P32	625.30	1508.76	637.81	1538.94
Aetna Open Access -basic- Philadelphia/Central/Southeastern PA	877-459-6604	P34	P35	427.68	987.59	436.23	1007.34
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	307.19	847.04	313.33	863.98
Geisinger Health Plan -high- Northeastern/Central/South Central areas	800-447-4000	GG1	GG2	505.09	1161.70	515.19	1184.93
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	443.21	1019.42	452.07	1039.81
HealthAmerica Pennsylvania -high- Greater Pittsburgh area	866-351-5946	261	262	521.58	1330.12	532.01	1356.72
HealthAmerica Pennsylvania -std- Greater Pittsburgh area	866-351-5946	264	265	427.01	1088.92	435.55	1110.70
HealthAmerica Pennsylvania -high- Southeastern Pennsylvania	866-351-5946	PN1	PN2	570.20	1311.55	581.60	1337.78
HealthAmerica Pennsylvania -std- Southeastern Pennsylvania	866-351-5946	PN4	PN5	496.08	1139.02	506.00	1161.80
HealthAmerica Pennsylvania -high- Central Pennsylvania	866-351-5946	SW1	SW2	591.89	1361.25	603.73	1388.48
HealthAmerica Pennsylvania -std- Central Pennsylvania	866-351-5946	SW4	SW5	455.59	1047.80	464.70	1068.76
Keystone Health Plan Central -high- Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S41	S42	601.25	1436.67	613.28	1465.40
Keystone Health Plan Central -std- Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S44	S45	552.33	1317.44	563.38	1343.79
Keystone Health Plan East -high- Philadelphia area	800-227-3115	ED1	ED2	561.80	1481.87	573.04	1511.51
Keystone Health Plan East -std- Philadelphia area	800-227-3115	ED4	ED5	497.49	1313.02	507.44	1339.28
UPMC Health Plan -high- Western Pennsylvania	888-876-2756	8W1	8W2	524.05	1205.32	534.53	1229.43
UPMC Health Plan -std- Western Pennsylvania	1-888-876-2756	UW4	UW5	491.68	1130.81	501.51	1153.43
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	278.11	639.62	283.67	652.41
Triple-S -high- All of Puerto Rico	787-774-6060	891	892	284.14	653.51	289.82	666.58
Rhode Island							
Blue CHiP Coordinated Health Plan - BCBS of RI -high- All of Rhode Island	401-459-5500	DA1	DA2	589.57	1562.30	601.36	1593.55

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Pennsylvania												
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	53.6	86.2	89.9	92.6	79	88.4	45.4
Aetna Open Access-Basic	\$15/\$30	20% Plan Allow	\$5	\$30/\$50	Yes	53.6	86.2	89.9	92.6	79	88.4	45.4
Aetna Open Access-High	\$20/\$30	\$150/day x 5	\$10	\$25/\$50	Yes	53.6	86.2	89.9	92.6	79	88.4	45.4
Geisinger Health Plan-High	\$20/\$35	NothingaftrDed	\$5	\$35/\$60	Yes	60.7	86.9	86.3	95.2	90.2	93.7	68.8
Geisinger Health Plan-Std	\$20/\$35	20%aftrDeduct	\$5	\$35/\$60	Yes	60.7	86.9	86.3	95.2	90.2	93.7	68.8
HealthAmerica-High	\$15/\$25	10%	\$5	\$25/\$40	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
HealthAmerica-Std	\$20/\$30	20%	\$5	\$35/\$50	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
HealthAmerica-High	\$15/\$25	10%	\$5	\$25/\$40	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
HealthAmerica-Std	\$20/\$30	20%	\$5	\$35/\$50	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
HealthAmerica-High	\$15/\$25	10%	\$5	\$25/\$40	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
HealthAmerica-Std	\$20/\$30	20%	\$5	\$35/\$50	Yes	68.1	86.7	88.6	93.4	88.1	93.2	63.4
Keystone HP Central-High	\$15/\$20	\$200 copay	\$10	\$25/\$40	Yes	72.9	87.5	87.8	94	87.6	93.1	62.9
Keystone HP Central-Std	\$15/\$35	\$100 x 5	\$5	\$35/\$60	Yes	72.9	87.5	87.8	94	87.6	93.1	62.9
Keystone HP East-High	\$20/\$25	\$125 perday/\$625max	\$5	\$20/\$50	Yes	63	85	87.3	94	86.1	90	61.9
Keystone HP East-Std	\$20/\$40	20% after ded	\$20	\$40/\$60	Yes	63	85	87.3	94	86.1	90	61.9
UPMC Health Plan-High	\$20/\$20	\$250	\$10	\$30/\$50	Yes	66.6	86.6	87.6	93.2	91	90.5	63.8
UPMC Health Plan-Std	\$20/\$35	\$300	\$10	\$40/\$60	Yes	66.6	86.6	87.6	93.2	91	90.5	63.8
Puerto Rico												
Humana - In-Network	\$5/\$5	None	\$2.50	\$10/\$15/\$15	No	76.4	82.9	79.8	94.7	81.1	72.8	69.5
Humana - Out-Network	\$8/\$8	\$50	N/A	N/A/N/A	No	76.4	82.9	79.8	94.7	81.1	72.8	69.5
Triple-S- In-Network	\$7.50/\$10	None	\$7.50	\$12/\$15	Yes	81.4	88.8	84.3	95.6	76.1	72	68.3
Triple-S- Out-Network	\$7.50 +/\$10 +	None	25%	25%/25%	No	81.4	88.8	84.3	95.6	76.1	72	68.3
Rhode Island												
BCBS of RI - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	57.9	89.6	88.7	94.9	85	92.2	65.1
BCBS of RI - Out-Network	30%/30%	None	\$50+20%	\$50+20%/\$50+20%	No	57.9	89.6	88.7	94.9	85	92.2	65.1

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
South Dakota							
HealthPartners Open Access Copay -high- South Dakota	952-883-5000	V31	V32	532.55	1224.86	543.20	1249.36
HealthPartners Three for Free -std- South Dakota	952-883-5000	V34	V35	280.65	645.47	286.26	658.38
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	513.41	1181.40	523.68	1205.03
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	488.93	1124.41	498.71	1146.90
Tennessee							
Aetna Open Access -high- Nashville Area	877-459-6604	6J1	6J2	593.19	1352.43	605.05	1379.48
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	377.46	962.48	385.01	981.73
Texas							
Aetna Open Access -high- Houston Area	877-459-6604	8G1	8G2	515.65	1287.39	525.96	1313.14
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	484.01	1219.29	493.69	1243.68
Firstcare -high- Waco area	800-884-4901	6U1	6U2	386.95	831.94	394.69	848.58
Firstcare -high- West Texas	800-884-4901	CK1	CK2	529.92	1139.30	540.52	1162.09
Humana Health Plan of Texas -high- San Antonio area	888-393-6765	UR1	UR2	681.87	1568.32	695.51	1599.69
Humana Health Plan of Texas -std- San Antonio area	888-393-6765	UR4	UR5	372.28	856.25	379.73	873.38
Humana Health Plan of Texas -high- Austin Area	888-393-6765	UU1	UU2	441.57	1015.60	450.40	1035.91
Humana Health Plan of Texas -std- Austin Area	888-393-6765	UU4	UU5	401.42	923.26	409.45	941.73
Pacificare of Texas -high- San Antonio, Dallas/Ft. Worth	866-546-0510	GF1	GF2	536.47	1233.48	547.20	1258.15
Utah							
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	496.12	1091.55	506.04	1113.38
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	423.15	930.93	431.61	949.55
Virgin Islands							
Triple-S -high- US Virgin Islands	800-981-3241	851	852	412.19	936.09	420.43	954.81

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results <small>(with national averages for HMO/POS plans in each category)</small>							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
South Dakota													
HealthPartners OA Copay	\$20/\$20	10% of charges	\$10	\$25/\$50	Yes								
HealthPartners 3 for Free	\$0 for 3, then 20%/\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes								
Sanford HP- Sanford HP-	In-Network Out-Network	\$20/\$30 40%/40%	\$100/day x 5 40%	\$15 N/A	\$30/\$50 N/A/N/A	N/A N/A	49.4 49.4	84.4 84.4	90 90	94 94	81.9 81.9	85.7 85.7	60.3 60.3
Sanford HP- Sanford HP-	In-Network Out-Network	\$25/\$25 40%/40%	\$100/day x 5 40%	\$15 N/A	\$30/\$50 N/A/N/A	No No	49.4 49.4	84.4 84.4	90 90	94 94	81.9 81.9	85.7 85.7	60.3 60.3
Tennessee													
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	63.4	85.7	86.6	92.2	86.8	90.7	57.1	
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	63.4	85.7	86.6	92.2	86.8	90.7	57.1	
Texas													
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	60.2	83.3	86.6	92.9	85.7	86.2	56.5	
Aetna Open Access-High	\$20/ \$30	\$150/day x 5	\$10	\$25/\$50	Yes	63.5	85.3	87	93.9	80.5	82.4	54	
Firstcare-High	\$20/\$55	\$150/dayX5	\$15	\$35/\$65	No	64.5	88.6	89.2	92.7	77.1	84.8	70.5	
Firstcare-High	\$20/\$55	\$150/dayX5	\$15	\$35/\$65	No	64.6	88.3	87.1	93.7	84.6	91.5	62.8	
Humana Health Plan-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes	69.3	89.1	84.3	89.9	83.3	84.7	61.5	
Humana Health Plan-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes	69.3	89.1	84.3	89.9	83.3	84.7	61.5	
Humana Health Plan-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	Yes								
Humana Health Plan-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	Yes								
Pacificare of Texas-High	\$20/\$40	\$250/day x 5	\$10	\$30/\$50	Yes	57.6	83.8	85.7	93.4	75.9	83.7	52.6	
Utah													
Altius Health Plans-High	\$10/\$15	\$100	\$5	\$20/\$50	Yes	62.1	81.9	86.6	94.4	84	88.3	53.5	
Altius Health Plans-Std	\$20/\$30	None	\$10	\$25/\$50	Yes								
Virgin Islands													
Triple-S- Triple-S-	In-Network Out-Network	\$7.50/\$10 \$7.50 +/\$10 +	None None	\$7.50 25%	\$12/\$15 25%/25%	Yes No							

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

See page 19 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Virginia							
Aetna Open Access -high- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	567.32	1270.73	578.67	1296.14
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	372.36	871.39	379.81	888.82
CareFirst BlueChoice -high- Northern Virginia	866-296-7363	2G1	2G2	450.08	1012.53	459.08	1032.78
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	1-877-574-3337	E31	E32	464.01	1087.02	473.29	1108.76
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	1-877-574-3337	E34	E35	264.51	629.46	269.80	642.05
M.D. IPA -high- N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	877-835-9861	JP1	JP2	444.80	1025.70	453.70	1046.21
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	493.94	1168.72	503.82	1192.09
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	354.73	839.35	361.82	856.14
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	433.07	991.34	441.73	1011.17
Washington							
Group Health Cooperative -high- Most of Western Washington	888-901-4636	541	542	538.87	1158.56	549.65	1181.73
Group Health Cooperative -std- Most of Western Washington	888-901-4636	544	545	340.95	769.77	347.77	785.17
Group Health Cooperative -high- Central WA/Spokane/Pullman	888-901-4636	VR1	VR2	567.13	1219.29	578.47	1243.68
Group Health Cooperative -std- Central WA/Spokane/Pullman	888-901-4636	VR4	VR5	351.76	809.10	358.80	825.28
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	385.21	831.44	392.91	848.07
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	516.38	1128.36	526.71	1150.93
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	500.67	1150.20	510.68	1173.20
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	414.46	952.12	422.75	971.16
West Virginia							
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	418.49	962.52	426.86	981.77
Wisconsin							
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	424.82	1062.06	433.32	1083.30
Group Health Cooperative -high- South Central Wisconsin	608-828-4827	WJ1	WJ2	419.68	1102.75	428.07	1124.81
HealthPartners Open Access Copay -high- Wisconsin	952-883-5000	V31	V32	532.55	1224.86	543.20	1249.36
HealthPartners Three for Free -std- Wisconsin	952-883-5000	V34	V35	280.65	645.47	286.26	658.38
Wyoming							
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	496.12	1091.55	506.04	1113.38
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	423.15	930.93	431.61	949.55

Plan Name – Location	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 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7
Virginia												
Aetna Open Access-High	\$15/\$25	\$150/day x3	\$5	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
Aetna Open Access-Basic	\$20/\$30	10% Plan Allow	\$10	\$25/\$50	No	59.2	81.6	89.1	92.9	84.7	85.1	57.4
CareFirst BlueChoice-High	\$20/\$30	\$100	\$10	\$25/\$40	Yes	60.5	80.2	83.9	90.9	70.6	85.2	53
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	63.6	74.5	75.6	88.6	77	79.3	54
Kaiser Foundation HP-Std	\$20/\$30	\$250/dayx3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	63.6	74.5	75.6	88.6	77	79.3	54
M.D. IPA-High	\$20/\$30	\$150/day x 3	\$7	\$25/\$50	No	58	80.4	82.4	91	81.6	80.9	54.7
Optima Health Plan-High	\$5/\$0 child<13/\$30	\$200	\$5	\$25/\$45/\$45	Yes	67.5	90.7	87.6	91.9	84.5	88.5	59.4
Optima Health Plan-Std	\$20/\$30	None	\$5	\$25/50% up to \$3,000	No							
Piedmont - In-Network	\$35/\$35	20%	\$15	\$30/\$55	Yes							
Piedmont - Out-Network	30%/30%	30%	\$15	\$30/\$55	Yes							
Washington												
Group Health Cooperative-High	\$20/\$20	\$350/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$500/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3
Group Health Cooperative-High	\$20/\$20	\$350/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3
Group Health Cooperative-Std	\$20+20%/\$20+20%	\$500/day x 3	\$15	\$30/\$60	Yes	64.4	83.6	87.3	93.3	85.8	88.6	57.3
KPS Health Plans- In-Network	\$15/3 or 20%/20%	\$100/day x 5	\$10	\$30/50% or \$40	Yes	68.4	90.7	89.2	92	90.1	91.5	58
KPS Health Plans- Out-Network	\$15/3 or 45%/45%	\$100/day x 5	Not Covered	Not Covered	No	68.4	90.7	89.2	92	90.1	91.5	58
KPS Health Plans- In-Network	\$30/\$30	None	\$5	\$20/ 50% or \$100	Yes	78.9	91.5	91	92.6	88.2	91.7	61.7
KPS Health Plans- Out-Network	\$20+45%/\$20+45%	None	Not covered	N/A/N/A	No	78.9	91.5	91	92.6	88.2	91.7	61.7
Kaiser Foundation HP-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	61.7	75.5	77.4	92.7	81.3	85.1	53.9
Kaiser Foundation HP-Std	\$20/\$30	\$250	\$20	\$40/\$40	Yes	61.7	75.5	77.4	92.7	81.3	85.1	53.9
West Virginia												
HP of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	73.7	90.8	90.7	95.5	90.3	95.1	62.3
Wisconsin												
Dean Health Plan-High	\$10/\$10	None	\$10	30%/\$75max/30%	No	70.7	85	88.7	94	84.9	91.1	61.5
Group Health Cooperative-High	\$10/\$10	None	\$5	\$20/\$20	No	74.7	80.9	86.9	94.7	88.2	89.4	56.3
HealthPartners OA Copay	\$20/\$20	10% of charges	\$10	\$25/\$50	Yes							
HealthPartners 3 for Free	\$0 for 3, then 20%/\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes							
Wyoming												
Altius Health Plans-High	\$10/\$15	\$100	\$5	\$20/\$50	Yes							
Altius Health Plans-Std	\$20/\$30	None	\$10	\$25/\$50	Yes							

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 48 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 greater flexibility and discretion over how you use your health care benefits.

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

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

The HDHP features higher annual deductibles (a minimum of \$1,150 for Self and \$2,300 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,800 for Self and \$11,600 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)

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. You are eligible for an HSA if you are enrolled in an HDHP, not covered by any other health plan that is not an HDHP (including a spouse’s health plan, but does not include specific injury insurance and accident, disability, dental care, vision care, or long-term coverage), not enrolled in Medicare, not received VA benefits within the last three months, not covered by your own or your spouse’s flexible spending account (FSA), and are not claimed as a dependent on someone else’s tax return. If you are enrolled in a High Deductible Health Plan with an HSA you may not participate in a Health Care Flexible Spending Account (HCFSAs), but you are permitted to participate in a Limited Expense (LEX) HCFSAs. 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 for more information. The 2008 maximum contribution limits are \$3,000 for Self Only coverage and \$5,950 for Self and Family coverage. 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.

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

Starting in 2007, Federal employees who are enrolled in HDHPs became eligible to make pre-tax allotments to their HSAs through The Federal Flexible Benefits Plan (FEDFLEX). By January 1, 2008, eligible employees will be able to make these allotments to their HSAs. OPM has worked with payroll providers and employee self service systems to provide this service.

Features of an HSA include:

- Tax-deductible deposits you make to the HSA. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969.
- 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, leave government service, or change plans.

Health Reimbursement Arrangement (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 not eligible 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.

If you are enrolled in a High Deductible Health Plan with an HRA you may participate in a Health Care Flexible Spending Account (HCFSA).

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

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)
ELIGIBILITY	You must enroll in a High Deductible Health Plan (HDHP). No other general medical insurance coverage is permitted. You cannot be enrolled in Medicare Part A or Part B. You cannot be claimed as a dependent on someone else's tax returns.	You must enroll in a High Deductible Health Plan (HDHP).
FUNDING	The plan deposits a monthly "premium pass through" into your account.	The plan deposits the credit amount directly into your account.
CONTRIBUTIONS	The maximum allowed is a combination of the health plan "premium pass through" and the member contribution up to the maximum contribution amount set by the IRS each year.	Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA.
DISTRIBUTIONS	May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents (even if they are not covered by the HDHP), or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses, including over-the-counter drugs.	May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses.
PORTABLE	Yes, you can take this account with you when you change plans, separate from service, or retire.	If you retire and remain in your HDHP 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 HDHP 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.

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

A Consumer-Driven plan provides you with freedom in spending health care dollars the way you want. The typical plan has common features: 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 receive full coverage for In-Network preventive care.

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FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

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		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
APWU Health Plan -CDHP	866-833-3463	474	475	336.70	757.47	343.43	772.62
GEHA High Deductible Health Plan -HDHP	800-821-6136	341	342	380.81	869.79	388.43	887.19
Mail Handlers Benefit Plan Consumer Option -HDHP	800-694-9901	481	482	301.77	683.82	307.81	697.50

Appendix E FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement

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
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-Network	N/A	\$600/\$1,200	\$9,000/\$9,000	40%+diff.	None	40%+diff.	Nothing up to \$1200	Not Covered
GEHA HDHP-	In-Network	\$60/\$120	\$1,500/\$3,000	\$5,000/\$10,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA HDHP-	Out-Network	\$60/\$120	\$1,500/\$3,000	\$5,000/\$10,000	25%	25%	25%	Ded/25%	25%+/25%+/25%+
Mail Handlers Benefit Plan Consumer Option-	In-Network	\$70/\$140	\$2,000/\$4,000	\$5,000/\$10,000	\$15	\$75 day-\$750	Nothing	Nothing	\$10/\$25/\$40
Mail Handlers Benefit Plan Consumer Option-	Out-Network	\$70/\$140	\$2,000/\$4,000	\$7,500/\$15,000	40%	40%	40%	Not Covered	Not Covered

High Deductible Health Plans and Consumer-Driven Health Plan Member Survey Results

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. See Appendix D for a fuller explanation of each survey category.

Overall Plan Satisfaction	<ul style="list-style-type: none"> How would you rate your overall experience with your health plan?
Getting Needed Care	<ul style="list-style-type: none"> Was it easy to get an appointment with specialists? Was it easy to get the care, tests, or treatment you thought you needed?
Getting Care Quickly	<ul style="list-style-type: none"> Did you get the advice or help you needed when you called your doctor during regular office hours? Could you get an appointment for regular or routine care as soon as you thought you needed?
How Well Doctors Communicate	<ul style="list-style-type: none"> Did your doctor listen carefully to you and explain things in a way you could understand? Did your doctor spend enough time with you?
Customer Service	<ul style="list-style-type: none"> Was your plan helpful when you called its customer service? Did the plan's written materials or the Internet provide you with the information you needed about how the plan works?
Claims Processing	<ul style="list-style-type: none"> Did your plan pay your claims quickly and correctly?
Shared Decision Making	<ul style="list-style-type: none"> Did your doctor talk with you about the pros and cons of each choice for your treatment or health care? When there was more than one choice for your treatment or health care, did your doctor ask which choice was best for you?

		Member Survey Results (with national averages for High Deductible Health Plans and Consumer-Driven Health Plans in each category)						
High Deductible Health Plans	Plan Code	Overall plan satisfaction 58.2	Getting needed care 85.1	Getting care quickly 87.3	How well doctors communicate 93.8	Customer service 83.3	Claims processing 87.5	Shared decision making 53.8
Aetna Health Fund - Nationwide	22	58.6	85.3	87.5	95.3	82.8	88.1	47.8
AultCare HMO - OH	3A	67.9	90.5	88	94	90.3	93.5	59.5
Bluegrass Family Health - IN, KY, TN	KV	62.7	87.8	89.2	94.5	82.1	91.2	61.2
GEHA High Deductible Health Plan - Nationwide	34	58.1	84	85.3	92.9	85.6	90.4	48.2
Mail Handlers Benefit Plan Consumer Option	48	49.8	83.5	89.2	94.7	82.4	80.4	52
UnitedHealthcare Insurance Company, Inc. - 23 States and D.C.	E9	52.1	79.7	84.8	91.4	76.6	81.3	54.4
Consumer-Driven Health Plans	Plan Code	Overall plan satisfaction 54	Getting needed care 85.5	Getting care quickly 86.1	How well doctors communicate 92.9	Customer service 80.1	Claims processing 85.4	Shared decision making 55.9
Aetna Health Fund - Nationwide	22	58.6	85.3	87.5	95.3	82.8	88.1	47.8
APWU Health Fund - Nationwide	47	64.3	87.9	88.8	94.1	78.9	83.2	50.5
Humana Coverage First - IN, KY, OH	L8	42.5	85.9	84.3	93.3	76.4	85.8	63.3
Humana Coverage First - FL	MJ	50.6	82.7	84	88.9	82.4	84.6	62.1

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High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Alabama							
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Alabama	877-459-6604	224	225	268.04	587.02	273.40	598.76
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Alaska	877-459-6604	224	225	268.04	587.02	273.40	598.76
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Arizona	877-459-6604	224	225	268.04	587.02	273.40	598.76
Humana CoverageFirst -CDHP- Phoenix/Tucson Area	888-393-6765	DB1	DB2	303.88	698.97	309.96	712.95
UnitedHealthcare Insurance Company, Inc. -HDHP- Arizona	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Arizona	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Arkansas	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Arkansas	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Arkansas	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of California	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of California	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of California	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Alabama									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Alaska									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Arizona									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Arkansas									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
California									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Colorado	877-459-6604	224	225	268.04	587.02	273.40	598.76
Humana CoverageFirst -CDHP- Denver Area	888-393-6765	7T1	7T2	316.55	728.07	322.88	742.63
Humana CoverageFirst -CDHP- Colorado Springs Area	888-393-6765	FC1	FC2	316.55	728.07	322.88	742.63
UnitedHealthcare Insurance Company, Inc. -HDHP- Denver Area	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Denver Area	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Connecticut							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Connecticut	877-459-6604	224	225	268.04	587.02	273.40	598.76
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Delaware	877-459-6604	224	225	268.04	587.02	273.40	598.76
Coventry Health Care HDHP -HDHP- All of Delaware	800/833-7423	LK1	LK2	353.15	855.62	360.21	872.73
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Washington DC	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Washington DC	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Washington DC	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Colorado									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Connecticut									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Delaware									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Coventry Health Care-	In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care-	Out-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/ N/A
District of Columbia									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Florida	877-459-6604	224	225	268.04	587.02	273.40	598.76
Humana CoverageFirst -CDHP- Pensacola Area	888-393-6765	BP1	BP2	386.97	890.07	394.71	907.87
Humana CoverageFirst -CDHP- Daytona Area	888-393-6765	DL1	DL2	422.13	970.97	430.57	990.39
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	371.41	854.27	378.84	871.36
Humana CoverageFirst -CDHP- Jacksonville Area	888-393-6765	MQ1	MQ2	388.31	893.12	396.08	910.98
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	303.88	698.97	309.96	712.95
Humana CoverageFirst -CDHP- Orlando Area	888-393-6765	YG1	YG2	351.72	808.97	358.75	825.15
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and Southwest Florida	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and Southwest Florida	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Georgia							
Aetna HealthFund -CDHP- Most of Georgia	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Georgia	877-459-6604	224	225	268.04	587.02	273.40	598.76
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	299.02	687.74	305.00	701.49
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	369.35	849.55	376.74	866.54
Kaiser Foundation Health Plan of Georgia Inc. HDHP- Atlanta, Athens, Columbus, Macon, Savannah	888/865-5813	GW1	GW2	328.99	739.59	335.57	754.38
UnitedHealthcare Insurance Company, Inc. -HDHP- Atlanta, Athens, Macon Areas	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Atlanta, Athens, Macon Areas	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Florida									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Georgia									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Kaiser Foundation HP- HDHP		\$62.50/\$125.00	\$1,500/\$3,000	\$3,000/\$6,000	20%	20%	20%	\$15	20%/20%/20%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	380.40	959.66	388.01	978.85
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Idaho	877-459-6604	224	225	268.04	587.02	273.40	598.76
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	398.84	826.28	406.82	842.81
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Illinois	877-459-6604	224	225	268.04	587.02	273.40	598.76
Group Health Plan, Inc. -HDHP- Southern/Central	800-755-3901	MM4	MM5	485.92	1052.72	495.64	1073.77
Health Alliance HMO -HDHP- Central, E cent.,N. cent.So, W. Illinois	800-851-3379	FM1	FM2	403.17	903.65	411.23	921.72
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	287.32	660.81	293.07	674.03
Unicare HMO -HDHP- Chicagoland Area	888-234-8855	721	722	291.37	637.13	297.20	649.87
UnitedHealthcare Insurance Company, Inc. -HDHP- St. Louis Area	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- St. Louis Area	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Guam									
TakeCare-	In-Network	\$86.66/\$222.08	\$3,000/\$6,000	\$5,000/\$10,000	20% after DED	20% after DED	20% after DED	1st \$300/ded	\$20/\$40/\$150
TakeCare-	Out-Network	\$86.66/\$222.08	\$3,000/\$6,000	\$10,000/\$20,000	30% after DED	30% after DED	30% after DED	1st \$300/ded	30% after DED
Idaho									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/\$208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$10/\$25/\$50
Illinois									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/\$208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Group Health Plan, Inc.-	In-Network	\$62.50/\$125.00	\$1,500/\$3,000	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc.-	Out-Network	\$62.50/\$125.00	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	N/A/N/A/N/A
Health Alliance HMO-	In-Network	\$83.34/\$166.67	\$2000/\$4000	\$2000/\$4000	\$0	None	0%	N/A	0%/0% coinsurance/0%
Health Alliance HMO-	Out-Network	\$83.34/\$166.67	\$4000/\$8000	\$10000/\$20000	50%	None	50%	N/A	50%/50%/50%
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Unicare HMO-	In-Network	\$60/\$120	\$1,500/\$3,000	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$20/\$40
Unicare HMO-	Out-Network	\$60/\$120	\$3,000/\$6,000	\$6,000/\$12,000	30%	30%	30%	Ded. + 30%	\$10 + 30%/\$20 + 30%/\$40 + 30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Indiana	877-459-6604	224	225	268.04	587.02	273.40	598.76
Bluegrass Family Health -HDHP- Southern Indiana	800-787-2680	KV1	KV2	433.33	866.65	442.00	883.98
Health Alliance HMO -HDHP- Western Indiana	800-851-3379	FM1	FM2	403.17	903.65	411.23	921.72
Humana CoverageFirst -CDHP- Eastern Indiana Area	888-393-6765	L81	L82	351.72	808.97	358.75	825.15
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	287.32	660.81	293.07	674.03
Unicare HMO -HDHP- Lake/Porter Counties	888-234-8855	721	722	291.37	637.13	297.20	649.87
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Iowa	877-459-6604	224	225	268.04	587.02	273.40	598.76
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	328.34	783.58	334.91	799.25
Health Alliance HMO -HDHP- Central Iowa	800-851-3379	FM1	FM2	403.17	903.65	411.23	921.72
UnitedHealthcare Insurance Company, Inc. -HDHP- Central Iowa	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Central Iowa	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Indiana									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Bluegrass Family Health-	In-Network	\$104.17/\$208.33	\$2,500/\$5,000	\$5,000/\$7,500	0%	0%	0%	Nothing	\$10/\$20/\$30/\$30
Bluegrass Family Health-	Out-Network	\$104.17/\$208.33	\$5,000/\$10,000	\$10,000/\$15,000	30%	30%	30%	Ded/30%	N/A/N/A/N/A
Health Alliance HMO-	In-Network	\$83.34/\$166.67	\$2000/\$4000	\$2000/\$4000	\$0	None	0%	N/A	0%/0% coinsurance/0%
Health Alliance HMO-	Out-Network	\$83.34/\$166.67	\$4000/\$8000	\$10000/\$20000	50%	None	50%	N/A	50%/50%/50%
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Unicare HMO-	In-Network	\$60/\$120	\$1,500/\$3,000	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$20/\$40
Unicare HMO-	Out-Network	\$60/\$120	\$3,000/\$6,000	\$6,000/\$12,000	30%	30%	30%	Ded. + 30%	\$10 + 30%/\$20 + 30%/\$40 + 30%
Iowa									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Coventry Health Care of Iowa		\$66.66/\$133.33	\$1,800/\$3,600	\$5,000/\$10,000	\$20	10%	10%	\$20/\$30/10%	\$10/\$30/\$55
Health Alliance HMO-	In-Network	\$83.34/\$166.67	\$2000/\$4000	\$2000/\$4000	\$0	None	0%	N/A	0%/0% coinsurance/0%
Health Alliance HMO-	Out-Network	\$83.34/\$166.67	\$4000/\$8000	\$10000/\$20000	50%	None	50%	N/A	50%/50%/50%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Kansas	877-459-6604	224	225	268.04	587.02	273.40	598.76
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City	Local phone #	114	115	369.76	865.93	377.16	883.25
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City/Wichita/Salina Areas	800-969-3343	9H1	9H2	291.55	685.12	297.38	698.82
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	271.22	623.87	276.64	636.35
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City Area	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City Area	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Kentucky	877-459-6604	224	225	268.04	587.02	273.40	598.76
Bluegrass Family Health -HDHP- Kentucky	800-787-2680	KV1	KV2	433.33	866.65	442.00	883.98
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	351.72	808.97	358.75	825.15
Humana CoverageFirst -CDHP- Northern Kentucky	888-393-6765	L81	L82	351.72	808.97	358.75	825.15
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Louisiana	877-459-6604	224	225	268.04	587.02	273.40	598.76
Coventry Health Care of Louisiana HDHP -HDHP- New Orleans area	800/341-6613	HB1	HB2	378.65	879.43	386.22	897.02
Humana CoverageFirst -CDHP- New Orleans Area	888-393-6765	9J1	9J2	334.21	768.71	340.89	784.08
Humana CoverageFirst -CDHP- Baton Rouge Area	888-393-6765	9L1	9L2	369.35	849.55	376.74	866.54
UnitedHealthcare Insurance Company, Inc. -HDHP- Louisiana	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Louisiana	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Kansas									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
BCBS Service Benefit Plan		\$75/\$150	\$2,900/\$5,800	\$2,900/\$5,800	Nothing	Nothing	Nothing	Nothing	Nothing
Coventry Health Care -HDHP		\$50.00/\$100.00	\$2,500/\$5,000	\$2,500/\$5,000	\$20	None	Nothing	\$20/\$35/20%	Nothing
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Kentucky									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Bluegrass Family Health-	In-Network	\$104.17/\$208.33	\$2,500/\$5,000	\$5,000/\$7,500	0%	0%	0%	Nothing	\$10/\$20/\$30/\$30
Bluegrass Family Health-	Out-Network	\$104.17/\$208.33	\$5,000/\$10,000	\$10,000/\$15,000	30%	30%	30%	Ded/30%	N/A/N/A/N/A
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Louisiana									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Coventry Health Care-	In-Network	\$41.67/\$83.34	\$1,150/\$2,300	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care-	Out-Network	\$41.67/\$83.34	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A/N/A/N/A
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Maine	877-459-6604	224	225	268.04	587.02	273.40	598.76
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Maryland	877-459-6604	224	225	268.04	587.02	273.40	598.76
Coventry Health Care HDHP -HDHP- All of Maryland	800/833-7423	GZ1	GZ2	276.10	667.46	281.62	680.81
UnitedHealthcare Insurance Company, Inc. -HDHP- Maryland	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Maryland	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Massachusetts	877-459-6604	224	225	268.04	587.02	273.40	598.76
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Michigan	877-459-6604	224	225	268.04	587.02	273.40	598.76
Health Alliance Plan -HDHP- Southeastern Michigan/Flint area	800-556-9765	524	525	405.75	1015.99	413.87	1036.31
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Minnesota	877-459-6604	224	225	268.04	587.02	273.40	598.76
Blue Cross and Blue Shield Service Benefit Plan -HDHP- MI	Local phone #	114	115	369.76	865.93	377.16	883.25

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
Maine									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Maryland									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Coventry Health Care-	In-Network	\$41.67/\$83.34	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care-	Out-Network	\$41.67/\$83.34	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/ N/A
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Massachusetts									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Michigan									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Health Alliance Plan		\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	\$15	None	\$0 after ded	\$15/\$25	\$10/\$20/\$50
Minnesota									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
BCBS Service Benefit Plan		\$75/\$150	\$2,900/\$5,800	\$2,900/\$5,800	Nothing	Nothing	Nothing	Nothing	Nothing

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Mississippi							
Aetna HealthFund -CDHP- Most of Mississippi	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Mississippi	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Mississippi	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Mississippi	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Missouri	877-459-6604	224	225	268.04	587.02	273.40	598.76
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City	Local phone #	114	115	369.76	865.93	377.16	883.25
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City Area	800/969-3343	9H1	9H2	291.55	685.12	297.38	698.82
Group Health Plan, Inc. -HDHP- St. Louis Area	800-755-3901	MM4	MM5	485.92	1052.72	495.64	1073.77
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	271.22	623.87	276.64	636.35
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Montana							
Aetna HealthFund -CDHP- South/Southeast/Western Montana	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- South/Southeast/Western Montana	877-459-6604	224	225	268.04	587.02	273.40	598.76
Nebraska							
Aetna HealthFund -CDHP- Most of Nebraska	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Nebraska	877-459-6604	224	225	268.04	587.02	273.40	598.76

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
Mississippi									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Missouri									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
BCBS Service Benefit Plan		\$75/\$150	\$2,900/\$5,800	\$2,900/\$5,800	Nothing	Nothing	Nothing	Nothing	Nothing
Coventry Health Care-HDHP		\$50.00/\$100.00	\$2,500/\$5,000	\$2,500/\$5,000	\$20	None	Nothing	\$20/\$35/20%	Nothing
Group Health Plan, Inc.-	In-Network	\$62.50/\$125.00	\$1,500/\$3,000	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc.-	Out-Network	\$62.50/\$125.00	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	N/A/N/A/N/A
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Montana									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Nebraska									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Nevada							
Aetna HealthFund -CDHP- Las Vegas/Clark and Nye Counties	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Las Vegas/Clark and Nye Counties	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Nevada	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Nevada	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of New Hampshire	877-459-6604	224	225	268.04	587.02	273.40	598.76
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of New Jersey	877-459-6604	224	225	268.04	587.02	273.40	598.76
Coventry Health Care HDHP -HDHP- Southern New Jersey	800/833-7423	LK1	LK2	353.15	855.62	360.21	872.73
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- New Mexico	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- New Mexico	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Nevada									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
New Hampshire									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
New Jersey									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Coventry Health Care-	In-Network	\$41.67/\$83.34	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	\$15/\$25	No copay/\$25/\$50
Coventry Health Care-	Out-Network	\$41.67/\$83.34	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/ N/A
New Mexico									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of New York	877-459-6604	224	225	268.04	587.02	273.40	598.76
CDPHP Universal Benefits - HDHP -HDHP- Upstate, Hudson Valley, Cent New York	877/269-2134	SX1	SX2	284.72	734.61	290.41	749.30
Independent Health Assoc -HDHP- Western New York	800/501-3439	QA4	QA5	371.61	930.48	379.04	949.09
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of North Carolina	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of NC	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of NC	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of North Dakota	877-459-6604	224	225	268.04	587.02	273.40	598.76
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Ohio	877-459-6604	224	225	268.04	587.02	273.40	598.76
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	365.15	731.66	372.45	746.29
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Ohio	Local phone #	114	115	369.76	865.93	377.16	883.25
Humana CoverageFirst -CDHP- Cincinnati/Dayton Area	888-393-6765	L81	L82	351.72	808.97	358.75	825.15
Paramount Health Care -HDHP- Northwest/North Central Ohio	800/462-3589	U24	U25	389.26	907.99	397.05	926.15
UnitedHealthcare Insurance Company, Inc. -HDHP- Cleveland and Columbus Areas	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Cleveland and Columbus Areas	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
New York									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
CDPHP Universal-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 for each
CDPHP Universal-HDHP-	Out-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/N/A/N/A
Independent Health-	In-Network	\$66.42/\$166.67	\$2000/\$4000	\$5000/\$10000	\$15	Nothing	20%	\$15	\$7/\$25/\$40
Independent Health-	Out-Network	\$66.42/\$166.67	\$2000/\$4000	\$5000/\$10000	40%	40%	40%	Ded/40%	N/A/N/A/N/A
North Carolina									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
North Dakota									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Ohio									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
AultCare HMO-	In-Network	83.34/166.67	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO-	Out-Network	83.34/166.67	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%/40%/40%
BCBS Service Benefit Plan		\$75/\$150	\$2,900/\$5,800	\$2,900/\$5,800	Nothing	Nothing	Nothing	Nothing	Nothing
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Paramount Health Care		\$41.67/\$83.34	\$1,500/\$3,000	\$1,500/\$3,000	Ded/Ded. + Coins.	\$0 after DED	Ded./Ded + Coins.	Nothing	\$0 after DED
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Oklahoma							
Aetna HealthFund -CDHP- Most of Oklahoma	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Oklahoma	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and North East Oklahoma	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and North East Oklahoma	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Oregon	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Metro Portland/Salem/Corvallis/Eugene	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Metro Portland/Salem/Corvallis/Eugene	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Pennsylvania	877-459-6604	224	225	268.04	587.02	273.40	598.76
HealthAmerica Pennsylvania-HDHP -HDHP- Southeastern PA	866-351-5946	9N1	9N2	435.07	982.84	443.77	1002.50
HealthAmerica Pennsylvania-HDHP -HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	374.88	925.80	382.38	944.32
HealthAmerica Pennsylvania-HDHP -HDHP- Central Pennsylvania	866-351-5946	YW1	YW2	446.83	1011.57	455.77	1031.80
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	454.85	1009.75	463.95	1029.95
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Rhode Island	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- RI	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- RI	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
Oklahoma									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Oregon									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Pennsylvania									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
HealthAmerica-HDHP		\$52.09/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica-HDHP		\$52.09/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica-HDHP		\$52.09/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
UPMC Health Plan-	In-Network	\$104.17/\$208.34	\$2,500/\$5,000	\$4,000/\$8,000	Nothing	None	Nothing	Nothing	\$15/\$30/\$50
UPMC Health Plan-	Out-Network	\$104.17/\$208.34	\$2,500/\$5,000	\$5,500/\$11,000	20%	None	20%	20%	N/A/N/A/N/A
Rhode Island									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
South Carolina							
Aetna HealthFund -CDHP- Most of South Carolina	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of South Carolina	877-459-6604	224	225	268.04	587.02	273.40	598.76
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Areas	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Rapid City/Sioux Falls Areas	877-459-6604	224	225	268.04	587.02	273.40	598.76
Tennessee							
Aetna HealthFund -CDHP- Most of Tennessee	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Tennessee	877-459-6604	224	225	268.04	587.02	273.40	598.76
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Tennessee	Local phone #	114	115	369.76	865.93	377.16	883.25
Bluegrass Family Health -HDHP- Knoxville/Nashville Areas	800-787-2680	KV1	KV2	433.33	866.65	442.00	883.98
Humana CoverageFirst -CDHP- Nashville Area	888-393-6765	BT1	BT2	351.72	808.97	358.75	825.15
Humana CoverageFirst -CDHP- Memphis Area	888-393-6765	L61	L62	354.51	815.47	361.60	831.78
UnitedHealthcare Insurance Company, Inc. -HDHP- Tennessee	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Tennessee	877-835-9861	E94	E95	357.05	790.36	364.19	806.17

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
South Carolina									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
South Dakota									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Tennessee									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
BCBS Service Benefit Plan		\$75/\$150	\$2,900/\$5,800	\$2,900/\$5,800	Nothing	Nothing	Nothing	Nothing	Nothing
Bluegrass Family Health-	In-Network	\$104.17/\$208.34	\$2,500/\$5,000	\$5,000/\$7,500	Nothing	Nothing	Nothing	Nothing	\$10/\$20/\$30/\$30
Bluegrass Family Health-	Out-Network	\$104.17/\$208.34	\$5,000/\$10,000	\$10,000/\$15,000	30%	30%	30%	Ded/30%	N/A/N/A/N/A
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40

High Deductible and Consumer-Driven Health Plans

See page 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Texas							
Aetna HealthFund -CDHP- Most of Texas	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Texas	877-459-6604	224	225	268.04	587.02	273.40	598.76
Humana CoverageFirst -CDHP- Houston Area	888-393-6765	T21	T22	354.16	814.60	361.24	830.89
Humana CoverageFirst -CDHP- Dallas/Ft. Worth Area	888-393-6765	T81	T82	438.92	1009.65	447.70	1029.84
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	354.21	814.71	361.29	831.00
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	336.94	775.00	343.68	790.50
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	354.51	815.45	361.60	831.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of TX	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of TX	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Utah	877-459-6604	224	225	268.04	587.02	273.40	598.76
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	398.84	826.28	406.82	842.81
Humana CoverageFirst -CDHP- Salt Lake City Area	888-393-6765	IA1	IA2	351.72	808.97	358.75	825.15
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Vermont	877-459-6604	224	225	268.04	587.02	273.40	598.76

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
Texas									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-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	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Utah									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$10/\$25/\$50
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	Stated Copays	\$20	\$250/day x 5	\$150	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Vermont									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Virginia	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Virginia	877--835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Virginia	877--835-9861	E94	E95	357.05	790.36	364.19	806.17
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of Washington	877-459-6604	224	225	268.04	587.02	273.40	598.76
KPS Health Plans -HDHP- All of Washington	800/552-7114	L14	L15	319.11	697.30	325.49	711.25
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Washington	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Washington	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- Most of West Virginia	877-459-6604	224	225	268.04	587.02	273.40	598.76

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
Virginia									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Washington									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
KPS Health Plans-	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-	Out-Network	\$50/\$100	\$1,500/\$3,000	\$5,000/\$10,000	40%	None	40%	Not Covered	Not Covered
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	\$0 PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
West Virginia									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$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 48-49 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Wisconsin	877-459-6604	224	225	268.04	587.02	273.40	598.76
UnitedHealthcare Insurance Company, Inc. -HDHP- Wisconsin	877-835-9861	E91	E92	305.31	682.07	311.42	695.71
UnitedHealthcare Insurance Company, Inc. -CDHP- Wisconsin	877-835-9861	E94	E95	357.05	790.36	364.19	806.17
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	221	222	350.83	806.89	357.85	823.03
Aetna HealthFund -HDHP- All of Wyoming	877-459-6604	224	225	268.04	587.02	273.40	598.76
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	398.84	826.28	406.82	842.81

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
Wisconsin									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
UnitedHealthcare-	In-Network	\$62.50/125	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$30/\$50
UnitedHealthcare-	Out-Network	\$62.50/125	\$3000/\$6000	\$6000/\$12000	35%	35%	35%	35%	\$10/\$30/\$50
UnitedHealthcare-	In-Network	\$104.17/208.33	\$2000/\$4000	\$3000/\$6000	10% PV/10% SIC	10%	10%	Nothing	\$10/\$25/\$40
UnitedHealthcare-	Out-Network	\$104.17/208.33	\$2000/\$4000	\$4000/\$8000	40%	40%	40%	40%	\$10/\$25/\$40
Wyoming									
Aetna HealthFund-	In-Network	\$104.16/\$208.33	\$750/\$1,500	\$3,000/\$6,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$104.16/208.33	\$750/\$1,500	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/30%/30%
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$10/\$25/\$50

