
Introducing the **2009**

Guide to Federal Benefits

For Federal Retirees and
Their Survivors

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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

As a Federal retiree, the benefits available to you represent a significant piece of your compensation package. They may provide important insurance coverage to protect you and your family, and/or, in some cases, offer tax advantages that reduce the burden in 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 benefits offered to you as a Federal retiree, and assist you in making informed choices about these benefits as you move through your retirement years.

Benefits Programs Included in this Guide

In addition to your Civil Service or Federal Employees Retirement System benefits and the Thrift Savings Plan, the Federal government offers other benefits programs to eligible retirees. This Guide includes information on these additional programs:

- Federal Employees Health Benefits Program
- Federal Employees Dental and Vision Insurance Program
- Federal Employees' Group Life Insurance Program
- Federal Long Term Care Insurance Program

If you are a retiree, it will provide the most current information regarding the benefit programs, and will support you as you make decisions during the annual Open Season, or experience life events that cause you to reconsider previous choices. It also contains some tips on what to consider as you make your decisions.

Additional Information

You will find references throughout the Guide 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 Federal benefit programs.

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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Changing Enrollment During Open Season

Each year, in early November, your current health benefits plan sends you a brochure, and your retirement office sends you instructions for ordering brochures and making Open Season changes. It is very important that you keep your address up to date to ensure that you receive your Open Season materials each year. If you move, please be sure to let your retirement office know your new address. Any address request sent to OPM must have your CSA or CSF claim number so that we can identify you.

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

If you decide not to change your enrollment, do not respond to the Open Season material. Your coverage under your current health plan continues automatically.

Cancellation – You may voluntarily cancel your enrollment at any time. If you cancel, you will not be entitled to a 31-day extension of coverage for conversion to a non-group (private) policy and neither you nor your family members will be entitled to a temporary continuation of coverage (TCC). Once your cancellation takes effect, you will not be able to enroll again as a retiree unless you have been continuously covered as a family member under another enrollment in the FEHB since the date of your cancellation, and you lose the coverage because the enrollment ends or the enrollee changes from self and family to self only.

Suspension – You may suspend your FEHB enrollment for any of the following reasons:

- to enroll in a Medicare Advantage plan (these are Health Maintenance Organizations or Fee-for-Service plans approved by the Centers for Medicare and Medicaid Services);

- because you are eligible under Medicaid or a similar state-sponsored program of medical assistance for the needy; or
- because you have coverage under Peace Corps, TRICARE, TRICARE For Life, or CHAMPVA military program.

For more information on how to suspend your FEHB enrollment, contact your retirement office. Time limitations and other restrictions apply. For instance, you must submit

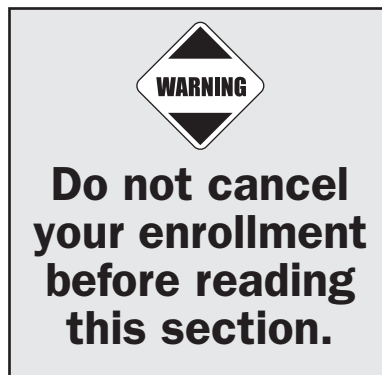
eligibility documentation that you are suspending FEHB to enroll in one of the other programs listed in case you wish to reenroll in the FEHB Program at a later time.

If you have suspended FEHB coverage for one of the eligible programs (and submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside Open Season only if you

move out of the Medicare Advantage plan's service area, or you involuntarily lose coverage under one of the eligible programs. If you cancel your coverage from one of those eligible programs for any reason, you cannot reenroll in FEHB until Open Season.

Coordination of FEHB benefits with Medicare or other coverage – If the original Medicare Plan is your primary payer, which is generally the case if you have Medicare and are not working, check the plan brochure to see if the plan waives some of its FEHB cost-sharing (e.g., deductibles, coinsurance, or copayments).

If you are interested in an HMO plan, some FEHB HMOs also offer Medicare Advantage plans. Information on coordinating benefits with other coverage, original Medicare or Medicare Advantage is available in Section 9 of the plan brochures



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 employees, retirees and their dependents. If you continuously maintain your FEHB enrollment, or are covered by the FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement, and you retire on an immediate annuity, you can continue to participate in the FEHB after retirement. The Program benefits you receive as a retiree are the same coverage Federal employees receive and at the same cost. If you leave government employment before retiring, the Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

If you are currently enrolled in the FEHB and do not want to change plans or enrollment type, you do not need to do anything. Your enrollment will continue automatically.

Appendix E includes a comparison chart of all the plans in the FEHB with information comparing basic benefits and costs.

Key FEHB 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.
- 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.

How much does it cost?

The premiums for your enrollment are shared by you and your Federal agency or retirement system. The government pays the lesser of: 72% of the average total premium of all plans weighted by the

Federal Employees Health Benefits (FEHB) Program

number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are an employee, you automatically pay your share of the premium through a payroll deduction using pre-tax dollars, unless you elect not to. The charts in Appendix E provide cost information for all plans in the FEHBP.

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you have an appointment other than a career or career conditional appointment and your agency has not provided you information about enrollment, you should contact your human resources office for information.

When you retire, you are eligible to continue health benefits coverage if you retire on an immediate annuity under a retirement system for civilian employees (including FERS MRA + 10 retirements) and you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you suspend your FEHB coverage as a retiree because you are covered by TRICARE, a Medicare Advantage Plan, Medicaid, or Peace Corps volunteer coverage, you may reenroll under certain conditions. (You should contact your retirement system for information on your eligibility.) **If you are not enrolled in or covered as a family member under FEHB when you retire, you will not be able to enroll after retirement.**

How do I enroll?

You may be able to enroll using the health benefits enrollment form (SF 2809) or through an agency self-service system such as Employee Express, MyPay, Employee Personal Page, or EBIS. Contact the human resources office of your employing agency for details.

How do I get more information about this program?

Visit the FEHBP online at www.opm.gov/insure/health for information including:

- How to compare and choose among health plans
- Health plan websites and plan brochures
- How to file a disputed claim request
- Getting quality healthcare
- Medicare and FEHB

Federal Employees Dental and Vision Insurance Program (FEDVIP)

What does this Program offer?

The Federal Employees Dental and Vision Insurance Program provides comprehensive dental and vision insurance at competitive group rates. There are seven dental plans and three vision plans from which to choose. FEDVIP features nationwide, international, and regional plans.

A dental or vision insurance plan is much like a health insurance plan; you may be required to meet a deductible and provide a copay or coinsurance payments for your dental or vision services. With any plan choice, you should look at all the information and find a plan that will best fit your needs. You should also review your FEHB plan brochure to determine what dental and/or vision coverage the FEHB plan provides.

If you are currently enrolled in FEDVIP and you take no action during Open Season, your current coverage will continue in 2009, provided you remain eligible for the Program. Enrollment continues year to year, automatically. **Please Note:** your premiums and benefits may change for 2009.

Key FEDVIP Facts

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP is separate and different from the FEHB Program.
- FEDVIP coverage continues each year. You do not need to re-enroll each year. If you do not want to change plans or enrollment type, do nothing.
- You can only cancel FEDVIP coverage during Open Season, upon deployment to active military duty or upon transfer to another agency where you enroll in their dental and/or vision plan and the agency pays at least 50% of the premium. You cannot cancel just because you retire or because you can no longer afford the premiums.
- Coordination of benefits (COB) with your FEHB plan, if you are enrolled in an FEHB plan, is a requirement under the FEDVIP law. The FEDVIP plan is always secondary to the FEHB plan.
- You can use your Flexible Spending Account (FSA) with FEDVIP. You can submit your FEDVIP copayments and deductibles as eligible expenses against your FSA account.
- Cancellation of coverage can only be made during Open Season or upon deployment to active military duty.
- All nationwide FEDVIP plans provide 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.
- There are no pre-existing condition limitations.
- There is no opportunity to convert to a private plan when your FEDVIP coverage ends. There is no 31-day extension of coverage, Temporary Continuation of Coverage (TCC), Spouse Equity coverage, or right to convert to an individual policy (conversion policy).

Federal Employees Dental and Vision Insurance (FEDVIP) Program

What enrollment types are available?

- Self Only, which covers only the enrolled employee or retiree;
- Self Plus One, which covers the enrolled employee or retiree plus one eligible family member specified by the enrollee; and
- Self and Family, which covers the enrolled employee or retiree and all eligible family members.

Appendix I lists the available dental and vision insurance plans along with basic benefit information.

How much does it cost?

You pay the entire premium. There is no government contribution to the premium. If you are an active employee, your premiums are taken from your salary on a pre-tax basis if your salary is sufficient to make the premium withholding. When you retire, premiums are withheld from your monthly annuity check on a post-tax basis if your annuity is sufficient.

Premiums for the nationwide dental plans and one regional dental plan are based on where you live. This is called your rating region. Your home ZIP code is used to find your rating region. Rating regions vary by carrier. The vision plans do not have rating regions. Enrolling in a FEDVIP plan will not reduce your FEHB premium.

See Appendices J and K to find 1) the rating region assigned to the area where you live by the different dental plans and 2) the related premium you will pay. You may also go to our website at www.opm.gov/insure/dental and www.opm.gov/insure/vision for premium and rating region information.

Am I eligible to enroll?

In general, Federal employees eligible for FEHB coverage (whether or not actually enrolled) and retirees (regardless of FEHB status) are eligible to enroll in a dental and/or vision plan. Former spouses and deferred annuitants are NOT eligible to enroll. Anyone receiving an insurable interest annuity who is not also an eligible family member is NOT eligible to enroll.

When can I enroll?

If you are a new employee eligible for FEDVIP, or an employee who has become newly eligible to enroll, you may enroll within 60 days of first becoming eligible. This is a one-time opportunity outside of Open Season to enroll. There is a separate 60 day enrollment period for dental and vision. For example: you may enroll in a dental plan on day 30 and a vision plan on day 59. Once you enroll, your 60 day opportunity for that type of plan ends.

An eligible employee or retiree may also enroll during the annual Federal Benefits Open Season, which runs from the Monday of the second full work week in November through the Monday of the second full work week in December. An eligible employee or retiree may enroll, cancel, change

Federal Employees Dental and Vision Insurance (FEDVIP) Program

enrollment type, or options during Open Season. They may enroll or make changes outside of Open Season if they experience a qualifying life event (QLE) such as a change in family or other insurance coverage status. Please see Appendix H for more information about QLEs that permit employees and retirees to enroll or make changes in FEDVIP.

If you enroll during Open Season, premiums are deducted beginning the first full pay period on or after January 1. For new or newly eligible employees who elect to enroll, coverage is effective the first day of the pay period following the one in which BENEFEDS receives your enrollment. An Open Season enrollment or change is effective January 1.

How do I enroll?

You may enroll on the Internet at www.BENEFEDS.com. BENEFEDS is a secure enrollment website sponsored by OPM. For those without access to a computer, please call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

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

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

There are questions you should ask yourself when deciding to enroll in FEDVIP or selecting a FEDVIP plan. By considering these questions thoroughly, you will be able to determine if FEDVIP is a good option for you.

1. Does my FEHB plan provide dental or vision coverage?
2. How does the FEDVIP plan coordinate benefits with the FEHB plan and how is the coordination of benefits calculated?
3. How affordable is the plan?
 - How much will it cost me on a bi-weekly or monthly basis? Can I afford that for the entire year?
 - Must I pay a deductible?
 - If I use a FEDVIP provider outside of the network, how much will I pay to get care?
 - How frequently can I visit the dentist and how much do I have to pay at each visit?
 - Will the plan provide benefits if I am also covered by another dental or vision plan?
4. Do I have access to any provider?
 - Does the plan give me the freedom to choose my own dentist or am I restricted to a panel of dentists selected by the plan?
 - Are there enough of the kinds of dentists I want to see?
 - Where will I go for care? Are these places near where I work or live?
 - Do I need to get permission before I see a dental specialist?
 - Will the plan allow referrals to specialists? Will my dentist and I be able to choose the specialist?

Federal Employees Dental and Vision Insurance (FEDVIP) Program

5. Does the plan provide coverage for specialty services?
 - Are dentures, orthodontics, implants or replacement of missing teeth covered?
 - What are the plan's limitations or exclusions?
 - Are there annual limits on the types of services included?

How do I find my premium rate?

If you live outside the United States:

Go to Appendix K for your dental and vision premium rates.

If you live inside the United States:

Go to Appendix K for your vision premium rate. To find your bi-weekly or monthly dental premium, you must first find your rating area on the chart in Appendix J. Some plans may have changed their rating regions for the upcoming plan year.

Please Note: If you are currently enrolled and have moved or your postal service has assigned you a new ZIP code, your rating region may have changed.

1. To find your dental rating area:
 - a. Go to the chart in Appendix J.
 - b. Find your state and your corresponding Zip code (1st 3 digits).
 - c. Look under the plan name and you will find your rating area.
2. To find your bi-weekly or monthly dental premium, match your rating area with your desired FEDVIP plan on the chart in Appendix K.

Making an informed choice

- Before selecting a plan that best suits your needs, ask your carrier or access the OPM website for a copy of the plan brochure.
- If you have questions about coverage, exclusions, limitations or payment of benefits, ask the plan before making your plan selection.
- Find out which plan your provider participates in and why. Keep in mind that if your provider leaves the plan, this is not a qualifying life event allowing a change.

How do I get more information about this Program?

Visit FEDVIP on-line at www.opm.gov/insure/dental and www.opm.gov/insure/vision for information including:

- How to enroll
- FEDVIP plan websites, brochures, and provider searches
- Dental premium rates
- Vision premium rates

Federal Employees' Group Life Insurance (FEGLI) Program

What Happens to My Life Insurance Coverage When I Retire?

Your coverage will automatically continue when you retire if:

- You retire on an immediate annuity and had the coverage for:
 - The five years of service immediately before the starting date of your annuity or, for annuitants retiring under the Federal Employees Retirement System (FERS) who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
 - All period(s) of service during which that coverage was available to you if it's less than five years, and
- You (or your assignees) do not convert the coverage to a private policy.

Basic Insurance in Retirement

The amount of your Basic insurance in retirement is your BIA (Basic Insurance Amount) at the time you separated as an employee. This amount continues until you reach age 65, after which it may reduce based on the election options described below. You will not have Accidental Death and Dismemberment coverage in retirement.

When you retire, you must choose the type of reduction you want by completing a Continuation of Life Insurance Coverage as a Retiree or Compensation (SF 2818) provided by your human resources office. For Basic insurance, you must choose 75% Reduction, 50% Reduction, or No Reduction. You can change to 75% Reduction at any time; your coverage will be as if you had originally elected 75% Reduction and your "extra premium" will stop. You will not receive a refund of premiums.

• What is 75% Reduction?

This means your Basic insurance will reduce by 2% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 25% of the pre-retirement amount remains. Your Basic insurance is free once it starts to reduce.

• What is 50% Reduction?

This means your Basic insurance will reduce by 1% of the pre-retirement amount each month. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Your Basic insurance will continue to reduce until 50% of the pre-retirement amount remains. When you turn 65, your "regular" premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart below for these premiums.

• What is No Reduction?

This means your Basic insurance will not reduce. When you turn 65, your "regular" premium for Basic insurance stops, but you continue to pay an extra premium for this choice. See the chart below for these premiums.

Federal Employees' Group Life Insurance (FEGLI) Program

Optional Insurance in Retirement

The amount of your Optional insurance in retirement depends on the options you had at the time you separated as an employee. This amount continues until you reach age 65, unless you elect No Reduction (for Option B and Option C only.)

- **Option A - Standard:**

If you are eligible to continue Option A into retirement, it will reduce by 2% of the pre-retirement amount each month until it reaches 25% of the pre-retirement amount. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option A is free once it starts to reduce. You cannot choose No Reduction for Option A.

If you are eligible to continue Option B and/or Option C into retirement, you must choose whether you want these options to reduce, as explained below.

- **Option B - Additional:**

If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

If you choose Full Reduction, the value of your Full Reduction Option B multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option B Full Reduction multiples are free once the reductions start.

If you choose No Reduction, the value of your No Reduction Option B multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time (unless you assigned your coverage. Then, only your assignee can change). However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

- **Option C - Family:**

If you retire before age 65, you have two choices at retirement: Full Reduction for all of your multiples or No Reduction for all of your multiples. At age 65, or at retirement, if later, you will be able to choose the number of multiples that will reduce.

If you choose Full Reduction, the value of your Full Reduction Option C multiples will reduce by 2% of the pre-retirement amount each month for 50 months, at which time coverage on those multiples will end. The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later. Option C Full Reduction multiples are free once the reductions start.

Federal Employees' Group Life Insurance (FEGLI) Program

If you choose No Reduction, the value of your No Reduction Option C multiples will not reduce. You will continue to pay the full premium for all No Reduction multiples until you die, change those multiples to Full Reduction, or cancel those multiples. If you choose No Reduction, you can change to Full Reduction at any time. However, if you change to Full Reduction after you reach age 65, the level of coverage you have will be as if you had originally elected Full Reduction. You will not receive a refund of premiums.

Basic Insurance — Annuitants*

Cost For Each \$1,000 Of Your Basic Insurance Amount¹ Every 28 Days

You Have Full Coverage To Age 65 Then:	Before You Reach Age 65 You Pay the TOTAL of BOTH the Regular Premium and the Extra Premium			After You Reach Age 65, ² Continuing for Life
	Regular Premium	Extra Premium for 50% or No Reduction	Total Cost	
75% Reduction — reduces 2% of the BIA ¹ each month after you reach age 65, ³ until 25% of the amount at retirement remains.	\$0.3250	N/A	\$0.3250	N/A
50% Reduction — reduces 1% of the BIA ¹ each month after you reach age 65, ³ until 50% of the amount at retirement remains.	\$0.3250	\$0.60	\$0.9250	\$0.60
No Reduction — 100% of the BIA ¹ remains for life.	\$0.3250	\$1.83	\$2.155	\$1.83

* These are the current rates as of this publication date. They may change in future years. For more information, see the FEGLI website at www.opm.gov/insure/life.

¹ Basic Insurance Amount (BIA)—Your final annual rate of basic pay, rounded to the next even \$1,000, plus \$2,000 (or a minimum of \$10,000) (or the post-election BIA you had after your election of a partial Living Benefit). Your BIA does not include the Extra Benefit.

² The regular premium automatically stops on the first day of the month after you reach age 65. If you retire after reaching 65, you do not pay the regular premium.

³ The reduction starts at the beginning of the second month after your 65th birthday or at retirement, whichever is later.

Federal Long Term Care Insurance Program (FLTCIP)

What does this Program offer?

The FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself – or supervision you receive because of a severe cognitive impairment. Long term care can be provided in a facility, like a nursing home, but is mostly provided at home.

Key FLTCIP facts

- The FLTCIP is **not** part of the annual Federal Benefits Open Season.
- You must apply and answer questions about your health to find out if you are eligible to enroll.
- You can apply for coverage at any time using the full underwriting application; you do not have to wait for an Open Season.
- New/newly eligible employees and their spouses and newly married spouses of employees can apply with abbreviated underwriting (fewer questions about their health) within 60 days of becoming eligible.
- Qualified family members can also apply, with full underwriting.
- Once enrolled, you can keep your coverage even if you are no longer in an eligible group (for example, you leave your job with the Federal Government).
- The FLTCIP is sponsored by OPM and insured by John Hancock and MetLife.

How much does it cost?

If you are approved for coverage, your premium is based on your age on the date your application is received and on the benefit options you select. You may pay your premiums through deductions from pay or annuity, by automatic bank withdrawal, or by direct bill.

Am I eligible to apply?

Most Federal employees are eligible to apply for coverage; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you are eligible for the FEHB Program you are eligible to apply for coverage under the FLTCIP, even if you are not enrolled in the FEHB Program. Retirees are eligible to apply. Spouses and adult children of eligible employees and retirees may also apply, as well as parents, parents-in-law, and stepparents of employees (but not of retirees).

Federal Long Term Care Insurance Program (FLTCIP)

How do I apply?

You apply by completing an application found at www.ltcfeds.com or by calling 1-800-LTC-FEDS. You must pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you're in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your premiums.

If you are a new or newly eligible employee, you (and your spouse, if applicable) have 60 days to apply using the abbreviated underwriting application, which asks fewer questions about your health. Newly married spouses of employees also have 60 days to apply using abbreviated underwriting.

Open Seasons for the FLTCIP are infrequent, but you don't have to wait for an Open Season – you may apply anytime using the full underwriting application.

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

Remember that FEHB plans do not cover the cost of long term care. While Medicare covers some care in nursing homes and at home, it does so only for a limited time, subject to restrictions. The need for long term care can strike anyone at any age and the cost of care can be substantial.

Be sure to visit www.ltcfeds.com for the most up-to-date information about the FLTCIP before deciding whether to apply.

How do I get more information about this Program?

Call 1-800-LTC-FEDS (1-800-582-3337), (TTY 1-800-843-3557) or visit www.ltcfeds.com.

Appendix A

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

A choice of plans and options. Fee-for-Service plans, plans offering a Point-of-Service product, Health Maintenance Organizations, High Deductible Health Plans, and Consumer-Driven Health Plans.

A Government contribution. The Government pays 72 percent of the average premium of all plans toward the total cost of your premium, but not more than 75 percent of the total premium for any plan.

Salary deduction. You pay your share of the premium through a monthly deduction from your annuity check.

Annual enrollment opportunities. Each year you can enroll or change your health plan enrollment during Open Season. 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. Other events allow for certain types of changes throughout the year; see your human resource office or retirement system for details.

Continued group coverage. The FEHB Program offers continued FEHB coverage:

- * for you and your family when you retire from Federal service (normally you need to be covered under the FEHB Program for the five years of service immediately before you retire),
- * for your former spouse if you divorce and he or she has a qualifying court order (see your human resources office for more information),
- * for your family if you die, or
- * for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your human resources office).

Coverage after FEHB ends. The FEHB Program offers temporary continuation of coverage (TCC) and conversion to non-group (private) coverage:

- * for you and your family if you leave Federal service (including when you are not eligible to carry FEHB into retirement),
- * for your covered dependent child if he or she marries or turns age 22, or
- * for your former spouse if you divorce and he or she does not have a qualifying court order (see your human resource office for more information).

If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.

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

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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, copay, or coinsurance						
Prescription drugs						
Maximum out-of-pocket limit for year						
Durable medical equipment						
Preventive care						
Maternity care						
Well child care						
Routine physicals						
TOTAL COST						

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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, clinics, health centers, hospitals, and medical practices 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 Change in Your FEHB Enrollment for Individuals Who are Not Participating in Premium Conversion

Below is a brief list of the more common qualifying life events. 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 your Retirement System office. Enrollment may be cancelled or changed from Family to Self Only at any time.

	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another
Open Season	No	Yes	Yes
Change in family status, for example: marriage, birth or death of family member, adoption, legal separation or divorce.	No	Yes	Yes
Annuitant or eligible family member loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes	Yes
Annuitant (or covered family member) enrolled in an FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollment or, if already outside the area, moves further from this area.	Not Applicable	Yes	Yes
On becoming eligible for Medicare. (This change may be made once in a lifetime.)	Not Applicable	No	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 thought you needed?
- 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 the written materials or the Internet provide the information you needed about how your health plan works? How often did your health plan's customer service give you the information or help you needed? 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 22 through 25)

Fee-for-Service (FFS) plans with a Preferred Provider Organization (PPO) – A Fee-for-Service plan provides flexibility in using medical providers of your choice. You may choose medical providers who have contracted with the health plan to offer discounted charges. You 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 resource 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		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	104.06	235.28	107.18	242.34
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	134.66	314.47	152.06	356.59
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	84.79	198.61	92.44	216.48
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	198.19	401.79	198.23	401.57
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	72.10	163.85	74.26	168.77
Mail Handlers Benefit Plan (MH) -std	800-410-7778	454	455	113.17	240.87	129.70	278.76
Mail Handlers Benefit Plan Value (MHV)	800-410-7778	414	415	44.43	105.92	46.65	111.22
NALC -high	888-636-6252	321	322	127.40	247.00	122.42	252.14
SAMBA -high	800-638-6589	441	442	235.11	580.28	212.10	529.88
SAMBA -std	800-638-6589	444	445	99.47	227.18	102.46	234.00

Plan Name: Open Only to Specific Groups

Association Benefit Plan (ABP) -high	800-634-0069	421	422	125.91	300.50	122.72	295.73
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	105.24	283.43	104.87	272.89
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	96.44	201.29	99.33	207.33
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	199.40	331.59	179.47	287.45

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%	30%	\$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 28 through 51)

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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	98.87	275.30	106.77	303.94
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	99.53	295.19	105.50	304.27
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	85.74	217.22	95.49	241.92
PacifiCare of Arizona -high- Maricopa, Pima and Pinal Counties	866-546-0510	A31	A32	139.10	374.69	137.24	375.03
California							
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	76.51	188.50	84.60	208.41
Anthem Blue Cross - HMO -high- Most of California	800-235-8631	M51	M52	156.85	494.91	183.30	535.15
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	New Plan	New Plan	110.74	259.35
Blue Shield of CA Access+HMO -high- Northern Region	800-880-8086	SJ1	SJ2	99.20	270.86	270.47	639.95
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	229.28	543.23	258.10	612.58
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	198.73	472.55	230.21	548.21
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	100.73	232.90	119.30	291.79
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	95.78	221.45	108.25	250.28
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	170.02	442.52	190.32	495.54
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	84.36	201.37	99.44	237.36
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	103.03	239.01	110.82	260.65
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	64.65	149.43	70.04	161.87
PacifiCare of California -high- Most of California	866-546-0510	CY1	CY2	100.16	232.38	109.87	250.84
Colorado							
Kaiser Foundation Health Plan of Colorado -high- Denver/Colorado Springs areas	800-632-9700	651	652	136.24	318.14	122.20	288.28
Kaiser Foundation Health Plan of Colorado -std- Denver/Colorado Springs areas	800-632-9700	654	655	75.10	171.98	75.10	171.98
PacifiCare of Colorado -high- Metro Denver/Boulder/Colorado Springs	866-546-0510	D61	D62	169.33	429.33	189.05	480.63
Connecticut							
Aetna Open Access -high- All of Connecticut	877-459-6604	JC1	JC2	156.00	443.98	160.81	462.11
Aetna Open Access -basic- All of Connecticut	877-459-6604	JC4	JC5	99.96	303.42	111.95	324.22
ConnectiCare -high- All of Connecticut	800-251-7722	TE1	TE2	177.97	406.49	148.14	340.56
ConnectiCare -basic- All of Connecticut	800-251-7722	TE4	TE5	124.13	283.97	97.87	222.69

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	208.94	548.89	288.04	744.88
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	99.77	241.63	106.92	246.90
Coventry Health Care -high- All of Delaware	800-833-7423	2J1	2J2	152.54	453.44	213.33	612.54
Coventry Health Care -std- All of Delaware	800-833-7423	2J4	2J5	93.59	233.98	114.36	365.06
District of Columbia							
Aetna Open Access -high- Washington, DC Area	877-459-6604	JN1	JN2	191.52	419.36	230.06	506.85
Aetna Open Access -basic- Washington, DC Area	877-459-6604	JN4	JN5	84.89	198.65	93.09	217.85
CareFirst BlueChoice -high- Washington, D.C. Metro Area	866-296-7363	2G1	2G2	133.54	293.89	112.82	253.13
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area	1-877-574-3337	E31	E32	128.64	324.09	126.75	323.14
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area	1-877-574-3337	E34	E35	60.50	143.99	66.13	157.36
M.D. IPA -high- Washington, DC area	877-835-9861	JP1	JP2	117.37	281.84	111.20	261.82
Florida							
Av-Med Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	100.23	328.75	107.87	271.70
Av-Med Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	90.53	235.33	83.22	199.75
Capital Health Plan -high- Tallahassee area	850-383-3311	EA1	EA2	89.10	236.12	95.99	254.36
Humana, Inc. -high- South Florida	888-393-6765	EE1	EE2	89.99	206.98	107.99	248.38
Humana, Inc. -std- South Florida	888-393-6765	EE4	EE5	78.98	181.67	85.30	196.20
Humana, Inc. -high- Tampa	888-393-6765	LL1	LL2	130.13	308.62	109.98	252.96
Humana, Inc. -std- Tampa	888-393-6765	LL4	LL5	87.77	201.86	99.17	228.11
JMH Health Plan -high- Broward-Dade counties	800-721-2993	J81	J82	130.37	353.89	113.04	350.70
JMH Health Plan -std- Broward-Dade counties	800-721-2993	J84	J85	112.71	287.61	98.26	251.41
United Healthcare of Florida -high- Central and Southwest Florida	877-835-9861	R31	R32	111.05	251.90	110.88	251.71
Vista Healthplan of South Florida -high- Southern Florida	800-441-5501	5E1	5E2	74.21	204.10	88.66	243.85
Vista Healthplan of South Florida -std- Southern Florida	800-441-5501	5E4	5E5	New Plan	New Plan	77.55	213.28
Georgia							
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	104.48	245.42	161.92	381.53
Humana, Inc. -high- Atlanta	888-393-6765	DG1	DG2	New Plan	New Plan	102.79	236.41
Humana, Inc. -std- Atlanta	888-393-6765	DG4	DG5	New Plan	New Plan	93.44	214.92
Kaiser Foundation Health Plan of Georgia, Inc. -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	101.51	232.45	107.21	245.50
Kaiser Foundation Health Plan of Georgia, Inc. -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	73.29	167.85	73.29	167.85

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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	\$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	\$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- JMH Health Plan-	In-Network Out-Network	\$15/\$25 30%/30%	\$100/day x 5 30%	\$10 30%	\$20/\$30 30%/30%	Yes 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							
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 Comm	\$25/\$31 Comm\$25/\$31 Comm	Yes	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 Comm	\$30/\$36 Comm\$30/\$36 Comm	Yes	62.9	79.8	82.1	93.2	80.1	76	56

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

See page 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Guam							
TakeCare -high- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK1	JK2	230.97	719.25	199.01	645.43
TakeCare -std- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK4	JK5	113.47	416.09	105.75	353.23
Hawaii							
HMSA -high- All of Hawaii	808-948-6499	871	872	86.56	192.67	93.91	209.04
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	96.38	207.22	100.86	216.85
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	50.01	107.51	46.95	100.94
Idaho							
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	146.41	300.02	158.86	327.67
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	98.22	216.09	105.79	232.73
Group Health Cooperative -high- Kootenai and Latah	888-901-4636	VR1	VR2	194.79	380.95	229.87	455.41
Group Health Cooperative -std- Kootenai and Latah	888-901-4636	VR4	VR5	78.68	180.96	87.94	202.27
Illinois							
Aetna Open Access -high- Chicago Area	877-459-6604	IK1	IK2	83.70	212.48	91.02	231.04
Blue Preferred HMO -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	149.07	289.69	149.24	289.45
Group Health Plan, Inc. -high- Southern/Central	800-755-3901	MM1	MM2	272.14	553.20	270.69	549.38
Group Health Plan, Inc. -std- Southern/Central	800-755-3901	MU4	MU5	227.79	457.32	241.28	485.75
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West IL	800-851-3379	FX1	FX2	176.57	432.08	168.27	416.04
Health Alliance HMO -std- Central/E.Central/N. Cent/South/West IL	800-851-3379	FX4	FX5	90.67	229.32	93.39	236.20
Humana Health Plan Inc. -high- Chicago area	888-393-6765	751	752	135.33	320.63	157.54	374.16
Humana Health Plan Inc. -std- Chicago area	888-393-6765	754	755	74.97	172.42	79.62	183.13
OSF HealthPlans, Inc. -high- Cental/Central-Northwestern Illinois	800-673-5222	9F1	9F2	148.27	502.78	143.76	438.73
OSF HealthPlans, Inc. -std- Central/Central-Northwestern Illinois	800-673-5222	AB4	AB5	New Plan	New Plan	93.31	233.29
PersonalCare Insurance of Illinois, Inc. -high- Central Illinois	800-431-1211	GE1	GE2	106.08	366.82	120.82	413.42
Unicare HMO -high- Chicagoland Area	888-234-8855	171	172	148.75	313.35	162.79	345.11
Unicare HMO -std- Chicagoland Area	888-234-8855	174	175	80.57	178.69	87.02	192.98
Union Health Service -high- Chicago area	312-829-4224	761	762	81.44	201.99	87.09	215.99
United Healthcare of the Midwest -high- Southwest Illinois	877-835-9861	B91	B92	117.68	251.47	113.47	251.75
UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois	800-247-9110	YH1	YH2	89.22	218.59	89.22	218.59

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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	
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 + 20% + /50% + No	\$20/50% No	Yes Yes	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
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

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

See page 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna Open Access -high- Northern Indiana Area	877-459-6604	IK1	IK2	83.70	212.48	91.02	231.04
Aetna Open Access -high- Southeastern Indiana Area	877-459-6604	RD1	RD2	172.95	491.12	309.19	834.41
Health Alliance HMO -high- Western Indiana	800-851-3379	FX1	FX2	176.57	432.08	168.27	416.04
Health Alliance HMO -std- Western Indiana	800-851-3379	FX4	FX5	90.67	229.32	93.39	236.20
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	135.33	320.63	157.54	374.16
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	74.97	172.42	79.62	183.13
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	155.01	336.16	152.28	327.49
Unicare HMO -high- Lake/Porter Counties	888-234-8855	171	172	148.75	313.35	162.79	345.11
Unicare HMO -std- Lake/Porter Counties	888-234-8855	174	175	80.57	178.69	87.02	192.98
Welborn Health Plans -high- Evansville Area	800-521-0265	W11	W12	New Plan	New Plan	186.16	460.94
Iowa							
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	99.55	361.53	108.53	408.16
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	New Plan	New Plan	86.01	202.12
Health Alliance HMO -high- Central Iowa	800-851-3379	FX1	FX2	176.57	432.08	168.27	416.04
Health Alliance HMO -std- Central Iowa	800-851-3379	FX4	FX5	90.67	229.32	93.39	236.20
HealthPartners Open Access Copay -high- Iowa	952-883-5000	V31	V32	New Plan	New Plan	195.29	460.98
HealthPartners Three for Free -std- Iowa	952-883-5000	V34	V35	New Plan	New Plan	70.16	161.37
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	163.72	386.36	176.15	417.52
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	140.92	333.30	151.67	360.53
UnitedHealthcare Plan of the River Valley Inc. -high- Eastern Iowa; W. Central Illinois	800-747-1446	YH1	YH2	89.22	218.59	89.22	218.59
Kansas							
Coventry Health Care of Kansas -high- Kansas City/Wichita/Salina areas	800-969-3343	HA1	HA2	95.79	275.21	100.76	254.35
Coventry Health Care of Kansas -std- Kansas City/Wichita/Salina areas	800-969-3343	HA4	HA5	105.59	369.70	79.46	186.68
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	239.51	560.13	289.86	678.49
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	84.66	194.72	91.26	209.90
United Healthcare of the Midwest -high- Kansas City Area	877-835-9861	GX1	GX2	128.68	327.43	166.25	419.32
Kentucky							
Aetna Open Access -high- Northern Kentucky Area	877-459-6604	RD1	RD2	172.95	491.12	309.19	834.41

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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
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							
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- In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	49.4	84.4	90	94	81.9	85.7	60.3
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A/N/A	N/A	49.4	84.4	90	94	81.9	85.7	60.3
Sanford Health Plan- In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	49.4	84.4	90	94	81.9	85.7	60.3
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A/N/A	No	49.4	84.4	90	94	81.9	85.7	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

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

See page 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Louisiana							
Coventry Health Care of Louisiana -high- New Orleans area	800-341-6613	BJ1	BJ2	101.84	236.50	116.85	290.72
Coventry Health Care of Louisiana -std- New Orleans area	800-341-6613	BJ4	BJ5	100.37	233.10	119.54	296.99
Vantage Health Plan, Inc. -high- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV1	MV2	111.22	265.12	123.24	295.27
Vantage Health Plan, Inc. -std- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV4	MV5	90.21	207.48	100.90	232.10
Maryland							
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	191.52	419.36	230.06	506.85
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	84.89	198.65	93.09	217.85
CareFirst BlueChoice -high- All of Maryland	866-296-7363	2G1	2G2	133.54	293.89	112.82	253.13
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	98.62	272.77	101.29	254.18
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	77.39	193.47	79.70	199.25
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas	1-877-574-3337	E31	E32	128.64	324.09	126.75	323.14
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	1-877-574-3337	E34	E35	60.50	143.99	66.13	157.36
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	117.37	281.84	111.20	261.82
Massachusetts							
Blue CHIP Coordinated Health Plan - BCBS of RI -high- Southeastern Massachusetts	401-274-3500	DA1	DA2	195.72	637.96	252.31	798.42
ConnectiCare -high- Counties Hampden, Hampshire, Franklin	800-251-7722	TE1	TE2	177.97	406.49	148.14	340.56
ConnectiCare -basic- Counties Hampden, Hampshire, Franklin	800-251-7722	TE4	TE5	124.13	283.97	97.87	222.69
Fallon Community Health Plan -std- Central/Eastern/Western Massachusetts	800-868-5200	JV4	JV5	174.53	474.40	229.71	614.08
Fallon Community Health Plan -basic- Central/Eastern/Western Massachusetts	800-868-5200	JG1	JG2	New Plan	New Plan	184.21	503.43
Michigan							
Bluecare Network of MI -high- Midland County Area	800-662-6667	K51	K52	208.46	478.47	185.45	427.98
Bluecare Network of MI -high- Southeast MI	800-662-6667	LX1	LX2	83.98	218.20	94.51	245.58
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	107.19	388.99	108.50	373.08
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	92.81	251.84	95.95	249.48
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	85.77	227.30	98.13	256.49
HealthPlus MI -high- East Central Michigan	800-332-9161	X51	X52	138.09	318.07	139.28	322.83
Physicians Health Plan of Mid-Michigan -high- Mid-Michigan	517-364-8400	9U1	9U2	130.46	358.28	169.72	457.93
Physicians Health Plan of Mid-Michigan -std- Mid-Michigan	517-364-8400	9U4	9U5	98.59	237.60	105.99	257.79

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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
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							
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							

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

See page 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Minnesota							
HealthPartners Open Access Copay -high- Minnesota	952-883-5000	V31	V32	New Plan	New Plan	195.29	460.98
HealthPartners Three for Free -std- Minnesota	952-883-5000	V34	V35	New Plan	New Plan	70.16	161.37
Medica Health Plan -high- Most of Minnesota	800-952-3455	M21	M22	116.33	272.53	149.83	351.52
Missouri							
Blue Preferred HMO -high- StLouis/Central/SW areas	888-811-2092	9G1	9G2	149.07	289.69	149.24	289.45
Coventry Health Care of Kansas -high- Kansas City area	800-969-3343	HA1	HA2	95.79	275.21	100.76	254.35
Coventry Health Care of Kansas -std- Kansas City area	800-969-3343	HA4	HA5	105.59	369.70	79.46	186.68
Group Health Plan, Inc. -high- St. Louis Area	800-755-3901	MM1	MM2	272.14	553.20	270.69	549.38
Group Health Plan, Inc. -std- St. Louis Area	800-755-3901	MU4	MU5	227.79	457.32	241.28	485.75
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	239.51	560.13	289.86	678.49
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	84.66	194.72	91.26	209.90
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	117.68	251.47	113.47	251.75
United Healthcare of the Midwest -high- Kansas City Area	877-835-9861	GX1	GX2	128.68	327.43	166.25	419.32
Montana							
New West Health Services -high- Most of Montana	800-290-3657	NV1	NV2	143.65	264.60	159.99	298.31
Nevada							
Aetna Open Access -high- Las Vegas and Reno Areas	877-459-6604	Y11	Y12	84.56	210.55	98.92	246.30
Health Plan of Nevada -high- Las Vegas area	800-777-1840	NM1	NM2	60.68	155.37	70.63	180.87
PacifiCare of Nevada -high- Las Vegas/Clark County	866-546-0510	K91	K92	100.90	229.05	104.35	236.87

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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
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- Medica Health Plan-	In-Network Out-Network	\$15/\$15 40%/40%	\$300 None	\$10 40%/\$50 40%/\$50/40%/\$50	Yes No							
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

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

See page 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New Jersey							
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	235.26	550.58	222.56	523.88
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	104.65	291.14	109.89	253.67
Aetna Open Access -high- Southern NJ	877-459-6604	P31	P32	208.94	548.89	288.04	744.88
Aetna Open Access -basic- Southern NJ	877-459-6604	P34	P35	99.77	241.63	106.92	246.90
AmeriHealth HMO -high- All of New Jersey	800-454-7651	FK1	FK2	198.30	499.01	195.00	495.26
AmeriHealth HMO -std- All of New Jersey	800-454-7651	FK4	FK5	139.75	360.95	166.97	429.37
Coventry Health Care -high- Southern New Jersey	800-833-7423	2J1	2J2	152.54	453.44	213.33	612.54
Coventry Health Care -std- Southern New Jersey	800-833-7423	2J4	2J5	93.59	233.98	114.36	365.06
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	206.44	588.32	204.26	589.98
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	96.55	225.37	96.55	225.37
New Mexico							
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	103.15	297.47	117.46	350.22
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	166.14	377.48	233.51	532.42
Presbyterian Health Plan -std- All counties in New Mexico	800-356-2219	P24	P25	141.94	322.53	177.13	404.30

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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 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- In-Network	\$15/\$15	\$100	\$15	\$25/\$50	Yes	69.6	87.1	86.8	92.1	76.2	86.8	65.3
GHI Health Plan- Out-Network	+50% of sch	+50% of sch.	N/A	N/A/N/A	No	69.6	87.1	86.8	92.1	76.2	86.8	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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	156.00	443.98	160.81	462.11
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	99.96	303.42	111.95	324.22
Blue Choice -high- Rochester area	800-462-0108	MK1	MK2	79.97	200.98	116.40	375.81
Blue Choice -std- Rochester area	800-462-0108	MK4	MK5	New Plan	New Plan	87.41	216.38
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Cent New York	877-269-2134	SG1	SG2	124.72	398.22	145.99	460.05
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Cent New York	877-269-2134	SG4	SG5	91.43	235.88	94.36	243.44
Community Blue -high- Northeastern NY-Clinton/Essex Counties	800-544-2583	BS1	BS2	New Plan	New Plan	306.26	962.87
Community Blue -high- Western New York	800-459-7587	BX1	BX2	New Plan	New Plan	137.31	549.60
Community Blue -high- Northeastern NY-Capital Region	800-544-2583	BZ1	BZ2	New Plan	New Plan	264.58	851.05
GHI HMO -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	114.82	375.21	129.85	423.15
GHI HMO -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	101.29	323.31	111.59	377.52
GHI Health Plan -high- All of New York	212-501-4444	801	802	206.44	588.32	204.26	589.98
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	96.55	225.37	96.55	225.37
HIP of Greater New York -high- New York City area	800-HIP-TALK	511	512	100.67	415.29	124.59	529.27
HIP of Greater New York -std- New York City area	800-HIP-TALK	514	515	98.28	387.32	105.67	419.60
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	100.63	348.86	112.18	420.46
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	98.57	304.83	107.42	346.23
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	92.06	237.70	101.22	282.12
MVP Health Care -high- Central Region	888-687-6277	M91	M92	104.64	367.49	120.54	418.82
MVP Health Care -std- Central Region	888-687-6277	M94	M95	98.32	302.17	108.66	358.93
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	New Plan	New Plan	169.89	546.39
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	New Plan	New Plan	122.40	423.63
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	126.02	422.37	126.32	431.10
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	103.06	350.22	111.38	387.83
Preferred Care -high- Rochester area	800-950-3224	GV1	GV2	88.65	236.92	94.25	251.92
Preferred Care -std- Rochester area	800-950-3224	GV4	GV5	70.46	188.34	78.68	210.32
Univera Healthcare -high- Western New York (Southern Counties)	800-427-8490	KQ1	KQ2	163.35	550.19	320.02	973.55
Univera Healthcare -high- Western New York (Northern Counties)	800-427-8490	Q81	Q82	97.50	392.37	201.37	763.23

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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 -High	\$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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	191.52	419.36	230.06	506.85
Aetna Open Access -basic- Charlotte/Raleigh/Durham NC Areas	877-459-6604	JN4	JN5	84.89	198.65	93.09	217.85
North Dakota							
HealthPartners Open Access Copay -high- North Dakota	952-883-5000	V31	V32	New Plan	New Plan	195.29	460.98
HealthPartners Three for Free -std- North Dakota	952-883-5000	V34	V35	New Plan	New Plan	70.16	161.37
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	85.86	220.67	92.01	236.48
Ohio							
Aetna Open Access -high- Cleveland and Toledo Areas	877-459-6604	7D1	7D2	107.08	289.34	116.98	317.31
Aetna Open Access -high- Columbus Area	877-459-6604	ND1	ND2	98.28	237.26	193.42	517.16
Aetna Open Access -high- Greater Cincinnati Area	877-459-6604	RD1	RD2	172.95	491.12	309.19	834.41
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	181.16	502.80	172.43	487.37
HMO Health Ohio -high- Northeast Ohio	800-522-2066	L41	L42	168.53	521.48	194.96	597.52
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	150.63	427.36	182.81	432.27
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	76.98	188.88	84.99	195.48
Paramount Health Care -high- Northwest/North Central Ohio	800-462-3589	U21	U22	103.38	278.96	193.57	510.06
The Health Plan of the Upper Ohio Valley -high- Northeast and Eastern Ohio	800-624-6961	U41	U42	103.46	238.38	104.62	240.63
United Healthcare of Ohio, Inc. -high- Cleveland	877-835-9861	AK1	AK2	133.58	325.46	153.58	374.86
United Healthcare of Ohio, Inc. -high- Columbus	877-835-9861	CA1	CA2	156.11	371.83	212.92	505.64
Oklahoma							
Aetna Open Access -high- Oklahoma City/Tulsa Areas	877-459-6604	SL1	SL2	217.34	519.70	211.90	510.06
Aetna Open Access -basic- Oklahoma City/Tulsa Areas	877-459-6604	SL4	SL5	97.30	260.13	91.39	228.62
Globalhealth, Inc. -high- Oklahoma	877-280-2990	IM1	IM2	84.25	203.05	89.20	214.99
PacificCare of Oklahoma -high- Central/Northeastern Oklahoma	866-546-0510	2N1	2N2	183.33	450.80	182.24	451.86
Oregon							
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	157.82	370.98	163.41	386.32
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	95.84	220.16	103.61	238.03

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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
PacifiCare 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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	208.94	548.89	288.04	744.88
Aetna Open Access -basic- Philadelphia/Central/Southeastern PA	877-459-6604	P34	P35	99.77	241.63	106.92	246.90
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	72.11	198.84	76.80	211.76
Geisinger Health Plan -high- Northeastern/Central/South Central areas	800-447-4000	GG1	GG2	318.18	741.09	167.83	397.82
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	210.19	492.75	110.80	255.54
HealthAmerica Pennsylvania -high- Greater Pittsburgh area	866-351-5946	261	262	166.53	512.57	184.32	566.24
HealthAmerica Pennsylvania -std- Greater Pittsburgh area	866-351-5946	264	265	86.21	219.85	106.75	325.04
HealthAmerica Pennsylvania -high- Southeastern Pennsylvania	866-351-5946	PN1	PN2	278.92	648.44	232.94	547.67
HealthAmerica Pennsylvania -std- Southeastern Pennsylvania	866-351-5946	PN4	PN5	100.68	231.16	158.82	375.14
HealthAmerica Pennsylvania -high- Central Pennsylvania	866-351-5946	SW1	SW2	276.17	644.48	254.63	597.37
HealthAmerica Pennsylvania -std- Central Pennsylvania	866-351-5946	SW4	SW5	111.20	265.03	118.33	283.92
Keystone Health Plan Central -high- Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S41	S42	235.43	597.64	263.99	672.79
Keystone Health Plan Central -std- Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S44	S45	191.54	493.33	215.07	553.56
Keystone Health Plan East -high- Philadelphia area	800-227-3115	ED1	ED2	167.51	557.27	224.54	717.99
Keystone Health Plan East -std- Philadelphia area	800-227-3115	ED4	ED5	104.70	391.89	160.23	549.14
UPMC Health Plan -high- Western Pennsylvania	888-876-2756	8W1	8W2	161.20	499.31	186.79	441.44
UPMC Health Plan -std- Western Pennsylvania	1-888-876-2756	UW4	UW5	104.85	355.55	154.42	366.93
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	67.38	154.98	69.53	159.90
Triple-S -high- All of Puerto Rico	787-774-6060	891	892	65.46	150.57	71.03	163.38
Rhode Island							
Blue ChiP Coordinated Health Plan - BCBS of RI -high- All of Rhode Island	401-459-5500	DA1	DA2	195.72	637.96	252.31	798.42

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	New Plan	New Plan	195.29	460.98
HealthPartners Three for Free -std- South Dakota	952-883-5000	V34	V35	New Plan	New Plan	70.16	161.37
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	163.72	386.36	176.15	417.52
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	140.92	333.30	151.67	360.53
Tennessee							
Aetna Open Access -high- Nashville Area	877-459-6604	6J1	6J2	247.22	566.59	255.93	588.55
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	94.32	248.65	94.36	240.62
Texas							
Aetna Open Access -high- Houston Area	877-459-6604	8G1	8G2	121.97	375.62	178.39	523.51
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	112.56	361.71	146.75	455.41
Firstcare -high- Waco area	800-884-4901	6U1	6U2	96.64	207.77	96.74	207.98
Firstcare -high- West Texas	800-884-4901	CK1	CK2	193.92	379.04	192.66	375.42
Humana Health Plan of Texas -high- San Antonio area	888-393-6765	UR1	UR2	290.71	677.95	344.61	804.44
Humana Health Plan of Texas -std- San Antonio area	888-393-6765	UR4	UR5	87.89	202.14	93.07	214.06
Humana Health Plan of Texas -high- Austin Area	888-393-6765	UU1	UU2	New Plan	New Plan	110.39	253.90
Humana Health Plan of Texas -std- Austin Area	888-393-6765	UU4	UU5	New Plan	New Plan	100.35	230.81
Pacificare of Texas -high- San Antonio, Dallas/Ft. Worth	866-546-0510	GF1	GF2	202.07	473.49	199.21	469.60
Utah							
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	146.41	300.02	158.86	327.67
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	98.22	216.09	105.79	232.73
Virgin Islands							
Triple-S -high- US Virgin Islands	800-981-3241	851	852	103.05	234.02	103.05	234.02

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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 27 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		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	191.52	419.36	230.06	506.85
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	84.89	198.65	93.09	217.85
CareFirst BlueChoice -high- Northern Virginia	866-296-7363	2G1	2G2	133.54	293.89	112.82	253.13
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	1-877-574-3337	E31	E32	128.64	324.09	126.75	323.14
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	1-877-574-3337	E34	E35	60.50	143.99	66.13	157.36
M.D. IPA -high- N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	877-835-9861	JP1	JP2	117.37	281.84	111.20	261.82
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	160.68	410.28	156.68	404.84
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	New Plan	New Plan	88.68	209.84
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	138.58	323.49	108.27	247.83
Washington							
Group Health Cooperative -high- Most of Western Washington	888-901-4636	541	542	167.14	321.49	201.61	394.68
Group Health Cooperative -std- Most of Western Washington	888-901-4636	544	545	76.71	173.19	85.24	192.44
Group Health Cooperative -high- Central WA/Spokane/Pullman	888-901-4636	VR1	VR2	194.79	380.95	229.87	455.41
Group Health Cooperative -std- Central WA/Spokane/Pullman	888-901-4636	VR4	VR5	78.68	180.96	87.94	202.27
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	96.30	207.86	96.30	207.86
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	156.13	314.39	179.12	364.48
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	157.82	370.98	163.41	386.32
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	95.84	220.16	103.61	238.03
West Virginia							
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	103.46	238.38	104.62	240.63
Wisconsin							
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	98.85	275.00	106.20	298.18
Group Health Cooperative -high- South Central Wisconsin	608-828-4827	WJ1	WJ2	97.10	321.97	104.92	338.87
HealthPartners Open Access Copay -high- Wisconsin	952-883-5000	V31	V32	New Plan	New Plan	195.29	460.98
HealthPartners Three for Free -std- Wisconsin	952-883-5000	V34	V35	New Plan	New Plan	70.16	161.37
Wyoming							
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	146.41	300.02	158.86	327.67
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	98.22	216.09	105.79	232.73

Plan Name	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 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/\$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
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/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 56 through 89)

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 (HCFSA), but you are permitted to participate in a Limited Expense (LEX) HCFSA. HSA’s 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 2009 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.

Appendix E

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

Appendix E

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	<p>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.</p> <p>See IRS Publication 502 for a complete list of eligible expenses, including over-the-counter drugs.</p>	<p>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.</p> <p>See IRS Publication 502 for a complete list of eligible expenses.</p>
PORTABLE	Yes, you can take this account with you when you change plans, separate from service, or retire.	<p>If you retire and remain in your HDHP you may continue to use and accumulate credits in your HRA.</p> <p>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.</p>
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.

Appendix E

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.

Appendix E 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.

Hospital Inpatient 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		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
APWU Health Plan -CDHP	866-833-3463	474	475	84.17	189.37	84.17	189.37
GEHA High Deductible Health Plan -HDHP	800-821-6136	341	342	95.20	217.45	95.20	217.45
Mail Handlers Benefit Plan Consumer Option -HDHP	800-694-9901	481	482	73.24	165.98	75.44	170.95

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 Surgery	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	\$720/\$1440 annually	\$1,500/\$3,000	\$5,000/\$10,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA HDHP-	Out-Network	\$720/\$1440 annually	\$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)						
	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
High Deductible Health Plans								
Plan Name								
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 Name	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 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Alabama	877-459-6604	224	225	67.00	146.72	67.01	146.75
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Alaska	877-459-6604	224	225	67.00	146.72	67.01	146.75
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Arizona	877-459-6604	224	225	67.00	146.72	67.01	146.75
Humana CoverageFirst -CDHP- Phoenix/Tucson Area	888-393-6765	DB1	DB2	64.55	148.47	75.97	174.74
UnitedHealthcare Insurance Company, Inc. -HDHP- Arizona	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Arizona	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Arkansas	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Arkansas	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Arkansas	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of California	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of California	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of California	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Colorado	877-459-6604	224	225	67.00	146.72	67.01	146.75
Humana CoverageFirst -CDHP- Denver Area	888-393-6765	7T1	7T2	72.15	165.94	79.14	182.02
Humana CoverageFirst -CDHP- Colorado Springs Area	888-393-6765	FC1	FC2	75.94	174.67	79.14	182.02
UnitedHealthcare Insurance Company, Inc. -HDHP- Denver Area	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Denver Area	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Connecticut							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Connecticut	877-459-6604	224	225	67.00	146.72	67.01	146.75
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Delaware	877-459-6604	224	225	67.00	146.72	67.01	146.75
Coventry Health Care HDHP -HDHP- All of Delaware	800/833-7423	LK1	LK2	78.83	190.99	88.29	213.90

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
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
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Washington DC	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Washington DC	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Washington DC	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Florida	877-459-6604	224	225	67.00	146.72	67.01	146.75
Humana CoverageFirst -CDHP- Pensacola Area	888-393-6765	BP1	BP2	83.54	192.14	96.74	222.52
Humana CoverageFirst -CDHP- Daytona Area	888-393-6765	DL1	DL2	91.13	209.62	105.53	242.74
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	75.94	174.67	92.85	213.57
Humana CoverageFirst -CDHP- Jacksonville Area	888-393-6765	MQ1	MQ2	87.34	200.87	97.08	223.28
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	68.32	157.16	75.97	174.74
Humana CoverageFirst -CDHP- Orlando Area	888-393-6765	YG1	YG2	83.54	192.14	87.93	202.24
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and Southwest Florida	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and Southwest Florida	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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
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	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
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	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 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna HealthFund -CDHP- Most of Georgia	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Georgia	877-459-6604	224	225	67.00	146.72	67.01	146.75
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	64.55	148.47	74.75	171.93
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	79.74	183.40	92.34	212.39
Kaiser Foundation Health Plan of Georgia Inc. HDHP- Atlanta, Athens, Columbus, Macon, Savannah	888/865-5813	GW1	GW2	82.25	184.90	82.25	184.90
UnitedHealthcare Insurance Company, Inc. -HDHP- Atlanta, Athens, Macon Areas	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Atlanta, Athens, Macon Areas	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	97.06	261.09	95.10	239.91
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Idaho	877-459-6604	224	225	67.00	146.72	67.01	146.75
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	99.71	206.57	99.71	206.57

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
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
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Illinois	877-459-6604	224	225	67.00	146.72	67.01	146.75
Group Health Plan, Inc. -HDHP- Southern/Central	800-755-3901	MM4	MM5	154.83	292.81	148.66	288.84
Health Alliance HMO -HDHP- Central, E cent.,N. cent.So, W. Illinois	800-851-3379	FM1	FM2	97.86	219.33	100.79	225.91
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	64.54	148.43	71.83	165.20
Unicare HMO -HDHP- Chicagoland Area	888-234-8855	721	722	72.84	159.28	72.84	159.28
UnitedHealthcare Insurance Company, Inc. -HDHP- St. Louis Area	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- St. Louis Area	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Indiana	877-459-6604	224	225	67.00	146.72	67.01	146.75
Bluegrass Family Health -HDHP- Southern Indiana	800-787-2680	KV1	KV2	95.33	173.32	108.33	216.66
Health Alliance HMO -HDHP- Western Indiana	800-851-3379	FM1	FM2	97.86	219.33	100.79	225.91
Humana CoverageFirst -CDHP- Eastern Indiana Area	888-393-6765	L81	L82	75.94	174.67	87.93	202.24
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	64.54	148.43	71.83	165.20
Unicare HMO -HDHP- Lake/Porter Counties	888-234-8855	721	722	72.84	159.28	72.84	159.28

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
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
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%

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Iowa	877-459-6604	224	225	67.00	146.72	67.01	146.75
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	99.88	321.36	82.08	195.89
Health Alliance HMO -HDHP- Central Iowa	800-851-3379	FM1	FM2	97.86	219.33	100.79	225.91
UnitedHealthcare Insurance Company, Inc. -HDHP- Central Iowa	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Central Iowa	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Kansas	877-459-6604	224	225	67.00	146.72	67.01	146.75
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City	Local phone #	114	115	84.79	198.61	92.44	216.48
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City/Wichita/Salina Areas	800-969-3343	9H1	9H2	89.35	230.54	72.89	171.28
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	60.74	139.71	67.80	155.97
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City Area	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City Area	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Kentucky	877-459-6604	224	225	67.00	146.72	67.01	146.75
Bluegrass Family Health -HDHP- Kentucky	800-787-2680	KV1	KV2	95.33	173.32	108.33	216.66
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	83.54	192.14	87.93	202.24
Humana CoverageFirst -CDHP- Northern Kentucky	888-393-6765	L81	L82	75.94	174.67	87.93	202.24

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
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
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+

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Louisiana	877-459-6604	224	225	67.00	146.72	67.01	146.75
Coventry Health Care of Louisiana HDHP -HDHP- New Orleans area	800/341-6613	HB1	HB2	82.36	191.30	94.66	219.86
Humana CoverageFirst -CDHP- New Orleans Area	888-393-6765	9J1	9J2	72.15	165.94	83.55	192.18
Humana CoverageFirst -CDHP- Baton Rouge Area	888-393-6765	9L1	9L2	79.74	183.40	92.34	212.39
UnitedHealthcare Insurance Company, Inc. -HDHP- Louisiana	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Louisiana	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Maine	877-459-6604	224	225	67.00	146.72	67.01	146.75
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Maryland	877-459-6604	224	225	67.00	146.72	67.01	146.75
Coventry Health Care HDHP -HDHP- All of Maryland	800/833-7423	GZ1	GZ2	66.08	159.75	69.02	166.86
UnitedHealthcare Insurance Company, Inc. -HDHP- Maryland	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Maryland	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Massachusetts	877-459-6604	224	225	67.00	146.72	67.01	146.75

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
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
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%

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Michigan	877-459-6604	224	225	67.00	146.72	67.01	146.75
Health Alliance Plan -HDHP- Southeastern Michigan/Flint area	800-556-9765	524	525	93.57	237.40	101.44	254.00
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Minnesota	877-459-6604	224	225	67.00	146.72	67.01	146.75
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Minnesota	Local phone #	114	115	84.79	198.61	92.44	216.48
Mississippi							
Aetna HealthFund -CDHP- Most of Mississippi	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Mississippi	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Mississippi	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Mississippi	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Missouri	877-459-6604	224	225	67.00	146.72	67.01	146.75
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Certain Counties in Kansas City	Local phone #	114	115	84.79	198.61	92.44	216.48
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City Area	800/969-3343	9H1	9H2	89.35	230.54	72.89	171.28
Group Health Plan, Inc. -HDHP- St. Louis Area	800-755-3901	MM4	MM5	154.83	292.81	148.66	288.84
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	60.74	139.71	67.80	155.97
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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
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
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Montana							
Aetna HealthFund -CDHP- South/Southeast/Western Montana	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- South/Southeast/Western Montana	877-459-6604	224	225	67.00	146.72	67.01	146.75
Nebraska							
Aetna HealthFund -CDHP- Most of Nebraska	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Nebraska	877-459-6604	224	225	67.00	146.72	67.01	146.75
Nevada							
Aetna HealthFund -CDHP- Las Vegas/Clark and Nye Counties	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Las Vegas/Clark and Nye Counties	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Nevada	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Nevada	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of New Hampshire	877-459-6604	224	225	67.00	146.72	67.01	146.75
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of New Jersey	877-459-6604	224	225	67.00	146.72	67.01	146.75
Coventry Health Care HDHP -HDHP- Southern New Jersey	800/833-7423	LK1	LK2	78.83	190.99	88.29	213.90

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
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%
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- New Mexico	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- New Mexico	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of New York	877-459-6604	224	225	67.00	146.72	67.01	146.75
CDPHP Universal Benefits - HDHP -HDHP- Upstate, Hudson Valley, Cent New York	877/269-2134	SX1	SX2	69.11	178.30	71.18	183.65
Independent Health Assoc -HDHP- Western New York	800/501-3439	QA4	QA5	72.20	181.70	92.90	232.62
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of North Carolina	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of North Carolina	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of North Carolina	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of North Dakota	877-459-6604	224	225	67.00	146.72	67.01	146.75

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 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	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
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	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
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%

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Ohio	877-459-6604	224	225	67.00	146.72	67.01	146.75
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	91.29	182.91	91.29	182.91
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Ohio	Local phone #	114	115	84.79	198.61	92.44	216.48
Humana CoverageFirst -CDHP- Cincinnati/Dayton Area	888-393-6765	L81	L82	75.94	174.67	87.93	202.24
Paramount Health Care -HDHP- Northwest/North Central Ohio	800/462-3589	U24	U25	New Plan	New Plan	97.31	227.00
UnitedHealthcare Insurance Company, Inc. -HDHP- Cleveland and Columbus Areas	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Cleveland and Columbus Areas	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Oklahoma							
Aetna HealthFund -CDHP- Most of Oklahoma	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Oklahoma	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and North East Oklahoma	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and North East Oklahoma	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Oregon	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Metro Portland/Salem/Corvallis/Eugene	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Metro Portland/Salem/Corvallis/Eugene	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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
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
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	\$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
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	\$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 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Pennsylvania	877-459-6604	224	225	67.00	146.72	67.01	146.75
HealthAmerica Pennsylvania-HDHP -HDHP- Southeastern PA	866-351-5946	9N1	9N2	96.24	217.14	108.77	245.71
HealthAmerica Pennsylvania-HDHP -HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	82.27	202.27	93.72	231.45
HealthAmerica Pennsylvania-HDHP -HDHP- Central PA	866-351-5946	YW1	YW2	98.71	222.94	111.71	252.89
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	157.74	424.63	117.59	252.44
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Rhode Island	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Rhode Island	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Rhode Island	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
South Carolina							
Aetna HealthFund -CDHP- Most of South Carolina	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of South Carolina	877-459-6604	224	225	67.00	146.72	67.01	146.75
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Areas	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Rapid City/Sioux Falls Areas	877-459-6604	224	225	67.00	146.72	67.01	146.75

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
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	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	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
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%

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Tennessee							
Aetna HealthFund -CDHP- Most of Tennessee	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Tennessee	877-459-6604	224	225	67.00	146.72	67.01	146.75
Blue Cross and Blue Shield Service Benefit Plan -HDHP- Tennessee	Local phone #	114	115	84.79	198.61	92.44	216.48
Bluegrass Family Health -HDHP- Knoxville/Nashville Areas	800-787-2680	KV1	KV2	95.33	173.32	108.33	216.66
Humana CoverageFirst -CDHP- Nashville Area	888-393-6765	BT1	BT2	83.54	192.14	87.93	202.24
Humana CoverageFirst -CDHP- Memphis Area	888-393-6765	L61	L62	83.54	192.14	88.63	203.87
UnitedHealthcare Insurance Company, Inc. -HDHP- Tennessee	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Tennessee	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Texas							
Aetna HealthFund -CDHP- Most of Texas	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Texas	877-459-6604	224	225	67.00	146.72	67.01	146.75
Humana CoverageFirst -CDHP- Houston Area	888-393-6765	T21	T22	79.74	183.40	88.54	203.65
Humana CoverageFirst -CDHP- Dallas/Ft. Worth Area	888-393-6765	T81	T82	91.13	209.62	109.73	252.41
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	79.74	183.40	88.55	203.68
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	75.93	174.65	84.23	193.75
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	79.74	183.40	88.63	203.86
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Texas	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Texas	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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
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
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Utah	877-459-6604	224	225	67.00	146.72	67.01	146.75
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	99.71	206.57	99.71	206.57
Humana CoverageFirst -CDHP- Salt Lake City Area	888-393-6765	IA1	IA2	New Plan	New Plan	87.93	202.24
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Vermont	877-459-6604	224	225	67.00	146.72	67.01	146.75
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Virginia	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Virginia	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Virginia	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of Washington	877-459-6604	224	225	67.00	146.72	67.01	146.75
KPS Health Plans -HDHP- All of Washington	800/552-7114	L14	L15	79.78	174.32	79.78	174.32
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Washington	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Washington	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59

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
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%
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

High Deductible and Consumer-Driven Health Plans

See page 56-57 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Premium You Paid in 2008		Premium You Will Pay in 2009	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- Most of West Virginia	877-459-6604	224	225	67.00	146.72	67.01	146.75
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Wisconsin	877-459-6604	224	225	67.00	146.72	67.01	146.75
UnitedHealthcare Insurance Company, Inc. -HDHP- Wisconsin	877-835-9861	E91	E92	89.55	198.03	76.33	170.52
UnitedHealthcare Insurance Company, Inc. -CDHP- Wisconsin	877-835-9861	E94	E95	New Plan	New Plan	89.26	197.59
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	221	222	82.06	188.75	87.71	201.72
Aetna HealthFund -HDHP- All of Wyoming	877-459-6604	224	225	67.00	146.72	67.01	146.75
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	99.71	206.57	99.71	206.57

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
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%
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	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	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

Appendix F

Frequently Asked Questions for Federal Retirees

What do I need in order to suspend my FEHB enrollment because I am enrolled in a Medicare Advantage Health plan?

You must request and complete a Health Benefits Cancellation/Suspension form, RI 79-9. You must provide documentation of your enrollment in a Medicare Advantage health plan. An example of a Medicare Advantage health plan is “Secure Horizons” or “Kaiser Permanente Senior Advantage.” A copy of your Medicare card alone will not allow you to suspend your FEHB enrollment.

As a retiree, am I entitled to the FEHB pre-tax premiums (premium conversion)?

No, the IRS regulation allowing pre-tax premiums only applies to employees. However, if you are re-employed in a position that conveys FEHB coverage, you can participate in premium conversion by having your agency deduct your FEHB premiums on a pre-tax basis. This is normally automatic unless you waive participation in the premium conversion program. If you are employed by a Federal agency and in receipt of a survivor annuity, you should contact your employing personnel office, if you would like to transfer your FEHB enrollment from your annuity to your employing agency and participate in premium conversion.

I am eligible for Medicare. Can I change from one plan or option to another at any time?

Yes, you may change plans at any time beginning on the 30th day before becoming eligible for Medicare to anytime thereafter. However, this is a one-time event. Medicare A & B eligibility is not an event that permits you to suspend your enrollment in the FEHBP.

I am receiving a survivor annuity based on my deceased spouse's Federal service. I remarried after age 55. Can I add my new spouse to my current FEHB plan?

No. While your annuity can continue if you remarry after age 55, or if you were married to the deceased Federal retiree/employee for at least 30 years, you cannot cover your new spouse on the enrollment. Only eligible family members of the deceased are entitled to benefits under the FEHB program.

What do I need to do in order to suspend my FEHB enrollment because I have Tricare, Tricare for Life, Peace Corps or CHAMPVA?

You must request and complete a Health Benefits Cancellation/Suspension Confirmation form, RI 79-9. If you are a Tricare/Tricare for Life enrollee, you must provide a copy of your Uniformed Services Identification (ID) card and, if over age 65, a copy of your Medicare card showing Parts A and B along with the completed Health Benefits Cancellation/Suspension Confirmation form. If you are a CHAMPVA enrollee, you must provide a copy of your CHAMPVA Authorization card (A-card) along with the completed Health Benefits Cancellation/Suspension form. If you are a Peace Corps volunteer, you must provide evidence of your enrollment along with the completed Health Benefits Cancellation/Suspension form.

Do I continue to use my old plan until I get my new ID card(s)?

No, after January 1st, your old plan will no longer pay benefits. You must use the new plan even if you have not yet received your ID card(s). Contact your plan directly if you have any problems receiving benefits.

As a former spouse, am I entitled to coverage under the FEHB Program?

A former spouse is not eligible to retain coverage as a dependent under the employee's or retiree's family enrollment. You can, however, enroll under the Temporary Continuation of Coverage Act for 36 months. If you have a qualifying court order that awards you a portion of a Civil Service Retirement System or Federal Employees Retirement System annuity or survivor annuity, you may be eligible to enroll in the FEHBP under a Spouse Equity enrollment. You must, however, pay the full premium for this coverage. That means both the enrollee and government share of the premium.

Appendix G

FEDVIP Program Features

Waiting Periods

Dental - limited only to orthodontic services on most plans; for all other service, you may use your benefits as soon as your coverage becomes effective. There are very few pre-existing condition limitations.

Vision - no waiting period, you may use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

A Choice of Coverage

Choose between Self Only, Self Plus One or Self and Family.

Contributions

There are no Government contributions. The enrollee pays 100% of the premium.

Salary Deduction

You automatically pay your premium through a payroll deduction using pre-tax dollars; employees cannot elect to waive this pre-tax option and annuitants are not eligible for this option. When premium contributions are withheld on a pre-tax basis, Internal Revenue Service (IRS) guidelines affect your ability to change coverage, i.e., you may cancel or change coverage levels only during a FEDVIP Open Season. You may also make changes throughout the plan year if a qualified life event occurs.

Annual Enrollment Opportunity

Each year, you may enroll or change your dental and/or vision 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. Other events allow for certain types of changes throughout the year.

Continued Coverage

Eligibility for you or your family member may continue following your retirement or changes in employment status.

Claim Dispute Resolution

The claim review process will differ among plans. Upon written request from the enrollee and as a final option, the carrier will submit a dispute for resolution through a binding arbitration process. OPM will not review nor resolve disputes regarding FEDVIP. Please see your plan brochure for details.

Appendix H FEDVIP Definitions

Coordination of Benefits (COB) – Under this rule, the FEHB plan is considered the primary payer and pays first, while the FEDVIP plan is considered the secondary payer. Payment is coordinated under the COB rule to ensure that no more than 100% of any claim is paid by both plans.

Eligible Dependents – Your spouse and unmarried dependent children under age 22. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

In-Network Services – Services provided by members of the plan's provider network.

Nationwide Plan – A plan which provides services throughout the United States and around the world.

Out-of-Network Services – Services provided by health care professionals who are not a member of the plan's provider network.

Plan – The insurance company which participates in the FEDVIP program. Also called carrier.

Precertification – Also called predetermination. This is the procedure used by dental offices to determine what services a plan will cover and how much will be paid before the service is rendered.

Provider – A licensed health care professional; for example: dentists, oral surgeons, optometrists and ophthalmologists.

Provider Network – A group of health care providers who have a contract with a specific plan to provide services at an agreed upon cost.

Qualifying Life Event (QLE) – An event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season. There is no QLE under FEDVIP which allows for cancellation, except upon deployment to active military duty or transfers to certain agencies.

Regional Plan – A plan which provides services only in specified geographic regions.

Usual, Customary and Reasonable – A widely used method, which may vary from company to company, for determining benefit reimbursement levels. The initials simply mean:

Usual. The fee that an individual dentist most frequently charges for a given dental service.

Customary. A fee determined by the insurance company based on the range of usual fees charged by dentists in the same geographic area.

Reasonable. A fee which is justifiable considering special circumstances of the particular care rendered.

Waiting Period – The length of time a person must be covered under the plan before they are eligible for certain benefits. For example, most plans have a 24 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan for 24 months before you are eligible for orthodontic coverage.

Appendix I

FEDVIP Qualifying Life Events for Enrollment Changes

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	Increase Enrollment Type	Decrease Enrollment Type	Cancel	Change from One Plan to Another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Going on active military duty, non-pay status (you or your spouse)	No	No	No	Yes	No
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	Yes	Yes	No	No

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plans service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs. you must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date. BENEFEDS is a secure enrollment website sponsored by OPM.

Cancelling an enrollment

You can cancel your enrollment only during the annual Open Season, upon deployment to active military duty, or transfers to certain agencies. An eligible family members coverage also ends upon the effective date of the cancellation.

Appendix J

FEDVIP Plan Comparison Charts

This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, copayments, annual maximums and exclusions set forth in the individual plan brochures. Go to our website at www.opm.gov/insure/dentalvision to find the rating region assigned to the area where you live and the related premium cost you will pay.

Reading the Chart:

The table on the following pages highlights the selected features/classes of dental and/or vision services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Dental Insurance

The deductibles shown for the dental plans are the amount of covered expenses that you pay before the plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

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

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

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

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

Vision Insurance

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). Other benefits, such as discounts on lasik surgery, may also be available.

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

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Aetna High (In-Network Benefits)	1-800-537-9384 www.aetnafeds.com	0%	40%	60%	70%	\$0	\$3,000 per year (standard and high option) per person in-network \$2,000 per year (standard and high option) per person out-of-network \$1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
Aetna High (Out-of-Network Benefits)		0%	40%	60%	70%	\$0	
GEHA Standard (In-Network Benefits)	1-877-434-2336 www.gehadental.com	0%	45%	65%	50%	\$0	\$3,500 per year (high option) or \$1,200 per year (standard) per person \$1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
GEHA Standard (Out-of-Network Benefits)		0%	45%	65%	50%	\$0	
GEHA High (In-Network Benefits)		0%	20%	50%	50%	\$0	
GEHA High (Out-of-Network Benefits)		0%	20%	50%	50%	\$0	
MetLife Standard (In-Network Benefits)	1-888-865-6854 www.federaldental.metlife.com	0%	45%	65%	50%	\$0	
MetLife Standard (Out-of-Network Benefits)		40%	60%	80%	50%	\$100/person	\$1,200 standard option in-network annual non-orthodontic maximum per person \$600 standard option out-of-network annual non-orthodontic maximum per person \$3,000 high option non-orthodontic maximum per person \$1,500 standard option in-network lifetime max per person for orthodontics
MetLife High (In-Network Benefits)		0%	30%	50%	50%	\$0	\$1,000 standard option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services 24-month waiting period for orthodontia services
MetLife High (Out-of-Network Benefits)		10%	40%	60%	50%	\$50/person	
United Concordia High	1-877-438-8224 (Open Season) 1-877-394-8224 (General) www.uccifedvip.com	0%	20%	50%	50%	\$0	\$1,200 per year per person \$1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24-month waiting period for orthodontia services

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

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

						You pay:	Calendar Year Maximum
Plan Name	Telephone & Website	Class A	Class B	Class C	Class D	Deductible	
Humana/CompBenefits High (Open to residents of the Southwestern, Southeastern, Midwestern, and Mid-Atlantic states) (formerly CompBenefits)	1-877-692-2468 www.MyCBFed.com	0%	Flat Rate	Flat Rate	Flat Rate	\$0	\$10,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided No waiting period for orthodontia services
GHI High (In-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA)	212-501-4444 www.ghi.com	0%	0%	0%	0%	\$50 self/\$150 self & family/self plus one Class B and Class C	\$1,200 per year per person \$2,000 lifetime max per person (orthodontic services only) There is no calendar year deductible for Class A and D services Out-of-network benefits available – paid at the same in-network rate
GHI High (Out-of-network benefits)		0%	0%	0%	0%		12-month waiting period for orthodontia services
Triple S High (Open to Puerto Rico residents)	787-774-6060 787-749-4777 1-800-981-3241 TTY 787-792-1370 TTY 1-866-215-1999 www.ssspr.com	0%	30%	60% / 30%	50%	0%	No maximum \$1,500 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24-month waiting period for orthodontia services

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

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

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

Plan Name	Frames	Lenses	Exams	Co-payments	Lens Options Covered	Additional Features
FEP BlueVision Standard	Every 24 months	Every 12 months	Every 12 months	\$0	Single Conventional Bifocal Conventional Trifocal Lenticular	Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits NOT provided. Flat rate reimbursement in limited access areas and internationally.
FEP BlueVision High	Every 12 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular	Breakage warranty; Laser vision correction discount; low vision coverage. \$130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits available at a lower rate. Flat rate reimbursement in limited access areas and internationally.
UnitedHealthcare Vision Plan (formerly Spectera) Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$25 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance. Additional lens option discounts. Out-of-network benefits available—paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
UnitedHealthcare Vision Plan (formerly Spectera) High	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$10 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Tinted lenses UV coating	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. \$130 frame allowance. Additional lens option discounts. Out-of-network benefits available—paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
VSP (Vision Service Plan) Standard	Every 12 months	Every 12 months	Every 12 months	\$10 exam/ \$20 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Laser vision correction discount. \$120 frame allowance. Additional lenses options covered at a discount. Out-of-network benefits available—paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.
VSP (Vision Service Plan) High	Every 12 months	Every 12 months	Every 12 months	\$10 exam and glasses	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Anti-reflective coating Lenses that transition to light UV coating Select tints	Laser vision correction discount. \$150 frame allowance. Out-of-network benefits available—paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana Comp Benefits	GHI	Triple-S
AK	entire state	5	5	5	5	5	5	#N/A	#N/A	#N/A
AL	356-358	1	1	1	1	1	1	1	#N/A	#N/A
AL	rest of state	2	1	1	1	1	1	1	#N/A	#N/A
AR	entire state	2	1	1	1	1	1	5	#N/A	#N/A
AZ	entire state	3	3	3	1	1	1	2	#N/A	#N/A
CA	900-918, 922-935	3	4	4	5	5	3	4	#N/A	#N/A
CA	919-921	3	4	4	4	4	4	4	#N/A	#N/A
CA	939-941, 943-954	4	5	5	5	5	5	4	#N/A	#N/A
CA	rest of state	4	4	4	5	5	4	4	#N/A	#N/A
CA	942, 956-958	4	4	4	4	4	4	4	#N/A	#N/A
CO	entire state	3	4	4	4	4	3	4	#N/A	#N/A
CT	060-063	5	4	4	5	5	5	#N/A	#N/A	#N/A
CT	064-069	3	5	5	5	5	5	#N/A	1	#N/A
DC	entire state	2	4	4	4	4	4	2	#N/A	#N/A
DE	entire state	2	3	3	3	3	2	#N/A	#N/A	#N/A
FL	327-328, 347	2	2	2	1	1	1	2	#N/A	#N/A
FL	330-334	2	4	4	3	3	3	2	#N/A	#N/A
FL	rest of state	3	2	2	1	1	1	2	#N/A	#N/A
GA	300-303, 311	3	3	3	2	2	1	3	#N/A	#N/A
GA	rest of state	4	2	2	1	1	1	5	#N/A	#N/A
GU	entire state	5	1	1	5	5	5	#N/A	#N/A	#N/A
HI	entire state	4	3	3	4	4	5	#N/A	#N/A	#N/A
IA	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
ID	entire state	4	2	2	1	1	2	#N/A	#N/A	#N/A
IL	600-608	2	3	3	4	4	3	1	#N/A	#N/A
IL	620-622	2	2	2	1	1	1	1	#N/A	#N/A
IL	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
IN	460-462	2	2	2	1	1	1	1	#N/A	#N/A
IN	463-464	2	3	3	4	4	3	1	#N/A	#N/A
IN	rest of state	3	1	1	1	1	2	1	#N/A	#N/A
KS	660-662	1	2	2	1	1	2	1	#N/A	#N/A
KS	rest of state	3	1	1	1	1	2	1	#N/A	#N/A
KY	410	2	2	2	1	1	1	1	#N/A	#N/A
KY	rest of state	1	1	1	1	1	1	1	#N/A	#N/A

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP) Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana Comp Benefits	GHI	Triple-S
LA	entire state	2	2	2	1	1	1	5	#N/A	#N/A
MA	101-013	5	4	4	5	5	5	#N/A	#N/A	#N/A
MA	rest of state	5	4	4	5	5	5	#N/A	#N/A	#N/A
MD	206-218	2	4	4	4	4	4	2	#N/A	#N/A
MD	219	2	3	3	3	3	2	#N/A	#N/A	#N/A
MD	rest of state	2	2	2	2	2	4	#N/A	#N/A	#N/A
ME	entire state	5	3	3	2	2	3	#N/A	#N/A	#N/A
MI	480-485	3	3	3	3	3	2	#N/A	#N/A	#N/A
MI	rest of state	3	2	2	2	2	3	#N/A	#N/A	#N/A
MN	550-555	2	3	3	4	4	3	#N/A	#N/A	#N/A
MN	rest of state	3	2	2	2	2	2	#N/A	#N/A	#N/A
MO	630-633	2	2	2	1	1	1	1	#N/A	#N/A
MO	640-641	1	2	2	1	1	2	1	#N/A	#N/A
MO	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
MS	entire state	2	1	1	1	1	1	5	#N/A	#N/A
MT	entire state	4	2	2	1	1	1	#N/A	#N/A	#N/A
NC	entire state	4	2	2	1	1	1	5	#N/A	#N/A
ND	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
NE	entire state	1	1	1	1	1	2	#N/A	#N/A	#N/A
NH	entire state	5	4	4	5	5	5	#N/A	#N/A	#N/A
NJ	080-084	2	3	3	3	3	2	#N/A	#N/A	#N/A
NJ	rest of state	3	5	5	5	5	5	#N/A	1	#N/A
NM	entire state	3	3	3	1	1	1	#N/A	#N/A	#N/A
NV	897	4	4	4	4	4	4	#N/A	#N/A	#N/A
NV	rest of state	2	3	3	2	2	2	#N/A	#N/A	#N/A
NY	004, 005	3	5	5	5	5	5	#N/A	1	#N/A
NY	100-119, 124-126	3	5	5	5	5	5	#N/A	1	#N/A
NY	rest of state	4	2	2	2	2	3	#N/A	1	#N/A
OH	430-432	2	2	2	1	1	2	3	#N/A	#N/A
OH	440-443	2	2	2	1	1	3	1	#N/A	#N/A
OH	450-452	2	2	2	1	1	1	1	#N/A	#N/A
OH	453-455	2	2	2	1	1	2	1	#N/A	#N/A
OH	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
OK	entire state	2	2	2	1	1	1	3	#N/A	#N/A
OR	970-973	4	3	3	4	4	5	#N/A	#N/A	#N/A
OR	rest of state	5	3	3	3	3	4	#N/A	#N/A	#N/A

Appendix K

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana Comp Benefits	GHI	Triple-S
PA	150-154, 156, 160	1	1	1	1	1	1	#N/A	#N/A	#N/A
PA	183	3	5	5	5	5	5	#N/A	1	#N/A
PA	189-194	2	3	3	3	3	2	#N/A	#N/A	#N/A
PA	rest of state	3	1	1	1	1	1	#N/A	#N/A	#N/A
PR	entire state	3	1	1	1	1	1	#N/A	#N/A	1
RI	entire state	5	4	4	5	5	5	#N/A	#N/A	#N/A
SC	entire state	4	2	2	1	1	1	5	#N/A	#N/A
SD	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
TN	entire state	1	2	2	1	1	1	1	#N/A	#N/A
TX	750-753, 760-762	2	3	3	1	1	1	3	#N/A	#N/A
TX	770-775	2	3	3	1	1	1	3	#N/A	#N/A
TX	rest of state	2	2	2	1	1	1	3	#N/A	#N/A
UT	entire state	2	1	1	1	1	2	1	#N/A	#N/A
VA	201, 220-226	2	4	4	4	4	4	2	#N/A	#N/A
VA	230-232, 238	3	2	2	1	1	2	5	#N/A	#N/A
VA	rest of state	3	2	2	1	1	1	4	#N/A	#N/A
VI	entire state	overseas	1	1	5	5	5	#N/A	#N/A	#N/A
VT	entire state	5	2	2	2	2	3	#N/A	#N/A	#N/A
WA	980-985	5	5	5	5	5	5	#N/A	#N/A	#N/A
WA	986	4	3	3	4	4	5	#N/A	#N/A	#N/A
WA	rest of state	5	4	4	4	4	4	#N/A	#N/A	#N/A
WI	530-534	3	2	2	2	2	3	#N/A	#N/A	#N/A
WI	540	2	3	3	4	4	3	#N/A	#N/A	#N/A
WI	rest of state	3	2	2	2	2	2	#N/A	#N/A	#N/A
WV	entire state	4	2	2	1	1	1	3	#N/A	#N/A
WY	entire state	4	1	1	1	1	2	#N/A	#N/A	#N/A

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna PPO	High (In and Out-of-Network benefits)	1	\$12.85	\$25.70	\$38.55	\$27.84	\$55.68	\$83.53
		2	\$14.11	\$28.24	\$42.35	\$30.57	\$61.19	\$91.76
		3	\$15.00	\$30.02	\$45.02	\$32.50	\$65.04	\$97.54
		4	\$16.53	\$33.06	\$49.59	\$35.82	\$71.63	\$107.45
		5	\$17.92	\$35.85	\$53.77	\$38.83	\$77.68	\$116.50
GEHA PPO	Standard (In and Out-of-Network benefits)	1	\$9.37	\$18.75	\$28.12	\$20.30	\$40.63	\$60.93
		2	\$10.27	\$20.53	\$30.80	\$22.25	\$44.48	\$66.73
		3	\$11.62	\$23.23	\$34.85	\$25.18	\$50.33	\$75.51
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.87	\$27.74	\$41.61	\$30.05	\$60.10	\$90.16
GEHA PPO	High (In and Out-of-Network benefits)	1	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
		2	\$14.34	\$28.66	\$43.00	\$31.07	\$62.10	\$93.17
		3	\$16.22	\$32.45	\$48.67	\$35.14	\$70.31	\$105.45
		4	\$17.49	\$34.99	\$52.48	\$37.90	\$75.81	\$113.71
		5	\$19.40	\$38.79	\$58.19	\$42.03	\$84.05	\$126.08
MetLife PPO	Standard (In and Out-of-Network benefits)	1	\$8.41	\$16.84	\$25.26	\$18.22	\$36.49	\$54.73
		2	\$9.08	\$18.16	\$27.24	\$19.67	\$39.35	\$59.02
		3	\$10.02	\$20.04	\$30.06	\$21.71	\$43.42	\$65.13
		4	\$11.11	\$22.21	\$33.32	\$24.07	\$48.12	\$72.19
		5	\$12.17	\$24.35	\$36.53	\$26.37	\$52.76	\$79.15
MetLife PPO	High (In and Out-of-Network benefits)	1	\$14.05	\$28.11	\$42.15	\$30.44	\$60.91	\$91.33
		2	\$15.70	\$31.41	\$47.11	\$34.02	\$68.06	\$102.07
		3	\$17.07	\$34.14	\$51.21	\$36.99	\$73.97	\$110.96
		4	\$18.45	\$36.90	\$55.34	\$39.98	\$79.95	\$119.90
		5	\$20.64	\$41.27	\$61.91	\$44.72	\$89.42	\$134.14
United Concordia PPO	High (In-Network benefits only except for emergency services)	1	\$12.60	\$25.18	\$37.78	\$27.30	\$54.56	\$81.86
		2	\$14.41	\$28.82	\$43.22	\$31.22	\$62.44	\$93.64
		3	\$15.63	\$31.23	\$46.86	\$33.87	\$67.67	\$101.53
		4	\$16.84	\$33.65	\$50.50	\$36.49	\$72.91	\$109.42
		5	\$18.65	\$37.29	\$55.93	\$40.41	\$80.80	\$121.18

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Regional Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Humana CompBenefits	High	1	\$10.00	\$20.00	\$30.00	\$21.67	\$43.33	\$65.00
		2	\$10.26	\$20.51	\$30.77	\$22.23	\$44.44	\$66.67
		3	\$10.82	\$21.65	\$32.47	\$23.44	\$46.91	\$70.35
		4	\$14.05	\$28.10	\$42.14	\$30.44	\$60.88	\$91.30
		5	\$14.80	\$29.60	\$44.40	\$32.07	\$64.13	\$96.20
GHI PPO	High	1	\$17.35	\$34.69	\$52.04	\$37.59	\$75.16	\$112.75
Triple S PPO	High	1	\$4.51	\$9.02	\$11.93	\$9.77	\$19.54	\$25.85

International Dental Rates

Please note: International premium rates are not regionally based.

Plan Name	Biweekly Premium			Monthly Premium		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna	\$19.13	\$38.28	\$57.41	\$41.45	\$82.94	\$124.39
GEHA Standard	\$9.37	\$18.75	\$28.12	\$20.30	\$40.63	\$60.93
GEHA High	\$13.06	\$26.12	\$39.18	\$28.30	\$56.59	\$84.89
MetLife Standard	\$12.17	\$24.35	\$36.53	\$26.37	\$52.76	\$79.15
MetLife High	\$20.64	\$41.27	\$61.91	\$44.72	\$89.42	\$134.14
United Concordia	\$18.65	\$37.29	\$55.93	\$40.41	\$80.80	\$121.18

Appendix L

Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$4.00	\$8.00	\$12.00	\$8.67	\$17.33	\$26.00
		High	\$5.00	\$10.00	\$15.00	\$10.83	\$21.67	\$32.50
UnitedHealthcare Vision Plan (formerly Spectera)	1-866-249-1999 unitedhealthcarevisionplan.com	Standard	\$2.94	\$5.76	\$8.56	\$6.37	\$12.48	\$18.55
		High	\$3.93	\$7.67	\$11.43	\$8.52	\$16.62	\$24.77
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.84	\$7.68	\$11.52	\$8.32	\$16.64	\$24.96
		High	\$5.39	\$10.78	\$16.17	\$11.68	\$23.36	\$35.04

International Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$4.00	\$8.00	\$12.00	\$8.67	\$17.33	\$26.00
		High	\$5.00	\$10.00	\$15.00	\$10.83	\$21.67	\$32.50
UnitedHealthcare Vision Plan (formerly Spectera)	1-866-249-1999 unitedhealthcarevisionplan.com	Standard	\$2.94	\$5.76	\$8.56	\$6.37	\$12.48	\$18.55
		High	\$3.93	\$7.67	\$11.43	\$8.52	\$16.62	\$24.77
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.84	\$7.68	\$11.52	\$8.32	\$16.64	\$24.96
		High	\$5.39	\$10.78	\$16.17	\$11.68	\$23.36	\$35.04

