



The **2011**

Guide To Federal Benefits

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

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

◆ Health Care Reform and Your Federal Benefits p. 4

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Introduction to Federal Benefits and This Guide

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

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

Additional Information

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

Health Reform Changes for Federal Benefit Programs Effective January 1, 2011

On March 23, 2010, President Obama signed the Affordable Care Act, (ACA), Public Law 111-148. Several provisions of the ACA will affect eligibility and benefits under the Federal Employees Health Benefits (FEHB) Program beginning January 1, 2011. Please read the information below carefully.

Federal Employees Health Benefits (FEHB) Program

Please read the following section carefully as the actions you take will impact when your child's FEHB coverage begins under this new law.

What Are the Changes to FEHB Program Dependent Eligibility Rules Under the ACA?

All changes are effective on January 1, 2011.

Children	Effect of ACA
Between ages 22 and 26	Children between the ages of 22 and 26 are covered under their parent's Self and Family enrollment up to age 26.
Married Children	Married children (but NOT their spouse or their own children) are covered up to age 26. This is true even if the child is currently under age 22.
Children with or eligible for employer-provided health insurance	Children who are eligible for or have their own employer-provided health insurance are eligible for coverage up to age 26.
Stepchildren	Stepchildren do not need to live with the enrollee in a parent-child relationship to be eligible for coverage up to age 26.
Children Incapable of Self-Support	Children who are incapable of self-support because of a mental or physical disability that began before age 26 are eligible to continue coverage. Contact your human resources office or retirement system for additional information.
Foster Children	Foster children are eligible for coverage up to age 26.

Children **do not** have to live with their parent, be financially dependent upon their parent or be students to be covered up to age 26. There is also no requirement that the child have prior or current insurance coverage. FEHB Program plans will send notice to all their enrollees of the coverage eligibility changes as a part of that plan's Open Season communications.

In cases where children have employer-provided health insurance and are covered under their parent's Self and Family enrollment, the children's employer-provided health insurance will be the primary payer. FEHB will be the secondary payer.

Health Reform Changes for Federal Benefit Programs Effective January 1, 2011

How Do I Add a Newly Eligible Child To My Enrollment?

What you must do:

- If you currently have a Self and Family enrollment and you do not change to another health plan or option during Open Season, contact your FEHB plan and give them information on your newly eligible child. Do not complete an SF 2809, Health Benefits Election Form, or enter dependent information in your agency's self-service enrollment system to add your child to an existing Self and Family enrollment. Your child will be covered on January 1, 2011.
- If you currently have a Self Only enrollment and you have newly eligible children, you must change your enrollment from Self Only to Self and Family if you want your children to be covered. You must use an SF 2809 or an agency self-service enrollment system to make this change.
- If you are not currently enrolled and you want FEHB coverage since your children are now eligible, you must enroll for Self and Family coverage to provide coverage for your children. You must use an SF 2809 or an agency self-service enrollment system to make this change.

Important: If you are enrolling or changing your enrollment, be sure to include all children up to age 26 when completing your SF 2809 or using your agency's self-service enrollment system.

How can I enroll or change my enrollment so that my child is covered January 1st?

Be aware: The effective date of coverage for your newly eligible children depends upon the event used to enroll or change enrollment.

If you are an employee who gets paid biweekly (this applies to most Federal employees) or you are an Office of Workers' Compensation (OWCP) recipient, and you want your child covered on January 1, 2011, then you must enroll or change your enrollment as a "change in family status" – qualifying life event (QLE). The qualifying life event code to use on the SF 2809 is '1C' for employees and '2B' for OWCP recipients.

You may change your enrollment from 31 days before to 60 days after January 1, 2011. Your change to Self and Family will take effect on the first day of the pay period that includes January 1, 2011. Your child will be covered on January 1, 2011. If you make your QLE change after January 1st, your child will be covered retroactively to January 1, 2011 and you will pay retroactive premiums back to the effective date of the enrollment or change.

If you enroll or change your enrollment as an Open Season change, it will take effect on the first day of the first pay period that begins in 2011. For most employees, this will be **January 2, 2011**. For the Office of Workers' Compensation, this will be **January 16, 2011**. For a few other agencies, the date may be different.

The table below shows the different date of coverage for most employees and OWCP recipients enrolling in FEHB or changing from a Self Only to a Self and Family enrollment as a "change in family status" – QLE change or as an Open Season change.

Please visit www.opm.gov/insure for the most up-to-date information.

Health Reform Changes for Federal Benefit Programs Effective January 1, 2011

Effective Date of Coverage for Newly Eligible Children		
Enrollee	Change in Family Status (QLE Change):	Open Season Change:
Most Employees	January 1, 2011	January 2, 2011
OWCP Recipients	January 1, 2011	January 16, 2011

For United States Postal Service employees, CSRS/FERS annuitants, Temporary Continuation of Coverage (TCC) enrollees and former spouses, an enrollment or change in enrollment made either as a “change in family status” QLE or as an Open Season change will provide coverage of eligible children on January 1, 2011. This is also true for other agencies and other retirement systems with a pay period that begins on January 1, 2011.

If you have a Self Only enrollment and would like your newly eligible child to be covered, you must change to a Self and Family enrollment. If you do not change to a Self and Family enrollment as a “change in family status” QLE or an Open Season change then your child will not be covered.

How Does This Affect Eligibility For Temporary Continuation of Coverage (TCC)?

Children who lose coverage due to reaching age 26 are eligible for TCC for up to 36 months even if they previously had TCC.

If you are a child of an FEHB enrollee and you are now enrolled under Temporary Continuation of Coverage (TCC), you may no longer need your TCC enrollment since you will be covered under your parent’s Self and Family enrollment. Once you are assured of coverage under your parent’s Self and Family enrollment, you may want to cancel your TCC enrollment. To cancel your TCC, contact the National Finance Center at:

USDA, National Finance Center
DPRS Billing Unit
PO Box 61760
New Orleans, LA 70161-1760

If you have additional questions, please contact the National Finance Center at 800-242-9630 or nfc.dprs@usda.gov.

What is a Grandfathered Health Plan Under ACA?

The Affordable Care Act requires that health plans include certain consumer protections and benefits coverage that affect some FEHB plan benefits for 2011. All plans in the FEHB Program have complied with all required provisions. However, certain protections and coverage terms depend upon whether the plan is considered a “grandfathered health plan” under the Act.

A grandfathered health plan may preserve basic health coverage that was in effect when the law was enacted. If an FEHB plan indicates that it is a grandfathered plan that means certain benefit features including cost sharing, premium payments and covered services have not significantly changed from last year.

Please visit www.opm.gov/insure for the most up-to-date information.

Health Reform Changes for Federal Benefit Programs Effective January 1, 2011

While grandfathered health plans must comply with certain benefit requirements under the ACA, being a grandfathered plan also means that plan may not have included all benefit protections and coverage terms that apply to other plans. Information on a plan's specific benefit changes under the ACA will be available in the plan's brochure.

How Does the ACA Affect Benefits for High Deductible Health Plans?

Beginning January 1, 2011, currently eligible over-the-counter (OTC) products that are medicines or drugs will not be eligible for reimbursement from your Health Savings Account (HSA) or your Health Reimbursement Arrangement (HRA) – unless – you have a prescription for that item written by your physician. The only exception is insulin - you will not need a prescription from January 1, 2011 forward. Other currently eligible OTC items that are not medicines or drugs will not require a prescription.

Effective January 1, 2011, the 10% penalty for non-eligible medical expenses paid from an HSA will increase to 20%.

Eligibility Requirements

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

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

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

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

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

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

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

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

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

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

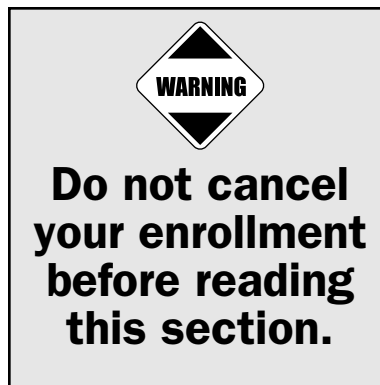
You may *suspend* your FEHB enrollment because you are enrolling in one of the following programs:

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

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

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

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



Federal Employees Health Benefits (FEHB) Program

What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to eligible employees, retirees and their eligible family members. **Temporary Continuation of Coverage (TCC)** is available to eligible former employees and former dependents of employees or retirees for a limited period. **Spouse Equity** coverage is available to certain former spouses of employees or retirees as long as they remain eligible. You can choose from among Fee-for-Service, Health Maintenance Organizations, Point-of-Service products, High Deductible, and Consumer Driven health plans.

Key FEHB Program facts

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

What enrollment types are available?

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

How much does it cost?

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

Am I eligible to enroll?

Individuals eligible for **TCC** include:

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

Federal Employees Health Benefits (FEHB) Program

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

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

When can I enroll?

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

Former spouses under the Spouse Equity provisions can enroll at any time after the employing office establishes that the former spouse has met both the eligibility and application time limitation requirements. To determine eligibility, the former spouse must apply to the employing office or retirement system within 60 days after:

- The date of dissolution of the marriage, or
- The date of the retirement system's notice of eligibility to enroll based on entitlement to a former spouse annuity benefit, whichever is later.

How do I enroll?

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

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

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

How do I get more information about this Program?

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

Federal Employees Health Benefits (FEHB) Program

Did You Know... Health Information Technology can improve your health!

What is Health Information Technology? Health Information Technology (HIT) allows doctors and hospitals to manage medical information and to securely exchange information among patients and providers. In a variety of ways, HIT has a demonstrated benefit in improving health care quality, preventing medical errors, reducing costs, and decreasing paperwork.

What are examples of HIT at work?

- You can go online to review your medical, pharmacy, and laboratory claims information;
- If you complete a Health Risk Assessment (HRA), your health plan can identify you as a candidate for case management or disease management and offer suggestions on healthy lifestyle strategies and how to reduce or eliminate health risks. Health plans can provide you with tips and educational material about good health habits, information about routine care that is age and gender appropriate.
- Physicians can have the very best clinical guidelines at their fingertips for managing and treating diseases;
- While with a patient, a physician can enter a prescription on a computer where potential allergies and adverse reactions are shown immediately;
- Computer alerts are sent to physicians to remind them of a patient's preventive care needs and to track referrals and test results.

One feature of HIT is the **Personal Health Record (PHR)**. The electronic version of your medical records allows you to maintain and manage health information for yourself and your family in a private and secure electronic environment. Some health plans include your medical claims data in your PHR, which gives a more complete picture of your health status and history.

You can also find a PHR on OPM's website at www.opm.gov/insure/health/phr/tools.asp. This PHR is a fillable and downloadable form that you complete yourself and save on your home computer. We encourage you to take a look at this PHR option and, if you determine it will fulfill your record-keeping needs, take advantage of this opportunity.

Price/cost transparency is another element of health information technology. For example, many health plans allow you to use online tools that will show what the plan will pay on average for a specific procedure or for a specific prescription drug. You can also review healthcare quality indicators for physician and hospital services.

The health plans listed on our HIT website at www.opm.gov/insure/health/reference/hitransparency.asp have taken steps to help you become a better consumer of health care and have met OPM's HIT, quality and price/cost transparency standards.

No one is more responsible for your health care than you – HIT tools can help.

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.** Choose between Self Only or Self and Family.
- **Group Benefits.** Under Spouse Equity coverage, you pay the total monthly premium. Under TCC, you pay the total monthly premium plus a 2 percent administrative charge.
- **A Choice of Plans and Options.** Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven Plans, or High Deductible Health Plans.
- **Annual Enrollment Opportunity.** Each year you can enroll or change your health plan enrollment. The Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce or death. See your human resources office or retirement system for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible for conversion to non-group (private) coverage when FEHB coverage ends. See your human resources office for more information.
- **Consumer Protections.** Go to www.opm.gov/insure/health/consumers to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program; and learn about your privacy protections when it comes to your medical information.

Appendix B

Choosing an FEHB Plan

What type of health plan is best for you?

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

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

Appendix B

Choosing an FEHB Plan

What should you consider when choosing a plan?

Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to www.opm.gov/insure/health/search/plansearch.aspx. You can also find help in selecting a plan using tools provided by PlanSmartChoice and Consumer's Checkbook at www.opm.gov/insure/health/planinfo/index.asp.

Ask yourself these questions:

- 1. How much does the plan cost?** This includes the premium you pay.
- 2. What benefits does the plan cover?** Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.
- 3. What are my out of pocket costs?** Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?
- 4. Who are the doctors, hospitals, and other care providers I can use?** Your costs are lower when you use providers who are part of the plan; these are "in-network" providers.
- 5. How well does my plan provide quality care?** Quality care varies from plan to plan, and here are three sources for reviewing quality.

* Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.

* Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/insure/health/planinfo/quality/hedis.aspx.

* Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation level or go to <http://reportcard.ncca.org/plan/external/plansearch.aspx>.

Appendix B

Choosing an FEHB Plan

Definitions

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

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

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

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

Formulary or Prescription Drug List - A list of both generic and brand name drugs, often made up of different cost-sharing levels or tiers, that are preferred by your health plan. Health plans choose drugs that are medically safe and cost effective. A team including pharmacists and physicians determines the drugs to include in the formulary.

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

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

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

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

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

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

Additional definitions are located at the beginning of the sections introducing the different types of plans.

Appendix C

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

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

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

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

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

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

Appendix D

FEHB Member Survey Results

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

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

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

- Overall Plan Satisfaction – This measure is based on the question, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?” We report the percentage of respondents who rated their plan 8 or higher.
- Getting Needed Care – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
- Getting Care Quickly – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you wanted?
- How Well Doctors Communicate – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
- Customer Service –How often did your health plan's customer service department give you the information or help you needed? How often did your health plan's customer service staff treat you with courtesy and respect? How often were the forms from your health plan easy to fill out?
- Claims processing – How often did your health plan handle your claims quickly and correctly?
- Plan Information on Costs – How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

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 20 through 23)

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

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

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 25.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 50.

Nationwide Fee-for-Service Plans

How to read this chart:

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self Only	Self & family	Self Only	Self & family	Self Only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	477.08	1078.72	486.62	1100.29
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	578.61	1306.89	590.18	1333.03
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	453.48	1061.97	462.55	1083.21
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	567.62	1290.97	578.97	1316.79
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	346.62	788.28	353.55	804.05
Mail Handlers Benefit Plan (MH) -std	800-410-7778	454	455	611.20	1398.76	623.42	1426.74
Mail Handlers Benefit Plan Value (MHV)	800-410-7778	414	415	285.91	681.63	291.63	695.26
NALC -high	888-636-6252	321	322	552.07	1202.61	563.11	1226.66
SAMBA -high	800-638-6589	441	442	661.68	1558.25	674.91	1589.42
SAMBA -std	800-638-6589	444	445	501.78	1145.95	511.82	1168.87

Plan Name: Open Only to Specific Groups

Compass Rose Health Plan (CRHP) -high	800-634-0069	421	422	510.49	1184.93	520.70	1208.63
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	493.96	1181.46	503.84	1205.09
Panama Canal Area Benefit Plan (PCABP) -high*	800-424-8196	431	432	409.24	854.21	417.42	871.29
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	565.83	1155.79	577.15	1178.91

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	\$350	None	\$250	\$20	15%	Nothing	20%	30%/30%	Yes
	Non-PPO	\$350	None	\$350	35%	35%	35%	45% +	45%/45%+	Yes
BCBS -basic	PPO	None	None	\$150/day x 5	\$25	\$150	Nothing	\$10	\$40/\$50 or 50%	No
GEHA -high	PPO	\$350	None	\$100	\$20	10%	Nothing	\$5	25% Max \$150/N/A	Yes
	Non-PPO	\$350	None	\$300	25%	25%	Nothing	\$5	25% Max \$150+/N/A	Yes
GEHA -std	PPO	\$350	None	None	\$10	15%	15%	\$5	50% Max \$200/N/A	Yes
	Non-PPO	\$350	None	None	35%	35%	35%	\$5	50% Max \$200+/N/A	Yes
MH -std	PPO	\$400	None	\$200	\$20	10%	Nothing	\$10	30%(\$200 max)/50%(\$200 max)	Yes
	Non-PPO	\$600	None	\$500	30%	30%	30%	50%	50%/50%	Yes
MH Value	PPO	\$600	None	None	\$30	20%	20%	\$10	50%/50%	No
	Non-PPO	\$900	Not Covered	None	40%	40%	40%	Not Covered	Not Covered	No
NALC -high	PPO	\$300	None	\$200	\$20	15%	Nothing	20%	30%/30%	Yes
	Non-PPO	\$300	None	\$350	30%	30%	30%	45% 45%+	45%/45%+	Yes
SAMBA -high	PPO	\$300	None	\$200	\$20	10%	Nothing	\$10	15%(\$55 max)/30%(\$90 max)	Yes
	Non-PPO	\$300	None	\$300	30%	30%	30%	\$10	15%(\$55 max)/30%(\$90 max)	Yes
SAMBA -std	PPO	\$350	None	\$200	\$20	15%	Nothing	\$10	25%(\$70 max)/35%(\$100 max)	Yes
	Non-PPO	\$350	None	\$300	30%	30%	30%	\$10	25%(\$70 max)/35%(\$100 max)	Yes
CRHP	PPO	\$300	None	\$150	\$10	10%	Nothing	\$5	\$30/30% or \$45	Yes
	Non-PPO	\$300	None	\$350	30%	30%	30%	\$5	\$30/30% or \$45	Yes
FS	PPO	\$300	None	Nothing	10%	10%	Nothing	\$10	25%/30%+\$50 min	Yes
	Non-PPO	\$300	None	\$200	30%	30%	20%	\$10	25%/30%+\$50 min	Yes
PCABP	POS	None	None	\$25	\$5	Nothing	Nothing	20%	20%/20%	No
	FFS	None	None	\$100	50%	50%	50%	20%	20%/20%	No
Rural	PPO	\$350	\$200	\$100	\$20	10%	Nothing	30%	30%/30%	Yes
	Non-PPO	\$400	\$200	\$300	25%	20%	20%	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	• How would you rate your overall experience with your health plan?
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 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?
Plan Information on Costs	• How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

Plan Name: Open to All	Member Survey Results							
	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
FFS National Average		78.9	92.1	92.2	94.4	89.7	92.6	74.6
APWU Health Plan -high	47 47	78.4	91.8	93.6	94.6	86.4	89.7	76.9
Blue Cross and Blue Shield Service Benefit Plan -std	10 10	80.5	93.9	92.5	94.9	89.7	95.6	73.8
Blue Cross and Blue Shield Service Benefit Plan -basic	11	73.9	93.1	89.6	94.9	92	94.6	73
GEHA Benefit Plan -high	31 31	85.8	93.9	92.1	95.1	93.3	97	76.7
GEHA Benefit Plan -std	31 31	76.6	90.5	90	94.4	90.1	93.9	73.4
Mail Handlers Benefit Plan -std	45 45	78.8	92.4	91.8	94.6	90.4	94.1	69
Mail Handlers Benefit Plan Value	41 41	52.4	84.6	89	94.1	86.6	84.5	66.5
NALC -high	32 32	84.8	94	92.8	93.4	89.7	94.5	77.8
SAMBA -high	44 44	85.9	94.7	94.1	95.7	90.9	94.9	79.2
SAMBA -std	44 44	82.6	93.6	93.9	95.2	93.1	93.8	77.7

Plan Name: Open Only to Specific Groups

	FFS National Average	78.9	92.1	92.2	94.4	89.7	92.6	74.6
Compass Rose Health Plan	42 42	86.4	93.9	95.1	93.6	92.4	94.9	78.2
Foreign Service Benefit Plan	40 40	75.7	87.1	92.7	93	83.5	84.9	68.6
Panama Canal Area Benefit Plan	43 43							
Rural Carrier Benefit Plan	38 38	83.9	95.2	94	95.7	91.1	94	77.4

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.

		Member Survey Results							
Plan Name	Location	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
FFS National Average			78.9	92.1	92.2	94.4	89.7	92.6	74.6
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Arizona	10	79.5	93	91	92.5	86.5	93.4	75.1
		11	72.8	88.9	85	90.5	88.7	94.5	64.9
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	California	10	79	91.9	87.5	94.4	86.4	93.9	68.9
		11	66.9	88.3	81.4	91.2	86.6	86.1	65.7
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	District of Columbia	10	75.8	92.6	91.9	95	86.9	90.1	67.4
		11	65.2	86.8	86.1	88.2	82.6	90.3	61.9
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Florida	10	85.1	93.5	90.1	94.5	89.2	92.5	77.5
		11	74.7	90.6	89.4	91.5	87.5	91.2	69.2
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Illinois	10	79.8	93	92.9	95.1	88	94.2	72.7
		11	72.9	89.7	87.1	92.9	86.5	94.5	69.7
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Maryland	10	80.2	93.6	92.2	93	93.1	97.3	72.8
		11	74.1	91.3	89.6	93	90.1	96.2	69.7
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Texas	10	84.7	93.8	89.4	93.9	88.4	95.6	74.1
		11	76.5	91.2	88.5	92.1	90.1	94.2	66.7
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Virginia	10	81.8	91.6	91	94.4	91.6	96.3	73.2
		11	70.1	90.2	86.4	91.8	87.8	94.3	70.4

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Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 26 through 49)

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 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Arizona							
Aetna Open Access -high- Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	537.57	1299.94	548.32	1325.94
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	508.45	1286.59	518.62	1312.32
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	456.91	1156.20	466.05	1179.32
Arkansas							
QualChoice - high - All of Arkansas	800-235-7111	DH1	DH2	537.94	1259.77	548.70	1284.97
QualChoice - std - All of Arkansas	800-235-7111	DH4	DH5	419.58	982.54	427.97	1002.19
California							
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	438.27	1079.61	447.04	1101.20
Anthem Blue Cross - HMO -high- Most of California	800-235-8631	M51	M52	588.23	1435.42	599.99	1464.13
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	523.47	1183.04	533.94	1206.70
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	814.04	1882.16	830.32	1919.80
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	775.28	1792.53	790.79	1828.38
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	552.00	1276.25	563.04	1301.78
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	518.31	1198.34	528.68	1222.31
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	621.83	1484.38	634.27	1514.07
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	520.52	1218.01	530.93	1242.37
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	478.94	1106.89	488.52	1129.03
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	306.87	709.26	313.01	723.45
PacificCare of California -high- Most of California	866-546-0510	CY1	CY2	474.02	1082.03	483.50	1103.67
Colorado							
Kaiser Foundation Health Plan of Colorado -high- Denver/Boulder/Southern Colorado	800-632-9700	651	652	542.75	1226.64	553.61	1251.17
Kaiser Foundation Health Plan of Colorado -std- Denver/Boulder/Southern Colorado	800-632-9700	654	655	320.73	724.90	327.14	739.40

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Arizona												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	61.3	86.6	83.1	89.9	86.9	87.9	66.7
Health Net of Arizona, Inc.-High	\$15/\$30	\$200/day X 3	\$10	\$30/\$50	Yes	66.8	90.7	84.1	93.1	82.3	87.3	63
Health Net of Arizona, Inc.-Std	\$15/\$40	\$250/day X 3	\$10	\$40/\$70	Yes	66.8	90.7	84.1	93.1	82.3	87.3	63
Arkansas												
QualChoice- QualChoice-	In-Network Out-Network	\$20/\$30 preventive \$0 40%/40%	\$100max\$500 40%	\$0 N/A	\$40/\$60 N/A	Yes N/A						
QualChoice-	In-Network	\$20/\$40 preventive \$0	\$200max\$1,000	\$5	\$40/\$60	Yes						
California												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	52.4	76.2	75.8	88.4	79.3	92.1	67.5
Anthem Blue Cross - HMO-High	\$25/\$25	\$200/day x 3	\$10/\$35/45%	\$35 or 45%/45%	Yes	60.8	81.9	77.5	88.5	66	85.4	57.6
Blue Shield of CA Access+HMO-High	\$20/\$30	\$150/ day x 3	\$10	\$35/\$50	Yes	64.9	83.8	80.9	90.3	81.7	85.3	63.5
Health Net of California-High	\$15/\$30	\$100/dayx3	\$10	\$35/\$50	Yes	64.9	82	80.4	92	77.7	83.6	57.1
Health Net of California-Std	\$30/\$50	\$300	\$15	\$35/\$60	Yes	64.9	82	80.4	92	77.7	83.6	57.1
Health Net of California-High	\$15/\$30	\$100/dayx3	\$10	\$35/\$50	Yes	64.9	82	80.4	92	77.7	83.6	57.1
Health Net of California-Std	\$30/\$50	\$300	\$15	\$35/\$60	Yes	64.9	82	80.4	92	77.7	83.6	57.1
Kaiser Foundation HP-High	\$15/\$15	\$250	\$10	\$30/\$30	Yes	69	83.5	82.2	91.3	80.3	80.2	59.8
Kaiser Foundation HP-Std	\$30/\$30	\$500	\$15	\$35/\$35	Yes	69	83.5	82.2	91.3	80.3	80.2	59.8
Kaiser Foundation HP-High	\$15/\$15	\$250	\$10	\$30/\$30	Yes	72	80	79.4	91.9	78.4	78	63.4
Kaiser Foundation HP-Std	\$30/\$30	\$500	\$15	\$35/\$35	Yes	72	80	79.4	91.9	78.4	78	63.4
PacificCare of California-High	\$20/\$30	\$100/day x 5	\$10	\$35/\$60	Yes	63.2	76.2	81.5	90.6	77	86.1	64.4
Colorado												
Kaiser Foundation HP-High	\$20/\$30	\$250	\$10	\$25/\$50	Yes	63.1	79.4	87.1	92.7	80.8	92	68.5
Kaiser Foundation HP-Std	\$25/\$45	\$250/dayx3	\$15	\$35/\$70	Yes	63.1	79.4	87.1	92.7	80.8	92	68.5

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Delaware							
Aetna Open Access -high- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	832.11	2007.74	848.75	2047.89
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	623.72	1440.27	636.19	1469.08
District of Columbia							
Aetna Open Access -high- Washington, DC Area	877-459-6604	JN1	JN2	739.59	1656.61	754.38	1689.74
Aetna Open Access -basic- Washington, DC Area	877-459-6604	JN4	JN5	472.94	1106.84	482.40	1128.98
CareFirst BlueChoice -high- Washington, D.C. Metro Area	866-296-7363	2G1	2G2	542.45	1220.31	553.30	1244.72
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area	877-574-3337	E31	E32	526.52	1211.02	537.05	1235.24
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area	877-574-3337	E34	E35	330.55	760.20	337.16	775.40
M.D. IPA -high- Washington, DC area	877-835-9861	JP1	JP2	523.64	1207.48	534.11	1231.63
Florida							
Av-Med Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	515.41	1237.12	525.72	1261.86
Av-Med Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	477.34	1145.67	486.89	1168.58
Capital Health Plan -high- Tallahassee area	850-383-3311	EA1	EA2	409.07	1084.01	417.25	1105.69
Coventry Health Care of Florida -high- Southern Florida	800-441-5501	5E1	5E2	479.38	1242.71	488.97	1267.56
Coventry Health Care of Florida -std- Southern Florida	800-441-5501	5E4	5E5	413.66	1071.94	421.93	1093.38
Humana, Inc. -high- South Florida	888-393-6765	EE1	EE2	556.62	1252.42	567.75	1277.47
Humana, Inc. -std- South Florida	888-393-6765	EE4	EE5	487.46	1096.79	497.21	1118.73
Humana, Inc. -high- Tampa	888-393-6765	LL1	LL2	629.74	1416.89	642.33	1445.23
Humana, Inc. -std- Tampa	888-393-6765	LL4	LL5	511.85	1151.63	522.09	1174.66
Georgia							
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	622.85	1429.18	635.31	1457.76
Humana Employers Health of Georgia, Inc. -high- Columbus	888-393-6765	CB1	CB2	517.57	1164.52	527.92	1187.81
Humana Employers Health of Georgia, Inc. -std- Columbus	888-393-6765	CB4	CB5	465.81	1048.06	475.13	1069.02
Humana Employers Health of Georgia, Inc. -high- Atlanta	888-393-6765	DG1	DG2	540.17	1215.37	550.97	1239.68
Humana Employers Health of Georgia, Inc. -std- Atlanta	888-393-6765	DG4	DG5	517.57	1164.54	527.92	1187.83
Humana Employers Health of Georgia, Inc. -high- Macon	888-393-6765	DN1	DN2	513.13	1154.51	523.39	1177.60
Humana Employers Health of Georgia, Inc. -std- Macon	888-393-6765	DN4	DN5	487.46	1096.79	497.21	1118.73
Kaiser Foundation Health Plan of GA, Inc. -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	523.38	1195.96	533.85	1219.88
Kaiser Foundation Health Plan of GA, Inc. -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	357.80	817.57	364.96	833.92

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Delaware												
Aetna Open Access-High	\$20/\$35	\$150/day x 5	\$10	\$35/\$65	Yes	62.6	86.2	85.2	92.8	86.8	88.6	65.5
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	62.6	86.2	85.2	92.8	86.8	88.6	65.5
District of Columbia												
Aetna Open Access-High	\$15/\$30	\$150/day x3	\$5	\$35/\$65	Yes	58.9	83	89.4	90	88.8	85.5	65.2
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	58.9	83	89.4	90	88.8	85.5	65.2
CareFirst BlueChoice-High	\$25/\$35	\$150/ day x 3	\$10	\$30/\$50	Yes	53.3	81.6	94.3	90.2	68.5	81.7	51.3
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
Kaiser Foundation HP-Std	\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
M.D. IPA-High	\$25/\$35	\$150/day x 3	\$7	\$25/\$60/\$100	No	58	79.1	86.6	89.7	83.9	88.8	63.8
Florida												
Av-Med Health Plan-High	\$15/\$40	\$150/dayx5	\$15	\$30/\$50/30%	No	78.1	85.1	86.7	92.5	86.6	89.4	59.6
Av-Med Health Plan-Std	\$25/\$45	\$175/dayx5	\$20	\$40/\$60/30%	No	78.1	85.1	86.7	92.5	86.6	89.4	59.6
Capital Health Plan-High	\$15/\$25	\$250	\$15	\$30/\$50	No	84	89.5	90.3	92.3	93	94.3	81.4
Coventry Health Care of Florida-High	\$15/\$30	Ded+\$150x3 days	\$20	\$40/\$60/20%	Yes	52.9	79.3	77.3	90.3	83.2	83	61.5
Coventry Health Care of Florida-Standard	\$20/\$45	Ded+\$175x5 days	\$10	\$45/\$65/20%	Yes	52.9	79.3	77.3	90.3	83.2	83	61.5
Humana, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	60.5	84.9	80.2	90.9	82.4	81.4	60.3
Humana, Inc.-Standard	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	60.5	84.9	80.2	90.9	82.4	81.4	60.3
Humana, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana, Inc.-Standard	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Georgia												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	60.9	87.5	83.9	92.7	87.6	87.3	64.5
Humana Employers Health of Georgia, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Employers Health of Georgia, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Employers Health of Georgia, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	49.9	85.6	84	95.8	89.1	82.5	70.5
Humana Employers Health of Georgia, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	49.9	85.6	84	95.8	89.1	82.5	70.5
Humana Employers Health of Georgia, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Employers Health of Georgia, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Kaiser Foundation HP-High	\$10/\$25	\$250	\$10/\$16 Comm	\$30/\$36 Comm	Yes	63.1	82.4	79.8	91.3	78.2	83.3	62.9
Kaiser Foundation HP-Std	\$20/\$30	\$250/day x 3	\$20/\$26 Comm	\$30/\$36 Comm	Yes	63.1	82.4	79.8	91.3	78.2	83.3	62.9

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Guam							
TakeCare -high- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK1	JK2	497.88	1308.36	507.84	1334.53
TakeCare -std- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK4	JK5	441.72	1166.47	450.55	1189.80
Hawaii							
HMSA -high- All of Hawaii	808-948-6499	871	872	452.21	1006.57	461.25	1026.70
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	508.93	1094.19	519.11	1116.07
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	225.57	484.97	230.08	494.67
Idaho							
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	600.32	1320.78	612.33	1347.20
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	398.17	875.92	406.13	893.44
Group Health Cooperative -high- Kootenai and Latah	888-901-4636	541	542	574.64	1235.50	586.13	1260.21
Group Health Cooperative -std- Kootenai and Latah	888-901-4636	544	545	371.65	839.04	379.08	855.82
Illinois							
Aetna Open Access -high- Chicago Area	877-459-6604	IK1	IK2	604.46	1455.50	616.55	1484.61
Blue Preferred Plus POS -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	567.97	1229.71	579.33	1254.30
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West	800-851-3379	FX1	FX2	554.41	1292.35	565.50	1318.20
Humana Benefit Plan of Illinois Inc. formerly OSF -high- Central/Central Northwestern	888-393-6765	9F1	9F2	680.75	1531.73	694.37	1562.36
Humana Benefit Plan of Illinois Inc. formerly OSF -std- Central/Central Northwestern	888-393-6765	AB4	AB5	517.57	1164.54	527.92	1187.83
Humana Health Plan Inc. -high- Chicago	888-393-6765	751	752	640.40	1440.90	653.21	1469.72
Humana Health Plan Inc. -std- Chicago	888-393-6765	754	755	487.46	1096.79	497.21	1118.73
Union Health Service -high- Chicago area	312-829-4224	761	762	473.59	1099.41	483.06	1121.40
United Healthcare of the Midwest -high- Southwest Illinois	877-835-9861	B91	B92	542.73	1212.49	553.58	1236.74
UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois	800-747-1446	YH1	YH2	457.88	1121.77	467.04	1144.21

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2	
Guam													
TakeCare-High	\$20/\$40	\$100/day for 5 days	\$10	\$15/\$25/\$50	No	62.6	74.4	63	88.3	73.2	73.1	59.8	
TakeCare-Std	\$25/\$40	\$150/day for 5 days	\$15	\$20/\$40/\$80	No	62.6	74.4	63	88.3	73.2	73.1	59.8	
Hawaii													
HMSA- HMSA-	In-Network Out-Network	\$15/\$15 30%/30%	\$100 30%	\$7 \$7 + 20%	\$30/\$65 \$30+20%/ \$65+20%	Yes No	83.7 83.7	90 90	88.7 88.7	94.2 94.2	87.1 87.1	94.8 94.8	71.9 71.9
Kaiser Foundation HP-High		\$15/\$15	None	\$15	\$15/\$15	Yes	69.1	81.2	83.2	94	79	83.5	68.8
Kaiser Foundation HP-Std		\$25/\$25	10%	\$20	\$20/\$20	Yes	69.1	81.2	83.2	94	79	83.5	68.8
Idaho													
Altius Health Plans-High		\$20/\$30	\$200	\$7	\$25/\$50	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8
Altius Health Plans-Std		\$20/\$35	None	\$7	\$35/\$60	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8
Group Health Cooperative-High		\$25/\$25	\$350/day x 3	\$20	\$40/\$60	Yes	67	87	89.9	94.2	87.9	85.4	71.6
Group Health Cooperative-Std		\$25+20%/\$25+20%	\$500/day x 3	\$20	\$40/\$60	Yes	67	87	89.9	94.2	87.9	85.4	71.6
Illinois													
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	53.9	76.5	86.4	93.2	81.6	74.7	64.1
Blue Preferred Plus POS	In-Network	\$25/\$25	\$500	\$10	\$30/\$40	Yes	69.3	91.5	89.9	94.9	88.5	93.2	66.9
Blue Preferred Plus POS	Out-Network	30% after ded	30% after ded.	N/A	N/A	No	69.3	91.5	89.9	94.9	88.5	93.2	66.9
Health Alliance HMO-High		\$20/\$30	\$250/3 days	\$15	\$30/\$50	Yes	82.9	88.2	90.2	95.3	90.8	92.9	76.6
Humana BP of Illinois Inc.-High		\$20/\$35	\$200 x 3	\$10	\$40/\$60	Yes	74.5	92	90.9	95.7	92.1	89.2	76.7
Humana BP of Illinois Inc.-Std		\$25/\$40	\$300 X 3	\$10	\$40/\$60	Yes	74.5	92	90.9	95.7	92.1	89.2	76.7
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Humana Health Plan, Inc.-Std		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Union Health Service-High		\$15/\$15	None	\$15	\$30/\$30	No							
UHC of the Midwest, Inc.-High		\$25/\$35	\$450	\$7	\$30/\$60	Yes	59.2	87	86.9	94.2	81.7	89.6	61.2
UHC Plan of the River Valley, Inc.-High		\$20/\$40	20%	\$10	\$35/\$50	Yes	65.4	87.7	86.2	96.4	83.1	91.8	68.5

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna Open Access -high- Northern Indiana Area	877-459-6604	IK1	IK2	604.46	1455.50	616.55	1484.61
Health Alliance HMO -high- Western Indiana	800-851-3379	FX1	FX2	554.41	1292.35	565.50	1318.20
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	640.40	1440.90	653.21	1469.72
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	487.46	1096.79	497.21	1118.73
Humana Health Plan Inc. -high- Southern Indiana	888-393-6765	MH1	MH2	517.57	1164.52	527.92	1187.81
Humana Health Plan Inc. -std- Southern Indiana	888-393-6765	MH4	MH5	465.81	1048.06	475.13	1069.02
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	560.50	1247.52	571.71	1272.47
Welborn Health Plans -high- Evansville Area	800-521-0265	W11	W12	535.41	1252.92	546.12	1277.98
Iowa							
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	502.00	1314.82	512.04	1341.12
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	361.16	848.77	368.38	865.75
Health Alliance HMO -high- Central Iowa	800-851-3379	FX1	FX2	554.41	1292.35	565.50	1318.20
HealthPartners Open Access Copay-high- Northern Iowa	952-883-5000	V31	V32	681.96	1568.47	695.60	1599.84
HealthPartners 3 for Free-std- Northern Iowa	952-883-5000	V34	V35	320.34	736.75	326.75	751.49
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	606.41	1395.33	618.54	1423.24
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	584.76	1345.02	596.46	1371.92
UnitedHealthcare Plan of the River Valley Inc. -high- Eastern Iowa; W. Central Illinois	800-747-1446	YH1	YH2	457.88	1121.77	467.04	1144.21
Kansas							
Coventry Health Care of Kansas -high- Kansas City/Wichita/Salina areas	800-969-3343	HA1	HA2	455.20	1143.00	464.30	1165.86
Coventry Health Care of Kansas -std- Kansas City/Wichita/Salina areas	800-969-3343	HA4	HA5	387.88	911.34	395.64	929.57
Humana Health Plan, Inc. -high- Kansas City	888-393-6765	MS1	MS2	763.66	1718.23	778.93	1752.59
Humana Health Plan, Inc. -std- Kansas City	888-393-6765	MS4	MS5	514.54	1157.74	524.83	1180.89

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Indiana												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	53.9	76.5	86.4	93.2	81.6	74.7	64.1
Health Alliance HMO-High	\$20/\$30	\$250/3 days	\$15	\$30/\$50	Yes	82.9	88.2	90.2	95.3	90.8	92.9	76.6
Humana Health Plan Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Humana Health Plan Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Humana Health Plan Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$30/\$60	Yes							
Humana Health Plan Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$30/\$60	Yes							
Physicians Health Plan of Northern Indiana-High	\$15/\$15	20%	\$5	\$20/\$45	Yes	60.3	88.2	84.5	95.2	83.4	92.2	67.5
Welborn Health Plans-High	\$20/\$20	10%	\$10	\$35/\$55	Yes	58.2	88.1	89.6	94.5	80.6	87	64.7
Iowa												
Coventry Health Care of Iowa-High	\$20/\$40	None	\$10	\$40/\$65	Yes	56.4	88.4	87.9	94.6	85.1	91.5	61.8
Coventry Health Care of Iowa-Std	\$20/\$40	None	\$10	\$40/\$65	Yes	56.4	88.4	87.9	94.6	85.1	91.5	61.8
Health Alliance HMO-High	\$20/\$30	\$250/3 days	\$15	\$30/\$50	Yes	82.9	88.2	90.2	95.3	90.8	92.9	76.6
HealthPartners Open Access Copay	\$25/\$45	10%	\$12	\$45/\$90	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
HealthPartners 3 for Free	\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
Sanford Health Plan- In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	N/A	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	No	53.3	85.2	87.1	92.8	84.8	88.8	66.8
UHC Plan of the River Valley, Inc.-High	\$20/\$40	20%	\$10	\$35/\$50	Yes	65.4	87.7	86.2	96.4	83.1	91.8	68.5
Kansas												
Coventry Health Care of Kansas-High	\$20/\$50	None	\$3/ \$12	\$40/\$65	Yes	59.2	85.6	90	95	80.5	88.7	65
Coventry Health Care of Kansas-Std	\$30/\$60	None	\$3/ \$12	\$40/\$65	Yes	59.2	85.6	90	95	80.5	88.7	65
Humana Health Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$30/\$60	Yes	59.1	91.4	88.3	93	88.2	87.3	71
Humana Health Plan, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$30/\$60	Yes	59.1	91.4	88.3	93	88.2	87.3	71

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kentucky							
Humana Health Plan, Inc. -high- Louisville	888-393-6765	MH1	MH2	517.57	1164.52	527.92	1187.81
Humana Health Plan, Inc. -std- Louisville	888-393-6765	MH4	MH5	465.81	1048.06	475.13	1069.02
Humana Health Plan, Inc. -high- Lexington	888-393-6765	MI1	MI2	498.36	1121.27	508.33	1143.70
Humana Health Plan, Inc. -std- Lexington Area	888-393-6765	MI4	MI5	437.36	984.08	446.11	1003.76
Louisiana							
Coventry Health Care of Louisiana -high- New Orleans area	800-341-6613	BJ1	BJ2	564.87	1311.81	576.17	1338.05
Coventry Health Care of Louisiana -std- New Orleans area	800-341-6613	BJ4	BJ5	504.21	1171.00	514.29	1194.42
Maryland							
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	739.59	1656.61	754.38	1689.74
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	472.94	1106.84	482.40	1128.98
CareFirst BlueChoice -high- All of Maryland	866-296-7363	2G1	2G2	542.45	1220.31	553.30	1244.72
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	424.97	1066.52	433.47	1087.85
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	375.42	938.54	382.93	957.31
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas	877-574-3337	E31	E32	526.52	1211.02	537.05	1235.24
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	330.55	760.20	337.16	775.40
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	523.64	1207.48	534.11	1231.63
Massachusetts							
Fallon Community Health Plan -basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	614.19	1492.66	626.47	1522.51

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 6	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Kentucky												
Humana Health Plan, Inc. -High	\$20/\$35	\$250/day x 3	\$10	\$30/\$60	Yes							
Humana Health Plan, Inc. -Std	\$25/\$40	\$500/day x 3	\$10	\$30/\$60	Yes							
Humana Health Plan, Inc. -high	\$20/\$35	\$250/day x 3	\$10	\$30/\$60	Yes							
Humana Health Plan, Inc. -Std	\$25/\$40	\$500/day x 3	\$10	\$30/\$60	Yes							
Louisiana												
Coventry Health Care of Louisiana-High	\$20/\$40	Nothing	\$1	\$35/\$60	Yes	58.4	85.5	79.8	94.7	77.7	88.5	63.6
Coventry Health Care of Louisiana-Std	\$25/\$50	30%	\$1	\$35/\$60	Yes	58.4	85.5	79.8	94.7	77.7	88.5	63.6
Maryland												
Aetna Open Access-High	\$15/\$30	\$150/day x3	\$5	\$35/\$65	Yes	58.9	83	84.5	90	88.8	85.5	65.2
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	58.9	83	84.5	90	88.8	85.5	65.2
CareFirst BlueChoice-High	\$25/\$35	\$150/ day x 3	\$10	\$30/\$50	Yes	53.3	81.6	81.1	90.2	68.5	81.7	51.3
Coventry Health Care-High	\$20/\$40	\$200/day x 3	\$5	\$30/\$60	Yes	49	80.6	85.7	94.4	76.6	82.5	61.8
Coventry Health Care-Std	\$20/\$40	\$200/day x 3	\$15	\$30/\$60	Yes	49	80.6	85.7	94.4	76.6	82.5	61.8
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
Kaiser Foundation HP-Std	\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
M.D. IPA-High	\$25/\$35	\$150/day x 3	\$7	\$25/\$60/\$100	No	58	79.1	86.6	89.7	83.9	88.8	63.8
Massachusetts												
Fallon Community Health Plan-Basic	\$25/\$35 preventive \$0	\$150to\$750max	\$10	\$30/\$60	Yes	69.2	83.1	87.1	93.7	83.7	89.7	71.5

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Michigan							
Bluecare Network of MI -high- Traverse City	800-662-6667	H61	H62	534.84	1390.18	545.54	1417.98
Bluecare Network of MI -high- Grand Rapids	800-662-6667	J31	J32	564.22	1466.44	575.50	1495.77
Bluecare Network of MI -high- East Region	800-662-6667	K51	K52	541.23	1234.05	552.05	1258.73
Bluecare Network of MI -high- Southeast Region	800-662-6667	LX1	LX2	474.70	1233.74	484.19	1258.41
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	470.88	1224.30	480.30	1248.79
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	441.55	1147.94	450.38	1170.90
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	521.58	1356.05	532.01	1383.17
HealthPlus MI -high- East Central Michigan	800-332-9161	X51	X52	445.38	1157.22	454.29	1180.36
Physicians Health Plan of Mid-Michigan -std- Mid-Michigan	517-364-8500	9U4	9U5	603.87	1455.33	615.95	1484.44
Minnesota							
HealthPartners Open Access Copay -high-Minnesota	952-883-5000	V31	V32	681.96	1568.47	695.60	1599.84
HealthPartners 3 for Free -std-Minnesota	952-883-5000	V34	V35	320.34	736.75	326.75	751.49
Medica Health Plan -high- Most of Minnesota	800-952-3455	M21	M22	654.57	1498.94	667.66	1528.92
Missouri							
Blue Preferred HMO -high- StLouis/Central/SW areas	888-811-2092	9G1	9G2	567.97	1229.71	579.33	1254.30
Coventry Health Care of Kansas -high- Kansas City area	800-969-3343	HA1	HA2	455.20	1143.00	464.30	1165.86
Coventry Health Care of Kansas -std- Kansas City area	800-969-3343	HA4	HA5	387.88	911.34	395.64	929.57
Humana Health Plan, Inc. -high- Kansas City	888-393-6765	MS1	MS2	763.66	1718.23	778.93	1752.59
Humana Health Plan, Inc. -std- Kansas City	888-393-6765	MS4	MS5	514.54	1157.74	524.83	1180.89
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	542.73	1212.49	553.58	1236.74
Montana							
New West Health Services -high- Most of Montana	800-290-3657	NV1	NV2	574.51	1302.51	586.00	1328.56
New West Health Services -std- Most of Montana	800-290-3657	NV4	NV5	454.00	1070.53	463.08	1091.94

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Michigan												
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes							
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes							
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes	64.6	88	89.3	93.3	83.8	88	68.6
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes	64.6	88	89.3	93.3	83.8	88	68.6
Grand Valley Health Plan-High	\$10/\$10	Nothing	\$5	\$15/\$15	No	77.1	85.6	92.5	93.8	87.4	88.6	78.8
Grand Valley Health Plan-Std	\$20/\$20	\$500 x 3	\$10	\$40/\$40	No	77.1	85.6	92.5	93.8	87.4	88.6	78.8
Health Alliance Plan-High	\$10/\$20	Nothing	\$10	\$40/\$40	Yes	79.2	87.7	86.8	95.6	80.1	91.6	67.7
HealthPlus MI-High	\$10/\$20	None	\$8	\$40/\$60	Yes	76.6	89.5	93.2	94	87.3	89.4	71.9
Physicians Health Plan of Mid-Michigan-Std	\$20/Nothing	20%	\$15	\$25/\$50	Yes	70.4	91.4	90.4	94.8	87.6	90	68.6
Minnesota												
HealthPartners Open Access Copay	\$25/\$45	10%	\$12	\$45/\$90	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
HealthPartners 3 for Free	\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
Medica Health Plan- In-Network	\$20/\$20	\$300	\$10	\$25/\$50/\$50	Yes	50.1	81.2	88.9	96	85.9	90.6	54.9
Medica Health Plan- Out-Network	40%/40%	None	40%/\$50	40%/\$50	No	50.1	81.2	88.9	96	85.9	90.6	54.9
Missouri												
Blue Preferred Plus POS In-Network	\$25/\$25	\$500	\$10	30%/40%	Yes	69.3	91.5	89.9	94.9	88.5	93.2	66.9
Blue Preferred Plus POS Out-Network	30% after ded	30% after ded	N/A	N/A	No	69.3	91.5	89.9	94.9	88.5	93.2	66.9
Coventry Health Care of Kansas-High	\$20/\$50	None	\$3/ \$12	\$40/\$65	Yes	59.2	85.6	90	95	80.5	88.7	65
Coventry Health Care of Kansas-Std	\$30/\$60	None	\$3/ \$12	\$40/\$65	Yes	59.2	85.6	90	95	80.5	88.7	65
Humana Health Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$30/\$60	Yes	59.1	91.4	88.3	93	88.2	87.3	71
Humana Health Plan, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$30/\$60	Yes	59.1	91.4	88.3	93	88.2	87.3	71
United Healthcare of the Midwest, Inc.-High	\$25/\$35	\$450	\$7	\$30/\$60	Yes	59.2	87	86.9	94.2	81.7	89.6	61.2
Montana												
New West Health Services- High	\$15/\$15	\$100	\$10	\$20/\$40	Yes	43.1	84.4	87.2	95.7	82.8	82.6	58.7
New West Health Services- POS	30%/30%	30%	N/A	N/A	No	43.1	84.4	87.2	95.7	82.8	82.6	58.7
New West Health Services- Std	\$25/\$25	\$150 X 5	\$10	\$25/\$50	Yes							

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Nevada							
Health Plan of Nevada -high- Las Vegas area	800-777-1840	NM1	NM2	314.69	805.89	320.98	822.01
New Jersey							
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	702.17	1615.25	716.21	1647.56
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	553.06	1276.67	564.12	1302.20
Aetna Open Access -high- Southern NJ	877-459-6604	P31	P32	832.11	2007.74	848.75	2047.89
Aetna Open Access -basic- Southern NJ	877-459-6604	P34	P35	623.72	1440.27	636.19	1469.08
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	608.23	1520.65	620.39	1551.06
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	424.80	991.64	433.30	1011.47
New Mexico							
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	516.38	1265.12	526.71	1290.42
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	576.16	1308.52	587.68	1334.69

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Nevada												
Health Plan of Nevada-High	\$10/\$20	\$100	\$5	\$35/\$55	Yes	52.7	68.8	72.2	87.2	74.8	86.1	59.2
New Jersey												
Aetna Open Access-High	\$20/\$35	\$150/day x 5	\$10	\$35/\$65	Yes	54.4	84.8	89.8	90.6	83	83.2	58.4
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	54.4	84.8	89.8	90.6	83	83.2	58.4
Aetna Open Access-High	\$20/\$35	\$150/day x 5	\$10	\$35/\$65	Yes	69.4	85.1	88.8	93.5	86.4	90	75.6
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	69.4	85.1	88.8	93.5	86.4	90	75.6
GHI Health Plan- In-Network	\$15/\$15	\$100	\$15	\$25/\$50	Yes	55.3	84	83	93.8	76.9	83.5	59.7
GHI Health Plan- Out-Network	+50% of sch.	+50% of sch.	N/A	N/A	No	55.3	84	83	93.8	76.9	83.5	59.7
GHI Health Plan-Std	\$25/\$25	\$250/day x 3	\$10	\$25/\$50	Yes	55.3	84	83	93.8	76.9	83.5	59.7
New Mexico												
Lovelace Health Plan-High	\$20/\$35	\$250	\$5	\$35/\$60/50%	Yes	61.9	80.7	77	91.1	83.5	88.5	68.6
Presbyterian Health Plan-High	\$25/\$35	\$350	\$10	\$30/\$50	Yes	65.3	83.3	82.1	92.1	83.1	86.9	66.7

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Open Access -high- NYC Area/Upstate NY	877-459-6604	JC1	JC2	675.94	1663.85	689.46	1697.13
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	544.12	1322.17	555.00	1348.61
Blue Choice -high- Rochester area	800-462-0108	MK1	MK2	622.38	1442.74	634.83	1471.59
Blue Choice -std- Rochester area	800-462-0108	MK4	MK5	524.77	1333.17	535.27	1359.83
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Central New York	877-269-2134	SG1	SG2	575.16	1456.69	586.66	1485.82
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Central New York	877-269-2134	SG4	SG5	430.43	1110.44	439.04	1132.65
GHI HMO Select -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	670.19	1704.82	683.59	1738.92
GHI HMO Select -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	709.82	1812.87	724.02	1849.13
GHI Health Plan -high- All of New York	212-501-4444	801	802	608.23	1520.65	620.39	1551.06
GHI Health Plan -std- Most of New York	212-501-4444	804	805	424.80	991.64	433.30	1011.47
HIP of Greater New York -high- New York City area	800-HIP-TALK	511	512	582.75	1544.29	594.41	1575.18
HIP of Greater New York -std- New York City area	800-HIP-TALK	514	515	535.69	1419.56	546.40	1447.95
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	518.09	1295.23	528.45	1321.13
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	528.47	1323.49	539.04	1349.96
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	483.80	1211.38	493.48	1235.61
MVP Health Care -high- Western Region	800-950-3224	GV1	GV2	477.60	1195.18	487.15	1219.08
MVP Health Care -std- Western Region	800-950-3224	GV4	GV5	449.35	1124.39	458.34	1146.88
MVP Health Care -high- Central Region	888-687-6277	M91	M92	555.62	1391.00	566.73	1418.82
MVP Health Care -std- Central Region	888-687-6277	M94	M95	520.61	1303.90	531.02	1329.98
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	584.20	1461.96	595.88	1491.20
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	539.93	1351.22	550.73	1378.24
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	563.98	1411.00	575.26	1439.22
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	524.72	1318.50	535.21	1344.87
Univera Healthcare -high- Western New York (Northern and Southern Counties)	800-427-8490	Q81	Q82	654.62	1736.04	667.71	1770.76

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2	
New York													
Aetna Open Access-High		\$20/\$35	\$150/day x 5	\$10	\$35/\$65	Yes	61.4	81.9	85.7	92.8	82	90.2	60.8
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	61.4	81.9	85.7	92.8	82	90.2	60.8
Blue Choice-High		\$20/\$20	\$240	\$10	\$30/\$50	Yes	59.1	90.5	91.8	95	85.7	91.8	72.4
Blue Choice-Std		\$25/\$40	\$500	\$10	\$30/\$50	Yes	59.1	90.5	91.8	95	85.7	91.8	72.4
CDPHP Universal Benefits, Inc.-High		\$20/\$30	\$100 x 5	25%	25%/25%	No	74.5	90.2	89.6	94.4	90.9	92.4	79
CDPHP Universal Benefits, Inc.-Std		\$25/\$40	\$500 + 10%	30%	30%/30%	No	74.5	90.2	89.6	94.4	90.9	92.4	79
GHI HMO Select-High		\$25/\$40	\$500	\$10	\$30/\$50	Yes	51.3	80.6	85.9	94.5	81.4	81.7	65
GHI HMO Select-High		\$25/\$40	\$500	\$10	\$30/\$50	Yes	51.3	80.6	85.9	94.5	81.4	81.7	65
GHI Health Plan-	In-Network	\$15/\$15	\$100	\$15	\$25/\$50	Yes	55.3	84	83	93.8	76.9	83.5	59.7
GHI Health Plan-	Out-Network	+50% of sch	+50% of sch.	N/A	N/A	No	55.3	84	83	93.8	76.9	83.5	59.7
GHI Health Plan-Std		\$25/\$25	\$250/day x 3	\$10	\$25/\$50	Yes	55.3	84	83	93.8	76.9	83.5	59.7
HIP of Greater New York-High		\$10/\$10	None	\$15	\$30/\$50	Yes	58	80.2	81.9	91.1	75.2	86	59.3
HIP of Greater New York-Std		\$20/\$40	\$500	\$15	\$30/\$50	Yes	58	80.2	81.9	91.1	75.2	86	59.3
Independent Health Assoc.-	In-Network	\$20/\$20	\$250	\$10	\$20/\$35	No	70.7	87.1	91.4	94.1	93.6	93	78.7
Independent Health Assoc.-	Out-Network	25%/25%	25%	N/A	N/A	No	70.7	87.1	91.4	94.1	93.6	93	78.7
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-Std		\$30/\$50	\$750	\$5	\$45/\$90	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-Std		\$30/\$50	\$750	\$5	\$45/\$90	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-Std		\$30/\$50	\$750	\$5	\$45/\$90	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-Std		\$30/\$50	\$750	\$5	\$45/\$90	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
MVP Health Care-Std		\$30/\$50	\$750	\$5	\$45/\$90	Yes	64.7	90.2	89.7	94.2	87.5	88.5	72.9
Univera Healthcare-High		\$25/\$25	\$500	\$10	\$30/\$50	No	56.3	86.8	87.5	94	83.7	89.4	68.4

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Dakota							
HealthPartners Open Access Copay -high- Eastern North Dakota	952-883-5000	V31	V32	681.96	1568.47	695.60	1599.84
HealthPartners 3 for Free -std- Eastern North Dakota	952-883-5000	V34	V35	320.34	736.75	326.75	751.49
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	414.16	1064.46	422.44	1085.75
Ohio							
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	622.70	1528.84	635.15	1559.42
HMO Health Ohio -high- Northeast Ohio	800-522-2066	L41	L42	700.20	1645.45	714.20	1678.36
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	623.31	1433.62	635.78	1462.29
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	404.84	931.10	412.94	949.72
The Health Plan of the Upper Ohio Valley -high- Eastern Ohio	800-624-6961	U41	U42	501.71	1153.86	511.74	1176.94
Oklahoma							
Globalhealth, Inc. -high- Oklahoma	877-280-2990	IM1	IM2	366.73	883.68	374.06	901.35
Oregon							
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	588.32	1328.84	600.09	1355.42
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	458.32	1052.87	467.49	1073.93

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
North Dakota												
HealthPartners Open Access Copay	\$25/\$45	10%	\$12	\$45/\$90	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
HealthPartners 3 for Free	\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
Heart of America Health Plan -High	\$15/\$25	None	50%	50%/50%	None							
Ohio												
AultCare HMO-High	\$10/\$10	None	\$10	\$20/\$35	No	89.8	92.3	92.9	93.5	96.4	91	85.4
HMO Health Ohio-High	\$20/\$20	\$250	\$20	\$30/\$40	Yes	65.2	87.4	88.8	95.2	86.3	90.2	74
Kaiser Foundation HP -High	\$15/\$15	\$200	\$10	\$25/\$25	Yes	63.3	81.8	84.7	93	81.2	88.2	68.9
Kaiser Foundation HP-Std	\$25/\$40	\$500	\$15	\$40/\$40	Yes	63.3	81.8	84.7	93	81.2	88.2	68.9
The Health Plan of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	75.9	91	89.9	94.9	92.6	95.1	73.2
Oklahoma												
Globalhealth, Inc.-High	\$15/\$35	\$150/day x 3	\$10	\$30/\$40	Yes	51.8	65	82.7	89.8	71.9	76.3	64.1
Oregon												
Kaiser Foundation HP -High	\$15/\$15	\$100	\$15	\$40/\$40	Yes	63.9	76.4	79.8	92.1	81.1	83.7	70.7
Kaiser Foundation HP -Std	\$20/\$30	\$500	\$20	\$40/\$40	Yes	63.9	76.4	79.8	92.1	81.1	83.7	70.7

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna Open Access -high- Philadelphia	800-392-9137	P31	P32	832.11	2007.74	848.75	2047.89
Aetna Open Access -basic- Philadelphia	800-392-9137	P34	P35	623.72	1440.27	636.19	1469.08
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	376.76	1038.85	384.30	1059.63
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	577.92	1329.16	589.48	1355.74
HealthAmerica Pennsylvania -high- Greater Pittsburgh Area	866-351-5946	261	262	561.90	1320.45	573.14	1346.86
HealthAmerica Pennsylvania -std- Central Pennsylvania	866-351-5946	SW4	SW5	498.31	1121.19	508.28	1143.61
UPMC Health Plan -high- Western Pennsylvania	888-876-2756	8W1	8W2	596.81	1372.71	608.75	1400.16
UPMC Health Plan -std- Western Pennsylvania	888-876-2756	UW4	UW5	544.09	1251.47	554.97	1276.50
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	326.47	734.59	333.00	749.28
Triple-S Salud, Inc. -high- All of Puerto Rico	787-774-6060	891	892	322.66	725.99	329.11	740.51
South Dakota							
HealthPartners Open Access Copay -high- Eastern South Dakota	952-883-5000	V31	V32	681.96	1568.47	695.60	1599.84
HealthPartners 3 for Free -std- Eastern South Dakota	952-883-5000	V34	V35	320.34	736.75	326.75	751.49
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	606.41	1395.33	618.54	1423.24
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	584.76	1345.02	596.46	1371.92

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Pennsylvania												
Aetna Open Access-High	\$20/\$35	\$150/day x 5	\$10	\$35/\$65	Yes	57.1	83.4	84.9	92.7	85.1	89	69.5
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	57.1	83.4	84.9	92.7	85.1	89	69.5
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	57.1	83.4	84.9	92.7	85.1	89	69.5
Geisinger Health Plan-Std	\$20/\$35	20%affrDeduct	30% \$5/\$15	40% \$40/\$120/ 50% \$60/\$180	Yes	67.8	86.3	87.6	93.8	86.6	92.7	72.5
HealthAmerica Pennsylvania-High	\$25/\$50	15%	\$5	\$35/\$60	Yes	66.8	87.1	87.3	94.3	89.3	93	75.3
HealthAmerica Pennsylvania-Std	\$25/\$50	15%	\$5	\$35/\$60	Yes	66.8	87.1	87.3	94.3	89.3	93	75.3
UPMC Health Plan-High	\$20/\$35	10% after ded	\$5	\$35/\$70	Yes	64.7	88.2	86.3	95.8	86.1	93.3	75.1
UPMC Health Plan-Std	\$20/\$35	20% after ded	\$5	\$35/\$70	Yes	64.7	88.2	86.3	95.8	86.1	93.3	75.1
Puerto Rico												
Humana HP of Puerto Rico - In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	76.1	78.1	85	96.4	80.2	79	58.2
Humana HP of Puerto Rico- Out-Network	\$10/\$10	\$50	N/A	N/A	No	76.1	78.1	85	96.4	80.2	79	58.2
Triple-S Salud, Inc.- In-Network	\$7.50/\$10	None	\$5	\$12/\$15 or 20%/\$25 or 25% max \$100	Yes	75.7	87.1	85.9	95.9	77.1	79	48
Triple-S Salud, Inc.- Out-Network	\$7.50+10%/\$10+10%	None	25%	25%/25%	No	75.7	87.1	85.9	95.9	77.1	79	48
South Dakota												
HealthPartners Open Access Copay	\$25/\$45	10%	\$12	\$45/\$90	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
HealthPartners 3 for Free	\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7
Sanford Health Plan- In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	N/A	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	53.3	85.2	87.1	92.8	84.8	88.8	66.8
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	No	53.3	85.2	87.1	92.8	84.8	88.8	66.8

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Tennessee							
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	508.63	1296.90	518.80	1322.84
Texas							
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	610.05	1536.80	622.25	1567.54
Firstcare -high- West Texas	800-884-4901	CK1	CK2	489.08	1467.29	498.86	1496.64
Humana Health Plan of Texas -high- Corpus Christi	888-393-6765	UC1	UC2	524.40	1179.92	534.89	1203.52
Humana Health Plan of Texas -std- Corpus Christi	888-393-6765	UC4	UC5	463.08	1041.95	472.34	1062.79
Humana Health Plan of Texas -high- San Antonio	888-393-6765	UR1	UR2	768.54	1729.24	783.91	1763.82
Humana Health Plan of Texas -std- San Antonio	888-393-6765	UR4	UR5	487.46	1096.79	497.21	1118.73
Humana Health Plan of Texas -high- Austin	888-393-6765	UU1	UU2	590.92	1329.55	602.74	1356.14
Humana Health Plan of Texas -std- Austin	888-393-6765	UU4	UU5	511.85	1151.65	522.09	1174.68
Pacificare of Texas -high- San Antonio	866-546-0510	GF1	GF2	543.25	1249.95	554.12	1274.95
Utah							
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	600.32	1320.78	612.33	1347.20
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	398.17	875.92	406.13	893.44
SelectHealth -high- Urban and Suburban Utah	800-538-5038	SF1	SF2	562.55	1237.80	573.80	1262.56
Virgin Islands							
Triple-S Salud, Inc. -high- US Virgin Islands	800-981-3241	851	852	412.19	936.09	420.43	954.81
Virginia							
Aetna Open Access -high- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	739.59	1656.61	754.38	1689.74
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	472.94	1106.84	482.40	1128.98
CareFirst BlueChoice -high- Northern Virginia	866-296-7363	2G1	2G2	542.45	1220.31	553.30	1244.72
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	526.52	1211.02	537.05	1235.24
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	330.55	760.20	337.16	775.40
M.D. IPA -high- N.VA/Cntrl VA/Richmond	877-835-9861	JP1	JP2	523.64	1207.48	534.11	1231.63
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	539.59	1276.71	550.38	1302.24
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	373.32	883.33	380.79	901.00
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	509.75	1167.27	519.95	1190.62

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2
Tennessee												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	72	87.7	89.5	90.6	87.7	89.2	70
Texas												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	65.6	87.3	82.4	90.6	85.2	91.9	71.1
Firstcare-High	\$20/\$55	\$150/dayX5	\$15	\$35/\$65	No	61.5	87.8	87.1	93.8	80.9	90	67.8
Humana Health Plan of Texas-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Texas-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Texas-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	62.7	85.5	81.4	91.7	87	88.7	61.6
Humana Health Plan of Texas-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	62.7	85.5	81.4	91.7	87	88.7	61.6
Humana Health Plan of Texas-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	52.8	81.3	85.3	93.7	89.5	89.9	69
Humana Health Plan of Texas-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	52.8	81.3	85.3	93.7	89.5	89.9	69
Pacificare of Texas-High	\$20/\$40	\$250/day x 5	\$10	\$35/\$60	Yes	65.7	85.1	84.5	92.8	83.2	89.1	66.4
Utah												
Altius Health Plans-High	\$20/\$30	\$200	\$7	\$25/\$50	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8
Altius Health Plans-Std	\$20/\$35	None	\$7	\$35/\$60	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8
SelectHealth-High	\$15/\$25	\$100	\$5	\$25/50%	N/A							
Virgin Islands												
Triple-S Salud, Inc.- Triple-S Salud, Inc.-	In-Network Out-Network	\$7.50/\$10 \$7.50+10%/\$10+10%	None None	\$5 25%	\$12/\$15 or 20%/\$25 or 25% max \$100 25%/25%	Yes No						
Virginia												
Aetna Open Access-High	\$15/\$30	\$150/day x3	\$5	\$35/\$65	Yes	58.9	83	84.5	90	88.8	85.5	65.2
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	58.9	83	84.5	90	88.8	85.5	65.2
CareFirst BlueChoice-High	\$25/\$35	\$150/day x 3	\$10	\$30/\$50	Yes	53.3	81.6	81.1	90.2	68.5	81.7	51.3
Kaiser Foundation HP-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
Kaiser Foundation HP-Std	\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	71.1	81.2	83.6	88.9	81.2	84.8	70
M.D. IPA-High	\$25/\$35	\$150/day x 3	\$7	\$25/\$60/\$100	No	58	79.1	86.6	89.7	83.9	88.8	63.8
Optima Health Plan-High	\$5/\$0 child<13/\$30	\$200	\$5	\$25/\$45/\$45	Yes	64.5	85.8	89.1	94.6	89.8	90.5	68.3
Optima Health Plan-Std	\$20/\$30	None	\$5	\$25/50% to \$3,000	No	64.5	85.8	89.1	94.6	89.8	90.5	68.3
Piedmont- Piedmont-	In-Network Out-Network	\$35/\$35 30%/30%	20% 30%	\$15 \$15	\$30/\$55 \$30/\$55	Yes Yes						

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

See page 25 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Group Health Cooperative -high- Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	574.64	1235.50	586.13	1260.21
Group Health Cooperative -std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	371.65	839.04	379.08	855.82
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	373.69	806.61	381.16	822.74
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	622.27	1359.74	634.72	1386.93
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	588.32	1328.84	600.09	1355.42
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	458.32	1052.87	467.49	1073.93
West Virginia							
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	501.71	1153.86	511.74	1176.94
Wisconsin							
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	510.45	1276.12	520.66	1301.64
Group Health Cooperative -high- South Central Wisconsin	608-828-4827	WJ1	WJ2	474.35	1186.23	483.84	1209.95
HealthPartners Open Access Copay -high- Western Wisconsin	952-883-5000	V31	V32	681.96	1568.47	695.60	1599.84
HealthPartners 3 for Free -std- Western Wisconsin	952-883-5000	V34	V35	320.34	736.75	326.75	751.49
MercyCare HMO-high- South Central Wisconsin	800-895-2421	EY1	EY2	510.60	1276.51	520.81	1302.04
Physicians Plus -high- Dane County	800-545-5015	LW1	LW2	486.14	1239.66	495.86	1264.45
Wyoming							
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	600.32	1320.78	612.33	1347.20
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	398.17	875.92	406.13	893.44

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						64.2	84.7	85.6	93.1	84	87.4	67.2	
Washington													
Group Health Cooperative-High	\$25/\$25	\$350/day x 3	\$20	\$40/\$60	Yes	67	87	89.9	94.2	87.9	85.4	71.6	
Group Health Cooperative-Std	\$25+20%	\$500/day x 3	\$20	\$40/\$60	Yes	67	87	89.9	94.2	87.9	85.4	71.6	
KPS Health Plans-Std	In-Network	\$15/3 or 20%/20%	Nothing	\$10	\$35/\$40max\$100	Yes	75.6	93.9	92.5	95.1	92	91.3	72.4
KPS Health Plans-	Out-Network	\$15/3 +40%+diff	Nothing	Not Covered	Not Covered	No	75.6	93.9	92.5	95.1	92	91.3	72.4
KPS Health Plans-High	In-Network	\$30/\$30	None	\$5	\$20/50% or \$100	No	75.6	93.9	92.5	95.1	92	91.3	72.4
KPS Health Plans-	Out-Network	\$30+40%+diff	None	Not covered	N/A	No	75.6	93.9	92.5	95.1	92	91.3	72.4
Kaiser Foundation HP-High	\$15/\$15	\$100	\$15	\$40/\$40	Yes	63.9	76.4	79.8	92.1	81.1	83.7	70.7	
Kaiser Foundation HP-Std	\$20/\$30	\$500	\$20	\$40/\$40	Yes	63.9	76.4	79.8	92.1	81.1	83.7	70.7	
West Virginia													
HP of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	75.9	91	89.9	94.9	92.6	95.1	73.2	
Wisconsin													
Dean Health Plan-High	\$10/\$10	None	\$10	30%/\$75max/\$50	Yes	72.4	86.7	89.3	95.2	87.7	88.4	72.2	
Group Health Cooperative-High	\$10/\$10	None	\$5	\$20/\$20	Yes	77.4	81.4	88.3	95.1	91.1	85.8	74.4	
HealthPartners Open Access Copay	\$25/\$45	10%	\$12	\$45/\$90	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7	
HealthPartners 3 for Free	\$0 for 3, then 20%	20% in/40% out	\$6	\$30/\$60	Yes	67.1	86.8	90.1	96	91.8	93.2	67.7	
MercyCare HMO-High	\$10/\$10	Nothing	\$10	\$20/\$50	Yes								
Physicians Plus-High	\$10/\$10	Nothing	\$10	30%/50%	N/A	71.7	88.4	86.8	94.6	88.7	91.3	73.9	
Wyoming													
Altius Health Plans-High	\$20/\$30	\$200	\$7	\$25/\$50	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8	
Altius Health Plans-Std	\$20/\$35	None	\$7	\$35/\$60	Yes	56.8	84.2	87.7	94.6	83.4	87.4	66.8	

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 54 through 79)

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 \$1,200 for Self and \$2,400 for Family coverage) and annual out-of-pocket limits (not to exceed \$5,950 for Self and \$11,900 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 2011 maximum contribution limits are \$3,050 for Self Only coverage and \$6,150 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

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.</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 features such as: 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.

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP	866-833-3463	474	475	336.70	757.47	343.43	772.62
GEHA High Deductible Health Plan -HDHP	800-821-6136	341	342	380.81	869.79	388.43	887.19
Mail Handlers Benefit Plan Consumer Option -HDHP	800-694-9901	481	482	394.77	894.51	402.67	912.40

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 Self/Family	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan-	In-Network	\$100/\$200	\$600/\$1,200	\$3,000/\$4,500	15%	None	15%	Nothing	25%
APWU Health Plan-	Out-Network	\$100/\$200	\$600/\$1,200	\$9,000/\$9,000	40%+diff.	None	40%+diff.	Nothing up to \$1200	N/A
GEHA HDHP-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	5%	5%	5%	Nothing	25%
GEHA HDHP-	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	25%	25%	25%	Ded/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	• How would you rate your overall experience with your health plan?
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 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?
Plan Information on Costs	• How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

Member Survey Results								
High Deductible Health Plans	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HDHP National Average		57.8	82.7	85.3	93.2	81.8	85.7	54.5
Aetna Health Fund - Nationwide	22	62.9	81.1	85.2	92.6	81.3	86	55.7
GEHA High Deductible Health Plan - Nationwide	34	64.4	85	85.7	93.7	84.4	88.9	61
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	49.5	84.6	85.2	93.7	82.6	83.4	46.2
Consumer-Driven Health Plans	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
CDHP National Average		56.5	83.8	85.9	93	81.8	85.1	59.6
Aetna Health Fund - Nationwide	22	62.9	81.1	85.2	92.6	81.3	86	55.7
APWU Health Fund - Nationwide	47	67.1	88.4	87.7	93.6	81.6	84.3	61.3
Humana Coverage First - FL	MJ	41.6	83.8	84.1	92.8	84.3	86.1	62
Humana Coverage First -TX	T2 TU, TV	54.5	84.1	85.2	94	80.2	84.8	62.7

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High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Alabama	877-459-6604	224	225	341.38	747.63	348.21	762.58
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Alaska	877-459-6604	224	225	341.38	747.63	348.21	762.58
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Arizona	877-459-6604	224	225	341.38	747.63	348.21	762.58
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Arkansas	877-459-6604	224	225	341.38	747.63	348.21	762.58
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of California	877-459-6604	224	225	341.38	747.63	348.21	762.58
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Colorado	877-459-6604	224	225	341.38	747.63	348.21	762.58

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	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Alaska									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Arizona									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Arkansas									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
California									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Colorado									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Connecticut							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Connecticut	877-459-6604	224	225	341.38	747.63	348.21	762.58
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Delaware	877-459-6604	224	225	341.38	747.63	348.21	762.58
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Washington DC	877-459-6604	224	225	341.38	747.63	348.21	762.58
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Florida	877-459-6604	224	225	341.38	747.63	348.21	762.58
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	487.13	1096.03	496.87	1117.95
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	465.62	1047.63	474.93	1068.58

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
Connecticut									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Delaware									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
District of Columbia									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Florida									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna HealthFund -CDHP- Most of Georgia	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Georgia	877-459-6604	224	225	341.38	747.63	348.21	762.58
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	459.10	1032.98	468.28	1053.64
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	467.31	1051.44	476.66	1072.47
Kaiser Foundation Health Plan of Georgia Inc. HDHP - Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	GW1	GW2	329.57	740.94	336.16	755.76
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	325.52	856.74	332.03	873.87
Hawaii							
Aetna HealthFund -CDHP- Hawaii, Honolulu, Kauai and Maui	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Hawaii, Honolulu, Kauai and Maui	877-459-6604	224	225	341.38	747.63	348.21	762.58
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Idaho	877-459-6604	224	225	341.38	747.63	348.21	762.58
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	348.18	721.33	355.14	735.76
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Illinois	877-459-6604	224	225	341.38	747.63	348.21	762.58
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	473.22	1064.74	482.68	1086.03

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	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Kaiser Foundation HP		\$62.50/\$125.00	\$1,500/\$3,000	\$3,000/\$6,000	20%	20%	20%	Nothing	20%
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
Hawaii									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Idaho									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Illinois									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Indiana	877-459-6604	224	225	341.38	747.63	348.21	762.58
Bluegrass Family Health -HDHP- Southern Indiana	800-787-2680	KV1	KV2	472.38	944.69	481.83	963.58
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	473.22	1064.74	482.68	1086.03
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Iowa	877-459-6604	224	225	341.38	747.63	348.21	762.58
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	328.34	783.58	334.91	799.25
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Kansas	877-459-6604	224	225	341.38	747.63	348.21	762.58
Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City/Wichita/Salina Areas	800-969-3343	9H1	9H2	375.12	881.55	382.62	899.18
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	429.39	966.14	437.98	985.46
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Kentucky	877-459-6604	224	225	341.38	747.63	348.21	762.58
Bluegrass Family Health -HDHP- Kentucky	800-787-2680	KV1	KV2	472.38	944.69	481.83	963.58
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	395.98	890.96	403.90	908.78

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Indiana									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Bluegrass Family Health-	In-Network	\$104.17/\$208.33	\$2,500/\$5,000	\$5,000/\$7,500	0%	0%	0%	Nothing	\$10/\$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
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Iowa									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Coventry Health Care of Iowa		\$66.67/\$133.34	\$1,800/\$3,600	\$5,000/\$10,000	\$20	None	10%	\$20/\$30/10%	\$10/\$40/\$65
Kansas									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Coventry Health Care of Kansas		\$66.66/\$133.33	\$3,500/\$6,500	\$3,000/\$6,000	Nothing	None	Nothing	\$20/\$35/0%	Nothing
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Kentucky									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Bluegrass Family Health-	In-Network	\$104.17/\$208.33	\$2,500/\$5,000	\$5,000/\$7,500	0%	0%	0%	Nothing	\$10/\$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
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Louisiana	877-459-6604	224	225	341.38	747.63	348.21	762.58
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Maine	877-459-6604	224	225	341.38	747.63	348.21	762.58
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Maryland	877-459-6604	224	225	341.38	747.63	348.21	762.58
Coventry Health Care-HDHP- All of Maryland	800-833-7423	GZ1	GZ2	369.72	858.98	377.11	876.16
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Massachusetts	877-459-6604	224	225	341.38	747.63	348.21	762.58
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Michigan	877-459-6604	224	225	341.38	747.63	348.21	762.58
Health Alliance Plan -HDHP- Southeastern Michigan/Flint area	800-556-9765	524	525	387.03	968.59	394.77	987.96

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	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Maine									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Maryland									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Coventry Health Care HDHP	In-Network	\$41.67/\$83.34	\$2,000/\$4,000	\$4,000/\$8,000	\$15	Nothing	Nothing	Nothing	\$15/\$30/\$60
Coventry Health Care HDHP	Out-Network	\$41.67/\$83.34	\$2,000/\$4,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A
Massachusetts									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Michigan									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Health Alliance Plan		\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	\$15	\$0 aft ded	\$100 aft ded	\$15/\$25	\$10/\$20/\$50

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Minnesota	877-459-6604	224	225	341.38	747.63	348.21	762.58
Mississippi							
Aetna HealthFund -CDHP- Most of Mississippi	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Mississippi	877-459-6604	224	225	341.38	747.63	348.21	762.58
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Missouri	877-459-6604	224	225	341.38	747.63	348.21	762.58
Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City Area	800-969-3343	9H1	9H2	375.12	881.55	382.62	899.18
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	429.39	966.14	437.98	985.46
Montana							
Aetna HealthFund -CDHP- South/Southeast/Western Montana	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- South/Southeast/Western Montana	877-459-6604	224	225	341.38	747.63	348.21	762.58
Nebraska							
Aetna HealthFund -CDHP- Most of Nebraska	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Nebraska	877-459-6604	224	225	341.38	747.63	348.21	762.58

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
Minnesota									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Mississippi									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Missouri									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Coventry Health Care of Kansas-HDHP		\$66.66/\$133.33	\$3,500/\$6,500	\$3,000/\$6,000	Nothing	None	Nothing	\$20/\$35/0%	Nothing
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Montana									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Nebraska									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Nevada							
Aetna HealthFund -CDHP- Las Vegas/Clark and Nye Counties	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Las Vegas/Clark and Nye Counties	877-459-6604	224	225	341.38	747.63	348.21	762.58
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of New Hampshire	877-459-6604	224	225	341.38	747.63	348.21	762.58
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of New Jersey	877-459-6604	224	225	341.38	747.63	348.21	762.58
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	224	225	341.38	747.63	348.21	762.58
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of New York	877-459-6604	224	225	341.38	747.63	348.21	762.58
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	412.30	1051.33	420.55	1072.36

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Nevada									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
New Hampshire									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
New Jersey									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
New Mexico									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
New York									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Independent Health Assoc.-	In-Network	\$66.41/\$166.67	\$2000/\$4000	\$5000/\$10000	\$15	Nothing	20%	Nothing	\$7/\$25/\$40
Independent Health Assoc.-	Out-Network	\$66.41/\$166.67	\$2000/\$4000	\$5000/\$10000	40%	40%	40%	Ded/40%	N/A

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of North Carolina	877-459-6604	224	225	341.38	747.63	348.21	762.58
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of North Dakota	877-459-6604	224	225	341.38	747.63	348.21	762.58
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Ohio	877-459-6604	224	225	341.38	747.63	348.21	762.58
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	310.40	621.92	316.61	634.36
Oklahoma							
Aetna HealthFund -CDHP- Most of Oklahoma	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Oklahoma	877-459-6604	224	225	341.38	747.63	348.21	762.58
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Oregon	877-459-6604	224	225	341.38	747.63	348.21	762.58

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
North Carolina									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
North Dakota									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Ohio									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
AultCare HMO-	In-Network	74.58/149.58	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%
AultCare HMO-	Out-Network	74.58/149.58	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%
Oklahoma									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Oregon									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	800-392-9137	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Pennsylvania	800-392-9137	224	225	341.38	747.63	348.21	762.58
HealthAmerica Pennsylvania-HDHP - Greater Pittsburgh Area	866-351-5946	Y61	Y62	472.64	1091.74	482.09	1113.57
HealthAmerica Pennsylvania-HDHP- Central Pennsylvania	866-351-5946	YW1	YW2	531.31	1195.46	541.94	1219.37
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	468.61	1040.95	477.98	1061.77
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Rhode Island	877-459-6604	224	225	341.38	747.63	348.21	762.58
South Carolina							
Aetna HealthFund -CDHP- Most of South Carolina	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of South Carolina	877-459-6604	224	225	341.38	747.63	348.21	762.58
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Areas	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Rapid City/Sioux Falls Areas	877-459-6604	224	225	341.38	747.63	348.21	762.58
Tennessee							
Aetna HealthFund -CDHP- Most of Tennessee	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Tennessee	877-459-6604	224	225	341.38	747.63	348.21	762.58

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	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
HealthAmerica Pennsylvania-HDHP		\$52.09/\$104.17	\$1,500/\$3,000	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
HealthAmerica Pennsylvania-HDHP		\$52.09/\$104.17	\$1,500/\$3,000	\$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	\$5/\$35/\$70
UPMC Health Plan-	Out-Network	\$104.17/\$208.34	\$2,500/\$5,000	\$5,500/\$11,000	20%	20%afterded	20%	20%	N/A
Rhode Island									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
South Carolina									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
South Dakota									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Tennessee									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Texas							
Aetna HealthFund -CDHP- Most of Texas	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Texas	877-459-6604	224	225	341.38	747.63	348.21	762.58
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	417.54	939.47	425.89	958.26
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	470.84	1059.39	480.26	1080.58
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	493.22	1109.72	503.08	1131.91
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Utah	877-459-6604	224	225	341.38	747.63	348.21	762.58
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	348.18	721.33	355.14	735.76
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Vermont	877-459-6604	224	225	341.38	747.63	348.21	762.58
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Virginia	877-459-6604	224	225	341.38	747.63	348.21	762.58

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Texas									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst-	In-Network	\$83.33	\$1,000/\$2,000	\$3,000/\$6,000	\$25	\$300/day x 5	\$150	Nothing	\$10/\$40/\$60
Humana CoverageFirst-	Out-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$40+/\$60+
Utah									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Vermont									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Virginia									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+

High Deductible and Consumer-Driven Health Plans

See pages 54-55 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of Washington	877-459-6604	224	225	341.38	747.63	348.21	762.58
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	353.51	772.46	360.58	787.91
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- Most of West Virginia	877-459-6604	224	225	341.38	747.63	348.21	762.58
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Wisconsin	877-459-6604	224	225	341.38	747.63	348.21	762.58
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	221	222	500.48	1175.42	510.49	1198.93
Aetna HealthFund -HDHP- All of Wyoming	877-459-6604	224	225	341.38	747.63	348.21	762.58
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	348.18	721.33	355.14	735.76

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Washington									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
KPS Health Plans-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	20%	None	20%	Nothing up to \$400	\$10/\$35/50%/\$40/ \$100max
KPS Health Plans-	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	40%	None	40%	Not Covered	Not Covered
West Virginia									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Wisconsin									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Wyoming									
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund-	Out-Network	\$62.50/\$125	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+
Altius Health Plans		\$45.83/\$91.66	\$1,200/\$2,400	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

- If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.
- If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.
- Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of April 16, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-800-362-1504

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants/default.aspx>
Phone: 1-877-764-5437

ARKANSAS – CHIP

Website: <http://www.arkidsfirst.com/>
Phone: 1-888-474-8275

CALIFORNIA – Medicaid

Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-866-298-8443

COLORADO – Medicaid and CHIP

Medicaid Website: <http://www.colorado.gov/>
Medicaid Phone: 1-800-866-3513
CHIP Website: <http://www.CHIPplus.org>
CHIP Phone: 303-866-3243

FLORIDA – Medicaid

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>
Phone: 1-866-762-2237

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/> (Programs, then Medicaid)
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Website: <http://www.in.gov/fssa/2408.htm>
Phone: 1-877-438-4479

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.khpa.ks.gov>
Phone: 800-766-9012

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://www.la.hipp.dhh.louisiana.gov>
Phone: 1-888-342-6207

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/oms/>
Phone: 1-800-321-5557

MASSACHUSETTS – Medicaid and CHIP

Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>
Medicaid & CHIP Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/> (Health Care, then Medical Assistance)
Phone: 800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/index.htm>
Phone: 573-751-6944

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
Telephone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.dhhs.ne.gov/med/medindex.htm>
Phone: 1-877-255-3092

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

NEVADA – Medicaid and CHIP

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900
CHIP Website: <http://www.nevadacheckup.nv.org/>
CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.state.nh.us/DHHS/MedicaidProgram/default.htm>
Phone: 1-800-852-3345 x 5254

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 1-800-356-1561
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW MEXICO – Medicaid and CHIP

Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>
Medicaid Phone: 1-888-997-2583
CHIP Website: <http://www.hsd.state.nm.us/mad/index.html> (Insure New Mexico)
CHIP Phone: 1-888-997-2583

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.nc.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Medicaid & CHIP Website: <http://www.oregonhealthykids.gov>
Medicaid & CHIP Phone: 1-877-314-5678

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>
Phone: 1-800-644-7730

RHODE ISLAND – Medicaid

Website: www.dhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov/>
Phone: 1-888-549-0820

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid

Website: <http://health.utah.gov/medicaid/>
Phone: 1-866-435-7414

VERMONT – Medicaid

Website: <http://ovha.vermont.gov/>
Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
Medicaid Phone: 1-800-432-5924
CHIP Website: <http://www.famis.org/>
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>
Phone: 1-877-543-7669

WEST VIRGINIA – Medicaid

Website: <http://www.wvrecovery.com/hipp.htm>
Phone: 304-342-1604

WISCONSIN – Medicaid

Website: <http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://www.health.wyo.gov/healthcarefin/index.html>
Telephone: 307-777-7531

To see if any more States have added a premium assistance program since April 16, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

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