



The **2013**

FEHB Guide

For Tribal Employees

The information contained in this *FEHB Guide for Tribal Employees* is only a summary of the benefits available under each plan. Before you select a plan or option, please read the Plan's Federal brochure as it is the official statement of benefits.

All benefits are subject to the definitions, limitations, and exclusions set forth in the Plan's Federal brochure.

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Introduction to the Federal Employees Health Benefits (FEHB) Program and this Guide

The Indian Health Care Improvement Act (IHCIA) section 409, “Access to Federal Insurance,” under the Patient Protection and Affordable Care Act (ACA) extends entitlement to purchase coverage in the FEHB Program to the following groups (hereinafter tribal employer):

- 1) Indian tribes or tribal organizations carrying out programs under the Indian Self-Determination and Education Assistance Act; and
- 2) Urban Indian organizations carrying out programs under title V of the Indian Health Care Improvement Act.

The purpose of this Guide is to provide you basic information about the benefits offered to you as the tribal employee of a tribal employer that has chosen to participate in the FEHB Program. This Guide will assist you with the process of selecting and enrolling in a plan that meets your health care needs during any of the following events:

- Initial Enrollment Opportunity
- Annual Open Season
- Qualifying Life Events
- Becoming eligible for Temporary Continuation of Coverage

Things to consider:

- 1) See pages 3 and 4 for general information on FEHB (including eligibility) and Appendix B for guidance on choosing a plan;
- 2) If you decide to enroll, examine the brochure of each plan you are interested in to ensure the benefits and premiums meet your needs and the plan is available in your geographic area; and
- 3) Contact your tribal employer for information on how to enroll.

How do I get more information about this Program?

Visit the FEHB Program online at www.opm.gov/tribalprograms for information including:

- How to compare health plans and choose the one that meets your needs
- Health plan websites and plan brochures
- Getting quality healthcare
- Medicare and FEHB

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 tribal employers that have chosen to participate in the FEHB Program for their eligible tribal employees. It also covers eligible family members of those tribal employees. If you leave tribal employment, the FEHB Program offers Temporary Continuation of Coverage (TCC) as well as an opportunity to convert your enrollment to non-group (private) coverage. Please refer to the TCC section in this Guide for more details.

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

Key FEHB Program facts

- You can choose from Fee-for-Service plans or Health Maintenance Organization plans with comprehensive coverage and higher premiums, or Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursement accounts and lower premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan. Utilizing an in-network provider may reduce your out-of-pocket costs.
- 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.
- The FEHB Open Season for Tribal Employees begins on the Monday of the second full work week in November and ends on the Monday of the second full week in December. This year's Open Season is from Monday, November 12, 2012 through Monday, December 10, 2012.
- If your tribal employer participates in premium conversion, FEHB enrollment changes can only be made during the annual Open Season or if you experience a Qualifying Life Event (QLE). Premium conversion allows tribal employees to use pre-tax dollars to pay their FEHB premiums. Check with your tribal employer to see if they participate in premium conversion.
- If your tribal employer does not participate in premium conversion or you choose not to participate in premium conversion, you may change your FEHB enrollment from Self and Family to Self Only or cancel coverage at any time. Other FEHB enrollment changes must be made during the annual Open Season or if you experience a QLE.

What enrollment types are available?

- Self Only, which covers only the enrolled tribal employee; or,
- Self and Family, which covers the enrolled tribal employee and all eligible family members.

Am I eligible to enroll?

You may be eligible if you are employed by a tribal employer that participates in the FEHB Program. If your tribal employer has not provided you with information about FEHB enrollment, you should contact them for information.

Federal Employees Health Benefits (FEHB) Program

Which family members are eligible?

Family members covered under your Self and Family enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural children and stepchildren.
 - Foster children are included if they meet certain requirements.
 - A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

Contact your tribal employer for additional information. In determining whether the child is a covered family member, your tribal employer will look at the child's relationship to you as an FEHB enrollee.

How much does it cost?

The premiums for your FEHB enrollment are shared by you and your tribal employer. Your tribal employer pays, at a minimum, the lesser of: 72% of the average total premium of all plans weighted by the number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are a tribal employee of a tribal employer that participates in premium conversion and you have chosen to participate, you automatically pay your share of premium through a payroll deduction using pre-tax dollars.

The charts in Appendix E provide cost information for all plans in the FEHB Program.

Please note that the provided rates are the maximum amount you will be required to pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Check with your tribal employer for exact rates. You may have other out-of-pocket costs in addition to your premium such as copays, coinsurance, and deductibles.

When can I enroll or change my FEHB enrollment?

If you are employed by a tribal employer that has recently elected to purchase health insurance through the FEHB Program, you now have an opportunity to enroll in coverage. Your tribal employer will provide you with the exact dates of your Initial Enrollment Opportunity and your effective date of coverage.

If you chose not to enroll during the Initial Enrollment Opportunity, you may also enroll 1) during the annual Open Season held from the Monday of the second full work week in November through the Monday of the second full work week in December (this year's Open Season is from November 12 through December 10, 2012); or 2) if you have a qualifying life event (QLE).

If you participate in premium conversion, you may enroll, change your enrollment type, change plans, or cancel outside of Open Season only if you experience a QLE such as a change in family or other insurance coverage status. Appendix C contains more specific information about QLEs that permit tribal employees to enroll or change enrollment in the FEHB Program. However, if you do not participate in premium conversion, you may change your enrollment type from Self and Family to Self Only or cancel coverage at any time.

How do I enroll or change my FEHB enrollment?

You must enroll or change your FEHB enrollment by completing the Health Benefits Election Form (SF 2809). This form is available on our website at www.opm.gov/forms/pdf_fill/sf2809.pdf. You can find information and guidance on the SF 2809 at www.opm.gov/insure/health/tribes/2809employeeeguidance.pdf. Contact your tribal employer for details.

Temporary Continuation of Coverage (TCC)

This section provides basic information about the **Temporary Continuation of Coverage (TCC)** provisions of the FEHB Program.

What does TCC offer?

TCC allows former tribal employees and formerly eligible family members to continue their FEHB Program coverage for a limited period. TCC offers the same FEHB coverage and benefits that are available to tribal employees.

Who is Eligible for TCC?

Individuals eligible for TCC include:

- Former tribal employees whose FEHB coverage ended because they separated from tribal employment (including retirement) unless they were separated for gross misconduct;
- Children who lose coverage under a Self and Family FEHB enrollment of a current or former tribal employee because they are no longer considered eligible family members; and
- Former (divorced) spouses who lose coverage under a Self and Family FEHB enrollment of a current or former tribal employee.

Which family members are eligible?

Family members covered under your Self and Family TCC enrollment include:

- Your spouse (including a valid common law marriage);
- Children under age 26, including recognized natural children, legally adopted children, and stepchildren. Foster children are included if they meet certain requirements;
- Your child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26.

Note: In determining whether the child is a covered family member, your tribal employer will look at the child's relationship to you as an FEHB enrollee.

What TCC enrollment types are available?

- Self Only which only covers the TCC enrollee; or
- Self and Family which covers the TCC enrollee and all eligible family members.

Note: A former (divorced) spouse's eligible family members are limited to children of both the tribal employee and the former spouse.

Temporary Continuation of Coverage (TCC)

How much does it cost?

Under TCC, you pay the total monthly premium (enrollee's share plus the tribal employer's share) plus a 2 percent administrative charge. The charts in Appendix E provide cost information for all plans in the FEHB Program.

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 from the tribal employer, whichever is later. The opportunity to elect TCC ends 60 days after the qualifying event if: (1) you do not notify your tribal employer within 60 days of your child's loss of coverage, or (2) you or your former (divorced) spouse do not notify your tribal employer within 60 days of your divorce.

How do I enroll?

You must enroll by completing the Health Benefits Election Form (SF 2809). This form is available on our website at www.opm.gov/forms/pdf_fill/sf2809.pdf. You can find information and guidance on the SF 2809 at www.opm.gov/insure/health/tribes/2809employeeguidance.pdf.

If you are a **former tribal employee**, contact your tribal employer. If you are a **child**, contact the tribal employer of your parent who is the FEHB enrollee. If you are a **former (divorced) spouse**, contact the tribal employer of your former spouse.

When can I change my TCC enrollment?

Former tribal employees, children and/or former (divorced) spouses, with an existing TCC enrollment may change their enrollment during the annual Open Season or based upon a qualifying life event (QLE). A QLE is a term defined by OPM to describe events that may allow you to change your FEHB enrollment.

A complete listing of QLEs can be found in Table 4 of the Tables of Permissible Changes of the SF 2809 at www.opm.gov/forms/pdf_fill/sf2809.pdf.

Be aware **this information only applies to individuals with an existing TCC enrollment** and that time limits apply for requesting changes.

Temporary Continuation of Coverage (TCC)

When does my TCC coverage end?

If you are a **former tribal employee**, TCC ends on the date that is 18 months after the date of your separation from tribal employment.

If you are a **child**, TCC ends on the date that is 36 months from the date you cease being an eligible family member for FEHB purposes.

If you are a **former (divorced) spouse**, TCC ends on the date that is 36 months from the date you cease being an eligible family member for FEHB purposes.

Note: As a TCC enrollee, you may voluntarily cancel your TCC enrollment at any time. However, once your cancellation takes effect, you cannot reenroll in the FEHB Program. 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 for FEHB in their own right as tribal employees.

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.

How do I get more information about TCC?

Visit FEHB online at www.opm.gov/tribalprograms for more information about Temporary Continuation of Coverage.

FEHB Program Health Information Technology and Price/Cost Transparency

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/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/hittransparency.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.

Pre-Existing Condition Insurance Program (PCIP)

Do you know someone who needs health insurance but can't get it? The Pre-Existing Condition Insurance Plan (PCIP) may help.

An individual is eligible to buy coverage in PCIP if:

- He or she has a pre-existing medical condition or has been denied coverage because of the health condition;
- He or she has been without health coverage for at least the last six months. (If the individual currently has insurance coverage that does not cover the pre-existing condition or is enrolled in a state high risk pool then that person is not eligible for PCIP.);
- He or she is a citizen or national of the United States or resides in the U.S. legally.

The Federal government administers PCIP in the following states: Alabama, Arizona, District of Columbia, Delaware, Florida, Georgia, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Minnesota, Mississippi, North Dakota, Nebraska, Nevada, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, and Wyoming. To find out about eligibility, visit www.pcip.gov and/or www.healthcare.gov or call 1-866-717-5826 (TTY: 1-866-561-1604).

Please note that PCIP is not part of the FEHB Program

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.

A choice of coverage. You can choose Self Only coverage just for you, or Self and Family coverage for you, your spouse, and children under age 26. Under certain circumstances, your FEHB enrollment may cover your disabled child 26 years old or older who is incapable of self-support.

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

Employing office contributions. Your tribal employer pays, at a minimum 72 percent of the average premium of all plans toward the total cost of your premium. Please check with your tribal employer for exact rates.

Salary deductions. You pay your share of the premium through a payroll deduction. If your tribal employer participates in premium conversion, you may choose to pay your share of the FEHB premium with pre-tax dollars.

Enrollment opportunities. Each year you can enroll or change your health plan enrollment during the annual Open Season. Open Season runs from the Monday of the second full work week in November to the Monday of the second full work week in December. This year, Open Season will run from November 12 through December 10, 2012. Also, certain qualifying life events (QLEs) allow for certain types of changes throughout the year; see your tribal employer for details.

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

- For you or your family when you move, transfer, or go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your tribal employer).

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

- For you and your family if you leave your job or retire,
- For your covered child if he or she turns age 26, or
- For your former spouse when you divorce.

Coverage for family members if you die. Your surviving family members may be eligible to continue coverage as described below:

- If you have a Self and Family FEHB enrollment with only a spouse, your spouse is eligible for conversion to non-group (private) coverage;
- If you have a Self and Family FEHB enrollment with a child or children, the child(ren) are eligible for Temporary Continuation of Coverage (TCC) and may cover your spouse. Eligible family members may convert to non-group (private) coverage when TCC expires at the end of 36 months.

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

Appendix B

Choosing an FEHB Plan

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.

Types of Plans	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. For BCBS Basic Option, you must use Preferred providers for your care to be eligible for benefits.	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 Health 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. You file a claim to obtain reimbursement from your HRA.
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.	Some, if you don't use network providers. 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 at www.opm.gov/insure/health/tribes/planinfo.

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 <http://www.opm.gov/insure/health/hedis/2013/index.asp>.
 - 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.ncqa.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 - Premium conversion allows tribal employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. In order for tribal employees to participate in premium conversion, their tribal employer must have a premium conversion plan. Premium conversion plans are governed by the Internal Revenue Code, and IRS rules govern when participants may change their enrollment or cancel outside of the annual Open Season.

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

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

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

Appendix C

Qualifying Life Events

Note: This information does not apply to individuals who have a Temporary Continuation of Coverage (TCC) FEHB enrollment. Please see the TCC section of this Guide if you are a current TCC enrollee.

Qualifying Life Events

A qualifying life event (QLE) is a term defined by OPM to describe events that may allow a tribal employee to enroll in the FEHB Program, make changes to his/her FEHB enrollment, or make changes to his/her premium conversion participation if applicable.

Outside of Open Season, you can make changes to your FEHB enrollment if you experience certain QLEs. The most common QLEs for changing FEHB enrollment type or plan are: marriage, acquiring a child, moving away from the service area of your Health Maintenance Organization (HMO), losing health insurance coverage, or changing employment status. Your eligibility to make certain changes to your FEHB enrollment will depend upon whether or not you participate in premium conversion.

Tribal Employees who Participate in Premium Conversion

Premium conversion allows tribal employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. Your tribal employer may choose whether or not to have a premium conversion plan. If your tribal employer has a premium conversion plan, you may choose to participate or not participate. If your tribal employer does not have a premium conversion plan, you may not participate.

Premium conversion plans are governed by the Internal Revenue Code, and IRS rules govern when you may change your FEHB enrollment or premium conversion status outside of the annual Open Season. If you experience a QLE, you may change your FEHB enrollment (including a change to Self Only or cancellation) provided the action is consistent with the QLE.

If you participate in premium conversion, please refer to QLE Table 1 of the Standard Form (SF) 2809 at www.opm.gov/forms/pdf_fill/sf2809.pdf for detailed information. If you need assistance in accessing the SF 2809 or have additional questions, please contact your tribal employer.

Tribal Employees who do not Participate in Premium Conversion

If your tribal employer does not have a premium conversion plan, or if they have a plan and you choose not to participate, you are not subject to IRS rules for when you can make certain changes to your FEHB enrollment. However, you are subject to OPM rules for employees who do not participate in premium conversion.

An important difference is that a tribal employee who does not participate in premium conversion may cancel his/her FEHB enrollment or change from a Self and Family to a Self Only enrollment at any time.

If you do not participate in premium conversion, please refer to QLE Table 5 of the SF 2809 at www.opm.gov/forms/pdf_fill/sf2809.pdf for detailed information. If you need assistance in accessing the SF 2809 or have additional questions, please contact your tribal employer.

Appendix D

FEHB Member Survey Results

Each year FEHB 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).

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Appendix E

FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans (Pages 18 through 21)

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 23.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 54.

Please note that the premium rates provided are the maximum amount you will be expected to pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Please check with your tribal employer for exact rates.

The tables on the following pages highlight selected features that may help you narrow your choice of health plans. The tables do not show all of your possible out-of-pocket costs. All benefits are subject to the definitions, limitations, and exclusions set forth in each plan's Federal brochure which is the official statement of benefits available under the plan's contract with the Office of Personnel Management. Always consult plan brochures before making your final decision.

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.

Your Maximum Monthly Premium is the maximum amount you will pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Check with your tribal employer for exact rates.

Temporary Continuation of Coverage (TCC) allows former tribal employees and formerly eligible family members to continue their FEHB coverage for a limited period. Under TCC, you pay the total monthly premium (enrollee's share plus the tribal employer's share) plus a 2% administrative charge which equals **102% of Total Monthly Premium**.

Plan Name: Open to All	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your 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	132.72	300.10	541.50	1224.41
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	186.14	433.63	611.62	1381.45
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	127.99	299.70	522.22	1222.80
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	197.51	468.86	623.22	1417.38
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	97.36	221.41	397.23	903.36
MHBP -std	800-410-7778	454	455	209.32	504.59	635.27	1453.83
MHBP -Value Plan	800-410-7778	414	415	93.40	222.69	381.09	908.58
NALC -high	888-636-6252	321	322	160.66	326.04	585.63	1271.71
SAMBA -high	800-638-6589	441	442	248.19	637.52	674.91	1589.42
SAMBA -std	800-638-6589	444	445	131.71	300.81	537.39	1227.33

The information contained in this Guide is not the official statement of benefits. Each plan's Federal brochure is the official statement of benefits.

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%/15% MCareB	30%Tier2/30%Tier4/45%Tier3	Yes
	Non-PPO	\$350	None	\$350+35%+	35%+	35%+	Nothing	45% +	45%+/45%+	Yes
BCBS -basic	PPO	None	None	\$150/day x 5	\$25	\$150	Nothing	\$10	\$40/\$50Tier4/50%(\$50min)/Tier 3	N/A
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
MHBP -std	PPO	\$400	None	\$200	\$20	10%	Nothing	\$5	30%(\$200 max)/50%(\$200 max)	Yes
	Non-PPO	\$600	None	\$500	30%	30%	30%	50%	50%/50%	Yes
MHBP -Value	PPO	\$600	None	None	\$30	20%	20%	\$10	45%/75%	Yes
	Non-PPO	\$900	Not Covered	None	40%	40%	40%	Not Covered	Not Covered	Yes
NALC -high	PPO	\$300	None	\$200	\$20	15%	Nothing	20%	30%/45%	Yes
	Non-PPO	\$300	None	\$350	30%	30%	30%	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	\$150 up to \$450	\$20	15%	Nothing	\$10	25%(\$70 max)/35%(\$100 max)	Yes
	Non-PPO	\$350	None	\$200 up to \$600	35%	35%	35%	\$10	25%(\$70 max)/35%(\$100 max)	Yes

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		80.7	92.1	91.9	94.8	90.5	93.3	72.4
APWU Health Plan -high	47 47	76.5	92	91.4	95.6	86.4	90.4	69.5
Blue Cross and Blue Shield Service Benefit Plan -std	10 10	79.9	91.5	91	94.3	90.3	96.2	68.9
Blue Cross and Blue Shield Service Benefit Plan -basic	11	72.1	90.2	89.9	92.5	92.5	92.8	66.7
GEHA Benefit Plan -high	31 31	86.3	90.4	91.1	95.5	91.7	93.7	74.3
GEHA Benefit Plan -std	31 31	74.5	89	91.6	94.3	84	91.9	74.1
MHBP -std	45 45	83.9	92.9	93	96.4	92.8	94.2	71.5
MHBP -Value Plan	41 41	64.5	89.6	87.1	94.1	90.4	90.8	61.2
NALC -high	32 32	86.3	95	92.2	95.7	93.7	96.4	77
SAMBA -high	44 44	91.1	94.6	94.6	96.4	92.1	96.8	80.2
SAMBA -std	44 44	78.5	92.5	92.9	94.2	92.9	93.4	74

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			80.7	92.1	91.9	94.8	90.5	93.3	72.4
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Arizona	10	86.3	90.6	89.5	92.9	91.2	95.3	74
		11	79	90.5	86.6	92	91.8	96	68.6
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	California	10	84.7	91.9	89.4	93.7	89.7	93.7	66.4
		11	72.5	87	87.5	92.3	88.9	92.6	65.1
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	District of Columbia	10	76.8	89.2	88.8	93.2	83.4	89.8	66.2
		11	70.3	87.4	88.6	92.1	83.6	92.4	62
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Florida	10	91.4	93.4	92.5	95.2	93.7	95.8	75.3
		11	77.4	90.2	86.5	93.2	88.2	94.5	67.3
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Illinois	10	84.3	91.3	92.3	94.7	89.5	95.3	71.1
		11	78.2	91.9	89.3	94.4	88.8	95.1	66
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Maryland	10	84.1	93.5	92.3	94.1	85.9	91	72.6
		11	74.4	91.6	87.2	94.6	89.1	94.7	65.1
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Texas	10	90.2	92.6	90.8	95.8	88.7	98	72
		11	81.7	91.9	90.5	94.6	81.7	91	68.6
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Virginia	10	86.8	92.6	91.8	94.9	89.4	95.7	73.6
		11	79.8	91.7	92.8	94.3	89.4	96.3	67.8

The tables on the following pages highlight selected features that may help you narrow your choice of health plans. The tables do not show all of your possible out-of-pocket costs. All benefits are subject to the definitions, limitations, and exclusions set forth in each plan's Federal brochure which is the official statement of benefits available under the plan's contract with the Office of Personnel Management. Always consult plan brochures before making your final decision.

Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 24 through 53)

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.

Temporary Continuation of Coverage (TCC) allows former tribal employees and formerly eligible family members to continue their FEHB coverage for a limited period. Under TCC, you pay the total monthly premium (enrollee’s share plus the tribal employer’s share) plus a 2% administrative charge which equals **102% of Your Total Monthly Premium**.

Your maximum monthly premium is the maximum amount you will be expected to pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Please check with your tribal employer for exact rates.

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna Value Plan-Most of Alabama	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Arizona							
Aetna Value Plan-All of Arizona	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Aetna Open Access -high- Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	224.96	623.15	651.22	1574.76
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	214.19	668.30	640.23	1620.81
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	131.09	406.72	534.87	1354.00
Arkansas							
Aetna Value Plan-Most of Arkansas	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
QualChoice - high - All of Arkansas	800-235-7017	DH1	DH2	180.07	469.23	605.43	1417.76
QualChoice - std - All of Arkansas	800-235-7017	DH4	DH5	115.73	271.02	472.19	1105.75
California							
Aetna HMO- Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	148.31	389.71	573.04	1336.65
Anthem Blue Cross Select HMO - High - Southern California	800-235-8631	B31	B32	152.16	368.96	576.96	1315.48
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	141.07	327.08	565.65	1272.77
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	610.00	1445.64	1043.96	2413.70
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	561.25	1332.95	994.23	2298.75
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	270.01	659.57	697.17	1611.91
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	237.46	584.32	663.97	1535.15
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	316.50	821.83	744.59	1777.41
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	199.96	514.75	625.72	1464.19
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	129.55	299.42	528.56	1221.64
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	83.01	191.87	338.70	782.85
United Healthcare of California -high- Central and Southern California	866-546-0510	CY1	CY2	144.02	353.27	568.66	1299.48
United Healthcare of California -std- Central and Southern California	866-546-0510	CY4	CY5	118.82	271.66	484.81	1108.38

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Alabama												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Arizona												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	60.5	82.6	82.9	90.1	87.2	90.7	62.7
Health Net of Arizona, Inc.-High	\$20/\$40	\$200/day x 3	\$10	\$30/50%	Yes	73.2	87.6	85.2	92.8	84.6	93.5	70.7
Health Net of Arizona, Inc.-Std	\$25/\$50	25%	\$10	\$40/50%	Yes	73.2	87.6	85.2	92.8	84.6	93.5	70.7
Arkansas												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
QualChoice-In-Network	\$20/\$30	\$100max\$500	\$0	\$40/\$60	Yes							
QualChoice-Out-Network	40%/40%	40%	N/A	N/A	No							
QualChoice- In-Network	\$20/\$40	\$200max\$1,000	\$5	\$40/\$60	Yes							
California												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	59.6	72.6	77.8	88.8	82.4	88.2	58.8
Anthem Blue Cross Blue Shield HMO-High	\$25/\$35	None	\$5,\$40,\$60	\$5,\$40,\$60/\$60	Yes							
Blue Shield of CA Access+HMO-High	\$20/\$30	\$150/ day x 3 days	\$10	\$35/\$50	Yes	73.6	82.8	86.2	91.9	87	84.8	65.3
Health Net of California-High	\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	66.2	83.2	79.4	90.9	81.5	83.3	65
Health Net of California-Std	\$30/\$50	\$750	\$15	\$35/\$60	Yes	66.2	83.2	79.4	90.9	81.5	83.3	65
Health Net of California-High	\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	66.2	83.2	79.4	90.9	81.5	83.3	65
Health Net of California-Std	\$30/\$50	\$750	\$15	\$35/\$65	Yes	66.2	83.2	79.4	90.9	81.5	83.3	65
Kaiser Foundation HP of California -High	\$15/\$25	\$250	\$10	\$30/\$30	Yes	77.8	86.6	85.7	92.1	84	74.2	62.2
Kaiser Foundation HP of California -Std	\$30/\$40	\$500	\$15	\$35/\$35	Yes	77.8	86.6	85.7	92.1	84	74.2	62.2
Kaiser Foundation HP of California -High	\$10/\$20	\$250	\$10	\$30/\$30	Yes	82.5	82.4	78.2	93.2	83.8	82.4	70.2
Kaiser Foundation HP of California -Std	\$20/\$40	\$500	\$15	\$35/\$35	Yes	82.5	82.4	78.2	93.2	83.8	82.4	70.2
United Healthcare of California -High	\$20/\$35	\$150/day x 4	\$10	\$35/\$60	Yes	65.3	79.7	78.1	89.9	77.6	86.9	59.9
United Healthcare of California -Basic	\$25/\$40	30%	\$10	\$25/\$50	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Colorado							
Aetna Value Plan-All of Colorado	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Kaiser Foundation Health Plan of Colorado -high- Denver/Boulder/Southern Colorado areas	800-632-9700	651	652	196.02	456.77	621.70	1405.05
Kaiser Foundation Health Plan of Colorado -std- Denver/Boulder/Southern Colorado areas	800-632-9700	654	655	90.35	204.19	368.63	833.11
Connecticut							
Aetna Value Plan-All of Connecticut	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Delaware							
Aetna Value Plan-All of Delaware	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Aetna Open Access -high- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	668.00	1688.74	1103.12	2661.66
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	392.75	940.98	822.36	1898.94
District of Columbia							
Aetna Value Plan-All of Washington, D.C.	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Aetna Open Access -high- Washington, D.C. Area	877-459-6604	JN1	JN2	436.06	982.17	866.54	1940.96
Aetna Open Access -basic- Washington, D.C. Area	877-459-6604	JN4	JN5	133.79	304.25	545.85	1241.36
CareFirst BlueChoice -high- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	156.08	360.62	580.96	1306.98
CareFirst BlueChoice -std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	135.27	304.32	551.92	1241.63
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, D.C. area	877-574-3337	E31	E32	152.81	381.76	577.63	1328.54
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, D.C. area	877-574-3337	E34	E35	94.45	217.24	385.38	886.34
M.D. IPA -high- Washington, D.C. area	877-835-9861	JP1	JP2	166.96	417.79	592.06	1365.29

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Colorado												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Kaiser Foundation HP of Colorado -High	\$20/\$40	\$250	\$10	\$35/\$60	Yes	70.8	84.3	84.3	93.5	80.1	81.4	67.1
Kaiser Foundation HP of Colorado -Std	\$25/\$45	10%	\$15	\$40/\$80	Yes	70.8	84.3	84.3	93.5	80.1	81.4	67.1
Connecticut												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Delaware												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	66.3	83.3	85.2	92.9	84.7	89.8	63.8
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	66.3	83.3	85.2	92.9	84.7	89.8	63.8
District of Columbia												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$15/\$30	\$150/day x 3	\$5	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
CareFirst BlueChoice-High	\$25/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-In-Network	Nothing/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-Out-Network	\$70/\$70	\$500	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
Kaiser Foundation HP Mid-Atlantic States -High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
Kaiser Foundation HP Mid-Atlantic States -Std	\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
M.D. IPA-High	\$25/\$40	\$150/day x 3	\$7	\$30/\$60	Yes	57.4	83.5	88.1	92.3	86.1	87.2	67.9

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Florida							
Aetna Value Plan-Most of Florida	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
AvMed Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	225.07	611.91	651.33	1563.29
AvMed Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	126.10	302.66	514.49	1234.84
Capital Health Plan -high- Tallahassee area	850-383-3311	EA1	EA2	108.88	288.56	444.25	1177.31
Coventry Health Plan of Florida -high- Southern Florida	800-441-5501	5E1	5E2	155.56	445.05	580.43	1393.10
Coventry Health Plan of Florida -std- Southern Florida	800-441-5501	5E4	5E5	130.40	426.96	532.03	1374.64
Humana Medical Plan, Inc. -high- South Florida	888-393-6765	EE1	EE2	184.79	410.43	610.25	1357.78
Humana Medical Plan, Inc. -std- South Florida	888-393-6765	EE4	EE5	123.15	274.02	502.46	1118.02
Humana Medical Plan, Inc. -high- Tampa	888-393-6765	LL1	LL2	400.92	891.32	830.70	1848.29
Humana Medical Plan, Inc. -std- Tampa	888-393-6765	LL4	LL5	136.84	304.46	558.32	1242.22
Georgia							
Aetna Value Plan-All of Georgia	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	379.19	898.19	808.53	1855.30
Humana Employers Health of Georgia, Inc. -high- Columbus	888-393-6765	CB1	CB2	136.84	304.46	558.32	1242.22
Humana Employers Health of Georgia, Inc. -std- Columbus	888-393-6765	CB4	CB5	129.31	287.72	527.60	1173.89
Humana Employers Health of Georgia, Inc. -high- Atlanta	888-393-6765	DG1	DG2	136.84	304.46	558.32	1242.20
Humana Employers Health of Georgia, Inc. -std- Atlanta	888-393-6765	DG4	DG5	130.30	289.92	531.61	1182.86
Humana Employers Health of Georgia, Inc. -high- Macon	888-393-6765	DN1	DN2	136.84	304.46	558.32	1242.22
Humana Employers Health of Georgia, Inc. -std- Macon	888-393-6765	DN4	DN5	129.31	287.72	527.60	1173.89
Kaiser Foundation Health Plan of Georgia -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	138.08	339.60	562.60	1285.54
Kaiser Foundation Health Plan of Georgia -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	96.57	220.67	394.03	900.33
Guam							
Calvo's Selectcare-High-Guam, Northern Mariana Islands, Palau	671-479-7982	B41	B42	133.28	480.24	543.79	1428.99
TakeCare -high- Guam/N.Mariana Islands/Belau(Palau)	671-647-3526	JK1	JK2	124.47	387.63	507.86	1334.53
TakeCare -std- Guam/N.Mariana Islands/Belau(Palau)	671-647-3526	JK4	JK5	109.56	289.32	447.02	1180.43

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Florida												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
AvMed Health Plan-High	\$15/\$40	\$150/day x 5	\$5	\$30/\$50/30%	No	74.4	82	82.4	93.9	89.5	92.5	68.9
AvMed Health Plan-Std	\$25/\$45	\$175/day x 5	\$10	\$40/\$60/30%	No	74.4	82	82.4	93.9	89.5	92.5	68.9
Capital Health Plan-High	\$15/\$25	\$250	\$15 Tier 1	\$30 Tier2/ \$50 Tier3	No	84.4	92.7	91.7	94.5	88.9	94.4	76.5
Coventry Health Plan of Florida-High	\$15/\$30	Ded+\$150 x 3	\$3/\$20	\$40/\$60/20%	No	46.3	79.3	77.7	86.9	81.6	73.9	59.9
Coventry Health Plan of Florida-Standard	\$20/\$50	Ded+\$150 x 3	\$3/\$10	\$50/\$70/20%	No	46.3	79.3	77.7	86.9	81.6	73.9	59.9
Humana Medical Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	61.3	82.7	83.5	94.6	85	82.8	68.9
Humana Medical Plan, Inc.-Standard	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	61.3	82.7	83.5	94.6	85	82.8	68.9
Humana Medical Plan, Inc. -High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc. -Standard	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Georgia												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	61.4	86.7	84.3	92	82.9	87	59.9
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	52.8	87.3	86.7	95.4	77.1	86.4	56.6
Humana Employers Health of Georgia, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	52.8	87.3	86.7	95.4	77.1	86.4	56.6
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 of Georgia -High	\$15/\$30	\$250/day x 3	\$10/\$20 Comm	\$40/\$50 Comm	Yes	78	82.2	84.2	92.9	85.8	87.4	64.7
Kaiser Foundation HP of Georgia -Std	\$20/\$35	\$250/day x 3	\$15/\$25 Comm	\$40/\$50 Comm	Yes	78	82.2	84.2	92.9	85.8	87.4	64.7
Guam												
Calvo's Selectcare-In-Network	\$15/\$40	\$200	\$10	\$25/50% of AWP	Yes							
Calvo's Selectcare-Out-Network	30%/30%	30%	N/A	N/A	No							
TakeCare-High	\$15 at FHP/\$40	\$100/day for 5 days	\$10	\$10/\$25/\$50	No	67.9	75.1	73.1	90.7	76.2	71.3	60.3
TakeCare-Std	\$25/\$40	\$150/day for 5 days	\$15	\$15/\$40/\$80	No	67.9	75.1	73.1	90.7	76.2	71.3	60.3

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Hawaii							
HMSA -High- All of Hawaii	800-776-4622	871	872	114.92	255.81	468.87	1043.69
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	135.51	302.20	552.88	1232.99
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	69.60	155.22	283.99	633.30
Idaho							
Aetna Value Plan-Most of Idaho	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	210.84	452.87	636.82	1401.07
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	112.90	248.37	460.63	1013.35
Group Health Cooperative -High- most of Washington State&Northern Idaho	888-901-4636	541	542	242.01	488.64	668.61	1437.56
Group Health Cooperative -Std- most of Washington State&Northern Idaho	888-901-4636	544	545	105.37	237.90	429.93	970.65
SelectHealth -High- Utah, Idaho	801-538-5038	SF1	SF2	204.75	458.40	630.60	1406.71
SelectHealth -Std- Utah, Idaho	801-538-5038	SF4	SF5	139.21	312.19	563.75	1257.58
Illinois							
Aetna Value Plan-Most of Illinois	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Blue Cross and Blue Shield of Illinois-High-Illinois	800-892-2803	A21	A22	279.84	653.22	707.20	1605.43
Blue Preferred Plus POS -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	284.29	590.00	711.74	1540.94
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West	800-851-3379	FX1	FX2	281.97	700.39	709.37	1653.54
Humana Benefit Plan of Illinois, Inc. -high- Central and Northwestern	888-393-6765	9F1	9F2	422.76	939.94	852.98	1897.88
Humana Benefit Plan of Illinois, Inc. -std- Central and Northwestern	888-393-6765	AB4	AB5	136.84	304.46	558.32	1242.22
Humana Health Plan Inc. -high- Chicago	888-393-6765	751	752	336.89	748.88	765.39	1703.00
Humana Health Plan Inc. -std- Chicago	888-393-6765	754	755	136.83	304.46	558.29	1242.20
Union Health Service -high- Chicago area	312-423-4200	761	762	129.27	297.31	527.44	1213.02
United Healthcare of the Midwest -high- Southwest Illinois	877-835-9861	B91	B92	214.02	481.17	640.06	1429.94
United Healthcare Plan of the River Valley Inc. -high- West Central Illinois	800-747-1446	YH1	YH2	142.17	391.92	566.77	1338.90

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Hawaii												
HMSA-In-Network	\$15/\$15	\$100	\$7	\$30/\$65	Yes	88.1	91.3	88.9	95.2	85.7	94.4	64.2
HMSA-Out-Network	30%/30%	30%	\$7 + 20%	\$30+20%/ \$65+20%	No	88.1	91.3	88.9	95.2	85.7	94.4	64.2
Kaiser Foundation HP of Hawaii -High	\$20/\$20	\$100	\$15	\$15/\$15	Yes	75.7	80.2	80.7	93.6	79.4	87.1	67.6
Kaiser Foundation HP of Hawaii -Std	\$30/\$30	10%	\$20	\$20/\$20	Yes	75.7	80.2	80.7	93.6	79.4	87.1	67.6
Idaho												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Altius Health Plans-High	\$20/\$30	\$200	\$7	\$25/\$50	No	60.8	86.5	89.6	94.7	82.1	88.3	60.7
Altius Health Plans-Std	\$20/\$35	None	\$7	\$35/\$60	None	60.8	86.5	89.6	94.7	82.1	88.3	60.7
Group Health Cooperative-High	\$25/\$25	\$350/day x 3	\$20	\$40/\$60	Yes	70.9	82.8	86.2	92.1	85.5	91.5	71.3
Group Health Cooperative-Std	4/\$25-\$25+20%	\$500/day x 3	\$20	\$40/\$60	Yes	70.9	82.8	86.2	92.1	85.5	91.5	71.3
SelectHealth-High	\$15/\$25	\$100	\$5	\$25,\$50	Yes							
SelectHealth-Standard	\$20/\$30	\$100 after ded	\$5,\$25,\$50	\$25,\$50/\$50	Yes							
Illinois												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Blue Cross and Blue Shield of Illinois-High	\$20/\$35	None	\$10 copay	\$40/\$60	Yes							
Blue Preferred Plus POS-In-Network	\$25/\$35	\$500	\$10	\$30/\$50/25%/ \$50/25%	Yes	64.7	89.6	87.5	93.6	82.6	91.1	63.9
Blue Preferred Plus POS-Out-Network	30% after ded.	30% after ded.	N/A	N/A	No	64.7	89.6	87.5	93.6	82.6	91.1	63.9
Health Alliance HMO-High	\$25/\$50	\$200/day up to 5	\$7	\$35/\$70	Yes	82.3	89.6	88.8	97.3	92.2	88.1	70.9
Humana BP of Illinois Inc. -High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	56.5	84.1	85.1	91	75.5	73.9	67.8
Humana BP of Illinois Inc. -Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	56.5	84.1	85.1	91	75.5	73.9	67.8
Humana Health Plan, Inc. -High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	62.1	80.9	77.9	90.9	83	82.3	68.5
Humana Health Plan, Inc. -Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	62.1	80.9	77.9	90.9	83	82.3	68.5
Union Health Service -High	\$15/\$15	None	\$10	\$35/\$60	No							
UHC of the Midwest, Inc. -High	\$25/\$40	\$450	\$7	\$30/\$60	Yes	71.4	91.1	89.4	96.7	87.9	92	69.5
UHC Plan of the River Valley, Inc. -High	\$205/\$50	Nothing	\$10	\$35/\$50	Yes	53.5	86.7	85.4	96.2	83	90.4	59.9

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Health Alliance HMO -high- Western Indiana	800-851-3379	FX1	FX2	281.97	700.39	709.37	1653.54
Humana Health Plan of Ohio -high-Portions of Indiana	888-393-6765	A61	A62	129.99	289.24	530.38	1180.10
Humana Health Plan of Ohio -std-Portions of Indiana	888-393-6765	A64	A65	116.99	260.31	477.34	1062.06
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	336.89	748.88	765.39	1703.00
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	136.83	304.46	558.29	1242.20
Humana Health Plan Inc. -high- Southern Indiana	888-393-6765	MH1	MH2	136.84	304.46	558.32	1242.22
Humana Health Plan Inc. -std- Southern Indiana	888-393-6765	MH4	MH5	129.99	289.23	530.36	1180.05
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	253.84	564.65	680.68	1515.09
Iowa							
Aetna Value Plan-All of Iowa	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	130.10	346.45	530.82	1292.52
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	95.95	225.49	391.48	920.00
Health Alliance HMO -high- Central and Eastern Iowa	800-851-3379	FX1	FX2	281.97	700.39	709.37	1653.54
HealthPartners High Option- Northern Iowa	800-883-2177	V31	V32	317.83	761.30	745.95	1715.67
HealthPartners Standard Option- Northern Iowa	800-883-2177	V34	V35	89.87	206.71	366.68	843.38
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	243.18	590.13	669.80	1541.08
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	218.03	531.80	644.15	1481.58
UnitedHealthcare Plan of the River Valley Inc. -high- Eastern & Central Iowa	800-747-1446	YH1	YH2	142.17	391.92	566.77	1338.90
Kansas							
Aetna Value Plan-Most of Kansas	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Aetna Open Access -high- Kansas City Area	877-459-6604	HY1	HY2	124.05	402.76	506.13	1349.96
Coventry Health Care of Kansas -high- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	129.96	305.41	530.23	1246.08
Coventry Health Care of Kansas -std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	109.79	258.00	447.94	1052.65
Humana Health Plan, Inc. -high- Kansas City	888-393-6765	MS1	MS2	517.61	1150.97	949.72	2113.13
Humana Health Plan, Inc. -std- Kansas City	888-393-6765	MS4	MS5	136.81	304.42	558.21	1242.02

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Indiana												
Health Alliance HMO-High	\$25/\$50	Nothing	\$7	\$35/\$70	Yes	82.3	89.6	88.8	97.3	92.2	88.1	70.9
Humana HP of Ohio-High	\$20/\$35	\$250 x 3 days	\$10	\$40/\$60	Yes							
Humana HP of Ohio-Std	\$25/\$40	\$500 x 3 days	\$10	\$40/\$60	Yes							
Humana Health Plan Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	62.1	80.9	77.9	90.9	83	82.3	68.5
Humana Health Plan Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	62.1	80.9	77.9	90.9	83	82.3	68.5
Humana Health Plan Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	47.2	87.2	79.6	92.9	86.6	86	65.7
Humana Health Plan Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	47.2	87.2	79.6	92.9	86.6	86	65.7
Physicians Health Plan of Northern Indiana-High	\$15/\$15	20%	\$10	\$25/\$50	Yes	54.7	89.2	85.6	94.3	86.3	94.8	58.8
Iowa												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Coventry Health Care of Iowa-High	\$20/\$45	20%	\$3/\$10	\$45/\$70	Yes	49	86	86.6	96	84.7	89.1	66.5
Coventry Health Care of Iowa-Std	\$20/\$45	20%	\$3/\$10	30%/5,000Max	No	49	86	86.6	96	84.7	89.1	66.5
Health Alliance HMO-High	\$25/\$50	\$200/day up to 5	\$7	\$35/\$70	Yes	82.3	89.6	88.8	97.3	92.2	88.1	70.9
HealthPartners-High-Option	\$25/\$45	Nothing	\$12	\$45/\$90	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
HealthPartners-Std-Option	\$0 for 3, then 20%	20% in/40% out	\$9	\$40/\$70	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
Sanford Health Plan-In-Network-High	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	52.3	83.9	86.6	96	83.1	91	65.6
Sanford Health Plan-Out-Network-High	40%/40%	40%	40%+	40%+	No	52.3	83.9	86.6	96	83.1	91	65.6
Sanford Health Plan-In-Network-Std	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	52.3	83.9	86.6	96	83.1	91	65.6
Sanford Health Plan-Out-Network-Std	40%/40%	40%	40%+	40%+	No	52.3	83.9	86.6	96	83.1	91	65.6
UHC Plan of the River Valley, Inc.-High	\$25/\$50	Nothing	\$10	\$35/\$50	Yes	53.5	86.7	85.4	96.2	83	90.4	59.9
Kansas												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes							
Coventry Health Care of Kansas-High	\$25/\$60	25%	\$3/\$12	\$50/\$75	Yes	59.1	87.2	87	95.8	86.7	89.2	62.9
Coventry Health Care of Kansas-Std	\$30/\$60	30%	\$3/\$12	\$50/20%	Yes	59.1	87.2	87	95.8	86.7	89.2	62.9
Humana Health Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	66.4	86.3	86.9	93.2	87.2	90.9	72.2
Humana Health Plan, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.4	86.3	86.9	93.2	87.2	90.9	72.2

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kentucky							
Aetna Value Plan-Most of Kentucky	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Humana Health Plan of Ohio -high-Portions of Kentucky	888-393-6765	A61	A62	129.99	289.24	530.38	1180.10
Humana Health Plan of Ohio -std-Portions of Kentucky	888-393-6765	A64	A65	116.99	260.31	477.34	1062.06
Humana Health Plan Inc. -high- Louisville	888-393-6765	MH1	MH2	136.84	304.46	558.32	1242.22
Humana Health Plan Inc. -std- Louisville	888-393-6765	MH4	MH5	129.99	289.23	530.36	1180.05
Humana Health Plan, Inc. -high- Lexington	888-393-6765	MI1	MI2	155.59	345.49	580.46	1291.54
Humana Health Plan, Inc. -std- Lexington	888-393-6765	MI4	MI5	129.99	289.23	530.36	1180.05
Louisiana							
Aetna Value Plan-Most of Louisiana	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Coventry Health Care of Louisiana -high- New Orleans area	800-341-6613	BJ1	BJ2	204.73	515.01	630.58	1464.45
Coventry Health Care of Louisiana -std- New Orleans area	800-341-6613	BJ4	BJ5	130.35	302.71	531.82	1235.06
Maine							
Aetna Value Plan-All of Maine	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Maryland							
Aetna Value Plan-All of Maryland.	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	436.06	982.17	866.54	1940.96
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	133.79	304.25	545.85	1241.36
CareFirst BlueChoice -high- All of Maryland	888-789-9065	2G1	2G2	156.08	360.62	580.96	1306.98
CareFirst BlueChoice Healthy Blue Option-std- All of Maryland	888-789-9065	2G4	2G5	135.27	304.32	551.92	1241.63
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	136.99	454.45	558.91	1402.68
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	123.29	312.17	503.02	1257.56
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas	877-574-3337	E31	E32	152.81	381.76	577.63	1328.54
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	94.45	217.24	385.38	886.34
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	166.96	417.79	592.06	1365.29

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Kentucky												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Humana HP of Ohio-High	\$20/\$35	\$250 x 3 days	\$10	\$40/\$60	Yes							
Humana HP of Ohio-Std	\$25/\$40	\$500 x 3 days	\$10	\$40/\$60	Yes							
Humana Health Plan Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	47.2	87.2	79.6	92.9	86.6	86	65.7
Humana Health Plan Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	47.2	87.2	79.6	92.9	86.6	86	65.7
Humana Health Plan, Inc. -High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc. -Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Louisiana												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Coventry Health Care of Louisiana-High	\$25/\$45	Ded + \$100	\$5	\$40/\$75	Yes	50	77.7	84	97.5	71.5	84.2	66.9
Coventry Health Care of Louisiana-Std	\$30/\$55	Ded + 30%	\$5	\$40/\$75	Yes	50	77.7	84	97.5	71.5	84.2	66.9
Maine												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Maryland												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$15/\$30	\$150/day x3	\$5	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
CareFirst BlueChoice-High	\$25/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-In-Network	Nothing/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-Out-Network	\$70/\$70	\$500	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
Coventry Health Care-High	\$20/\$40	\$200/day x 3	\$3/\$15	\$30/\$60	Yes	55.5	81.8	86.1	92.7	84.3	81.7	54.2
Coventry Health Care-Std	\$20/\$40	\$200/day x 3	\$3/\$15	\$30/\$60	Yes	55.5	81.8	86.1	92.7	84.3	81.7	54.2
Kaiser Foundation HP Mid-Atlantic States -High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
Kaiser Foundation HP Mid-Atlantic States -Std	\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
M.D. IPA-High	\$25/\$40	\$150/day x 3	\$7	\$30/\$60	Yes	57.4	83.5	88.1	92.3	86.1	87.2	67.9

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Massachusetts							
Aetna Value Plan-Most of Massachusetts	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Fallon Community Health Plan -basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	218.72	615.72	644.85	1567.18
Michigan							
Aetna Value Plan-All of Michigan	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Bluecare Network of MI -high- Traverse City	800-662-6667	H61	H62	123.70	364.88	504.72	1311.32
Bluecare Network of MI -high- Grand Rapids	800-662-6667	J31	J32	188.89	644.51	614.43	1596.54
Bluecare Network of MI -high- East Region	800-662-6667	K51	K52	201.48	481.17	627.27	1429.94
Bluecare Network of MI -high- Southeast Region	800-662-6667	LX1	LX2	166.35	470.27	591.44	1418.82
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	239.65	607.62	666.20	1558.92
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	196.86	507.52	622.56	1456.82
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	175.00	491.59	600.26	1440.57
Health Alliance Plan -std- Southeastern Michigan/Flint area	800-556-9765	GY4	GY5	148.20	427.31	572.92	1375.00
HealthPlus MI -high- East Michigan	800-332-9161	X51	X52	132.89	460.41	542.18	1408.76
Physicians Health Plan -std- Mid-Michigan	866-539-3342	9U4	9U5	120.42	282.00	491.32	1150.55
Minnesota							
Aetna Value Plan-Most of Minnesota	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
HealthPartners High Option-All of Minnesota	800-883-2177	V31	V32	317.83	761.30	745.95	1715.67
HealthPartners Standard Option-All of Minnesota	800-883-2177	V34	V35	89.87	206.71	366.68	843.38
Mississippi							
Aetna Value Plan-Most of Mississippi	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Massachusetts												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Fallon Community Health Plan-Basic	\$25/\$35	\$150 to \$750max	\$10	\$30/\$60	Yes	64	84.1	87.9	94.1	83.5	84.7	61.1
Michigan												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Bluecare Network of MI-High	\$10/\$15	\$200	\$10	\$30/N/A	Yes	62.2	85.6	87.9	92	87.4	87	60.7
Bluecare Network of MI-High	\$10/\$15	\$200	\$10	\$30/N/A	Yes	62.2	85.6	87.9	92	87.4	87	60.7
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes	62.2	85.6	87.9	92	87.4	87	60.7
Bluecare Network of MI-High	\$15/\$25	Nothing	\$5	\$50/N/A	Yes	62.2	85.6	87.9	92	87.4	87	60.7
Grand Valley Health Plan-High	\$10/\$10	Nothing	\$5	\$15/\$15	No	77	85.4	89.8	92.7	91.1	86.4	78
Grand Valley Health Plan-Std	\$20/\$20	\$500 x 3	\$10	\$40	No	77	85.4	89.8	92.7	91.1	86.4	78
Health Alliance Plan-High	\$10/\$20	Nothing	\$5	\$25/\$25	Yes	82.2	86.1	85.8	94	84	91.3	65.3
Health Alliance Plan-Std	\$15/\$30	Nothing	\$10	\$40/\$40	Yes	82.2	86.1	85.8	94	84	91.3	65.3
HealthPlus MI-High	\$10/\$20	None	\$8	\$40/\$60	Yes	76.6	85.8	89.7	93.7	90.8	94.2	73.4
Physicians Health Plan-Std	\$25/\$35	20%	\$10	\$40/50%	Yes	78	91.2	87.6	93.3	88.4	90.5	71.3
Minnesota												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
HealthPartners-High-Option	\$25/\$45	Nothing	\$12	\$45/\$90	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
HealthPartners-Std-Option	\$0 for 3, then 20%	20% in/40% out	\$9	\$40/\$70	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
Mississippi												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Aetna Value Plan-Most of Missouri	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Aetna Open Access -high- Kansas City Area	877-459-6604	HY1	HY2	124.05	402.76	506.13	1349.96
Blue Preferred Plus POS -high- St. Louis/Central/SW areas	888-811-2092	9G1	9G2	284.29	590.00	711.74	1540.94
Coventry Health Care of Kansas -high- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	129.96	305.41	530.23	1246.08
Coventry Health Care of Kansas -std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	109.79	258.00	447.94	1052.65
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	517.61	1150.97	949.72	2113.13
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	136.81	304.42	558.21	1242.02
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	214.02	481.17	640.06	1429.94
Montana							
Aetna Value Plan-South/Southeast/Western MT Areas	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Nebraska							
Aetna Value Plan-All of Nebraska	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Nevada							
Aetna Value Plan-Las Vegas Area	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Aetna Open Access -high- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	111.20	375.20	453.70	1321.85
Health Plan of Nevada -High- Las Vegas/Esmeralda and Nye counties	877-545-7378	NM1	NM2	98.84	233.06	403.26	950.90
New Hampshire							
Aetna Value Plan-All of New Hampshire	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Missouri												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes							
Blue Preferred Plus POS-In-Network	\$25/\$35	\$500	\$10	\$30/\$50/25%/ \$50/25%	Yes	64.7	89.6	87.5	93.6	82.6	91.1	63.9
Blue Preferred Plus POS-Out-Network	30% after ded.	30% after ded.	N/A	N/A	No	64.7	89.6	87.5	93.6	82.6	91.1	63.9
Coventry Health Care of Kansas-High	\$20/\$60	25%	\$3/\$12	\$50/\$75	Yes	59.1	87.2	87	95.8	86.7	89.2	62.9
Coventry Health Care of Kansas-Std	\$30/\$60	30%	\$3/\$12	\$50/20%	Yes	59.1	87.2	87	95.8	86.7	89.2	62.9
Humana Health Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	66.4	86.3	86.9	93.2	87.2	90.9	72.2
Humana Health Plan, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.4	86.3	86.9	93.2	87.2	90.9	72.2
United Healthcare of the Midwest, Inc.-High	\$25/\$40	\$450	\$7	\$30/\$60	Yes	71.4	91.1	89.4	96.7	87.9	92	69.5
Montana												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Nebraska												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Nevada												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes							
Health Plan of Nevada-High	\$10/\$20	\$150	\$5	\$35/\$55	Yes	55.1	73.7	72.7	92.8	83.7	91.3	57.7
New Hampshire												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New Jersey							
Aetna Value Plan-All of New Jersey	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	507.43	1197.60	939.34	2160.70
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	264.14	643.47	691.18	1595.48
Aetna Open Access -high- Southern NJ	877-459-6604	P31	P32	668.00	1688.74	1103.12	2661.66
Aetna Open Access -basic- Southern NJ	877-459-6604	P34	P35	392.75	940.98	822.36	1898.94
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	289.38	836.55	716.93	1792.43
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	128.50	299.97	524.28	1223.90
New Mexico							
Aetna Value Plan-Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	119.10	279.88	485.94	1141.93
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	196.04	463.58	621.72	1412.00

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
New Jersey												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	67.1	89.4	89.3	92.2	87.4	83.8	62.8
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	67.1	89.4	89.3	92.2	87.4	83.8	62.8
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	67.1	89.4	89.3	92.2	87.4	83.8	62.8
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	67.1	89.4	89.3	92.2	87.4	83.8	62.8
GHI Health Plan-In-Network	\$20/\$20	\$150 max \$450	\$15	\$40/\$80	Yes	65.1	91.2	85.3	94.3	85.2	84.2	65.6
GHI Health Plan-Out-Network	+50% of sch.	+50% of sch.	N/A	N/A	No	65.1	91.2	85.3	94.3	85.2	84.2	65.6
GHI Health Plan-Std	\$30/\$30	\$250/day x 3	\$5	\$40/\$80	Yes	65.1	91.2	85.3	94.3	85.2	84.2	65.6
New Mexico												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Lovelace Health Plan-High	\$20/\$35	\$250 after ded	\$5	\$35/\$60/50%	Yes	63.4	80.2	78.2	90.3	77.5	88	73.1
Presbyterian Health Plan-High	\$25/\$35	\$100 x 5 days	\$10	\$40/\$75/30%	Yes	64.2	81.9	80.6	92.2	84.7	88.1	66.6

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Value Plan-Most of New York	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Aetna Open Access -high- NYC Area/Upstate NY	877-459-6604	JC1	JC2	404.60	1093.04	834.45	2054.05
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	284.35	774.93	711.80	1729.57
Blue Choice -high- Rochester area	800-499-1275	MK1	MK2	292.45	715.78	720.06	1669.24
Blue Choice -std- Rochester area	800-499-1275	MK4	MK5	173.89	545.28	599.13	1495.33
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Central New York	877-269-2134	SG1	SG2	202.71	639.83	628.52	1591.77
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Central New York	877-269-2134	SG4	SG5	115.29	297.44	470.40	1213.56
GHI HMO -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	127.26	379.36	519.24	1326.09
GHI HMO -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	153.18	534.56	578.00	1484.40
GHI Health Plan -high- All of New York	212-501-4444	801	802	289.38	836.55	716.93	1792.43
GHI Health Plan -std- All of New York City	212-501-4444	804	805	128.50	299.97	524.28	1223.90
HIP Health of Greater New York -High- New York City area including Long Island	1-800-447-8255	511	512	224.42	769.77	650.67	1724.31
HIP Health of Greater New York -Std- New York City area including Long Island	1-800-447-8255	514	515	156.17	588.87	581.05	1539.79
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	192.83	595.09	618.45	1546.14
Independent Health Association-Std-Western New York	800-501-3439	C54	C55	174.72	549.77	599.97	1499.91
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	146.16	480.19	570.84	1428.94
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	127.84	349.00	521.59	1295.12
MVP Health Care -high- Western Region	888-687-6277	GV1	GV2	119.62	299.32	488.04	1221.23
MVP Health Care -std- Western Region	888-687-6277	GV4	GV5	106.75	267.09	435.53	1089.75
MVP Health Care -high- Central Region	888-687-6277	M91	M92	183.02	574.47	608.44	1525.10
MVP Health Care -std- Central Region	888-687-6277	M94	M95	135.53	435.32	552.96	1383.17
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	229.79	664.69	656.15	1617.13
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	129.16	372.06	526.97	1318.65
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	171.84	544.28	597.04	1494.31
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	132.25	408.09	539.57	1355.40
North Carolina							
Aetna Value Plan-All of North Carolina	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
New York												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	67	86	85.4	95.2	84.8	86.1	55.6
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	67	86	85.4	95.2	84.8	86.1	55.6
Blue Choice-High	\$20/\$20	\$240	\$10	\$30/\$50	No	70.6	85.6	87.1	93.9	84.1	88	67
Blue Choice-Std	\$25/\$40	\$500	\$7	\$50/\$100	No	70.6	85.6	87.1	93.9	84.1	88	67
CDPHP Universal Benefits, Inc.-High	\$20/\$30	\$100 x 5	25%	25%/25%	No	72.9	89.6	90.9	96.2	90.6	91.1	74.3
CDPHP Universal Benefits, Inc.-Std	\$25/\$40	\$500+10%	30%	30%/30%	No	72.9	89.6	90.9	96.2	90.6	91.1	74.3
GHI HMO Select-High	\$25/\$40	\$500	\$10	\$30/\$50	Yes							
GHI HMO Select-High	\$25/\$40	\$500	\$10	\$30/\$50	Yes							
GHI Health Plan-In-Network	\$20/\$20	\$150 max \$450	\$15	\$40/\$80	Yes	65.1	91.2	85.3	94.3	85.2	84.2	65.6
GHI Health Plan-Out-Network	+50% of sch	+50% of sch.	N/A	N/A	No	65.1	91.2	85.3	94.3	85.2	84.2	65.6
GHI Health Plan-Std	\$30/\$30	\$250/day x 3	\$5	\$40/\$80	Yes	65.1	91.2	85.3	94.3	85.2	84.2	65.6
HIP of Greater New York-High	\$20/\$40	None	\$20/\$100 Ded	\$30/\$50	Yes	73.8	79.8	79.6	91.8	85.3	89.8	55.5
HIP of Greater New York-Std	\$20/\$50	\$500	\$20 after Ded	\$30/\$50/\$100 Ded	Yes	73.8	79.8	79.6	91.8	85.3	89.8	55.5
Independent Health Assoc.-In-Network	\$20/\$20	\$250	\$10	\$20/\$35	No	75.4	87.6	89.1	92.4	89.1	90.2	76.6
Independent Health Assoc.-Out-Network	25%/25%	25%	N/A	N/A	No	75.4	87.6	89.1	92.4	89.1	90.2	76.6
Independent Health Association-In-Network	\$25/\$40	\$500	\$10	\$30/\$75	Yes							
Independent Health Association-Out-Network	30%/30%	30%	N/A	N/A	No							
MVP Health Care-High	\$25/\$25	\$500	\$5	\$35/\$70	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-Std	\$30/\$50	\$750	\$5	\$45/\$90	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-High	\$25/\$25	\$500	\$5	\$35/\$70	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-Std	\$30/\$50	\$750	\$5	\$45/\$90	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-High	\$25/\$25	\$500	\$5	\$35/\$70	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-Std	\$30/\$50	\$750	\$5	\$45/\$90	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-High	\$25/\$25	\$500	\$5	\$35/\$70	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-Std	\$30/\$50	\$750	\$5	\$45/\$90	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-High	\$25/\$25	\$500	\$5	\$35/\$70	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
MVP Health Care-Std	\$30/\$50	\$750	\$5	\$45/\$90	Yes	68.3	90.1	93.1	95.8	91.6	88.9	79.5
North Carolina												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Dakota							
Aetna Value Plan-Most of North Dakota	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
HealthPartners High Option-Eastern North Dakota	800-883-2177	V31	V32	317.83	761.30	745.95	1715.67
HealthPartners Standard Option-Eastern North Dakota	800-883-2177	V34	V35	89.87	206.71	366.68	843.38
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	123.48	348.70	503.82	1294.82
Sanford Health Plan-High-North Dakota	800-752-5863	C91	C92	222.41	541.86	648.62	1491.84
Sanford Health Plan-Std-North Dakota	800-752-5863	C94	C95	152.25	485.81	577.05	1434.67
Ohio							
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	135.24	407.44	551.77	1354.73
Humana Health Plan of Ohio-High Greater Cincinnati Area	888-393-6765	A61	A62	129.99	289.24	530.38	1180.10
Humana Health Plan of Ohio-Std Greater Cincinnati Area	888-393-6765	A64	A65	116.99	260.31	477.34	1062.06
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	258.37	624.52	685.30	1576.16
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	115.76	266.27	472.32	1086.37
The Health Plan of the Upper Ohio Valley -high-Eastern Ohio	800-624-6961	U41	U42	250.98	580.97	677.76	1531.73
Oklahoma							
Globalhealth, Inc. -high- Oklahoma	877-280-5600	IM1	IM2	105.72	254.77	431.33	1039.47
Oregon							
Aetna Value Plan-Most of Oregon	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	212.40	492.91	638.41	1441.91
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	126.21	289.95	514.96	1183.00
Kaiser Foundation Health Plan of Northwest -Basic- Portland/Salem areas	800-813-2000	B51	B52	116.01	266.50	473.32	1087.34

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
North Dakota												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
HealthPartners-High-Option	\$25/\$45	Nothing	\$12	\$45/\$90	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
HealthPartners-Std-Option	\$0 for 3, then 20%	20% in/40% out	\$9	\$40/\$70	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
Heart of America Health Plan-High-In-Network	\$15/\$25	None	50%/\$600Ded	50%/\$600Ded/ 50%/\$600Ded	None							
Heart of America Health Plan-High-Out-Network	20%/20%	20%	N/A	N/A	No							
Sanford HP-In-Network-High	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No							
Sanford HP-Out-Network-High	40%/40%	40%	40%+	40%+	No							
Sanford HP-In-Network-Std	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No							
Sanford HP-Out-Network-Std	40%/40%	40%	40%+	40%+	No							
Ohio												
AultCare HMO-High	\$15/\$20	\$150	\$15	\$30/\$45	No	89.7	92.6	93	96	94.8	94.7	85.7
Humana HP of Ohio-High	\$20/\$35	\$250 x 3 days	\$10	\$40/\$60	Yes							
Humana HP of Ohio-Std	\$25/\$40	\$500 x 3 days	\$10	\$40/\$60	Yes							
Kaiser Foundation HP of Ohio-High	\$20/\$20	\$250	\$10	\$30/\$30	Yes	76.5	82.7	86.9	92.9	83.3	87.1	71.8
Kaiser Foundation HP of Ohio-Std	\$30/\$40	\$500	\$15	\$40/\$40	Yes	76.5	82.7	86.9	92.9	83.3	87.1	71.8
The Health Plan of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	75.4	91.6	86.3	93.3	90.7	94.7	75.5
Oklahoma												
Globalhealth, Inc.-High	\$15/\$45	\$250/day max x 1,000	\$4/\$10	\$45/\$65	Yes	62	77.2	85	92.5	85.8	88	70.7
Oregon												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Kaiser Foundation HP of Northwest-High	\$20/\$30	\$200	\$15	\$40/\$60	Yes	71.8	80.4	81	91.6	83.5	78	65.8
Kaiser Foundation HP of Northwest-Std	\$25/\$35	\$500	\$20	\$40/\$60	Yes	71.8	80.4	81	91.6	83.5	78	65.8
Kaiser Foundation HP of Northwest-Basic	\$35/\$45	\$500	\$20	\$40/\$60	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna Value Plan-All of Pennsylvania	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Aetna Open Access -high- Philadelphia	877-459-6604	P31	P32	668.00	1688.74	1103.12	2661.66
Aetna Open Access -basic- Philadelphia	877-459-6604	P34	P35	392.75	940.98	822.36	1898.94
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	129.72	377.19	529.28	1323.88
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	231.09	561.86	657.47	1512.24
HealthAmerica Pennsylvania -high- Greater Pittsburgh area	866-351-5946	261	262	183.30	481.73	608.73	1430.51
UPMC Health Plan -high- Western Pennsylvania	877-648-9641	8W1	8W2	218.12	531.96	644.24	1481.74
UPMC Health Plan -std- Western Pennsylvania	877-648-9641	UW4	UW5	133.14	306.22	543.22	1249.38
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	82.33	183.17	335.90	747.33
Triple-S Salud, Inc. -high- All of Puerto Rico	787-774-6060	891	892	83.89	188.75	342.28	770.12
Rhode Island							
Aetna Value Plan-All of Rhode Island	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
South Dakota							
Aetna Value Plan-Rapid City/Sioux Falls Area	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
HealthPartners High Option- Eastern South Dakota	800-883-2177	V31	V32	317.83	761.30	745.95	1715.67
HealthPartners Standard Option- Eastern South Dakota	800-883-2177	V34	V35	89.87	206.71	366.68	843.38
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	243.18	590.13	669.80	1541.08
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	218.03	531.80	644.15	1481.58

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Pennsylvania												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	53.7	84.2	89.9	94	85.1	89	65.8
Aetna Open Access-Basic	\$15/\$35	20% Plan Allow	\$5	\$35/\$65	Yes	53.7	84.2	89.9	94	85.1	89	65.8
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	53.7	84.2	89.9	94	85.1	89	65.8
Geisinger Health Plan-Std	\$20/\$35	20%aftrDeduct	30% \$5/\$15	40% \$40/\$120/ 50% \$60/\$180	Yes	68.4	85	87.7	95.6	86.7	94.7	68.4
HealthAmerica Pennsylvania-High	\$25/\$50	15%	\$5	\$35/\$60	Yes	71.2	89.7	93.2	95.4	87.2	89.6	68.6
UPMC Health Plan-High	10% after Ded	10% after Ded	\$5	\$35afterDed/ \$70afterDed	Yes	79.4	87.8	88.2	95.2	86	89.9	69.7
UPMC Health Plan-Std	20% after Ded	20% after Ded	\$5	\$35/\$70	Yes	79.4	87.8	88.2	95.2	86	89.9	69.7
Puerto Rico												
Humana HP of Puerto Rico -In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	79.3	80.5	82.2	96.7	79.1	78.7	58.4
Humana HP of Puerto Rico -Out-Network	\$10/\$10	\$50	N/A	N/A	Yes	79.3	80.5	82.2	96.7	79.1	78.7	58.4
Triple-S Salud, Inc.-In-Network	\$7.50/\$10	None	\$5 or \$12	Greater of \$15 or 20%/ 25% up to \$100/\$175 max	Yes	75.7	86.1	84.2	96.7	77.7	78.3	56
Triple-S Salud, Inc.-Out-Network	\$7.50+10%/\$10&10%	10% +	N/A	N/A	No	75.7	86.1	84.2	96.7	77.7	78.3	56
Rhode Island												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
South Dakota												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
HealthPartners-High-Option	\$25/\$45	Nothing	\$12	\$45/\$90	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
HealthPartners-Std-Option	\$0 for 3, then 20%	20% in/40% out	\$9	\$40/\$70	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
Sanford Health Plan-In-Network-High	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	52.3	83.9	86.6	96	83.1	91	65.6
Sanford Health Plan-Out-Network-High	40%/40%	40%	40%+	40%+	No	52.3	83	86.6	96	83.1	91	65.6
Sanford Health Plan-In-Network-Std	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	52.3	83.9	86.6	96	83.1	91	65.6
Sanford Health Plan-Out-Network-Std	40%/40%	40%	40%+	40%+	No	52.3	83.9	86.6	96	83.1	91	65.6

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Tennessee							
Aetna Value Plan-Most of Tennessee	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	253.37	779.61	680.20	1734.35
Humana Health Plan, Inc. -high- Knoxville	888-393-6765	GJ1	GJ2	136.84	304.46	558.32	1242.22
Humana Health Plan, Inc. -std- Knoxville	888-393-6765	GJ4	GJ5	116.99	260.31	477.34	1062.09
Texas							
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	382.39	1084.26	811.80	2045.09
Aetna Whole Health -Basic- Ft Bend, Harris, Montgomery counties	877-459-6604	ES1	ES2	120.92	354.27	493.36	1300.50
Firstcare-High-Central Waco Area	800-884-4901	B71	B72	98.38	295.14	401.38	1204.18
Firstcare -high- West Texas	800-884-4901	CK1	CK2	100.09	300.27	408.37	1225.09
Firstcare-High-Taylor/Callahan/Eastland	800-884-4901	CN1	CN2	119.14	509.01	486.09	1458.33
Firstcare-High-Lubbock Area	800-884-4901	CZ1	CZ2	115.94	470.60	473.03	1419.16
Firstcare-High-Roberston/Brazos/Grimes/Madison/WA	800-844-4901	ET1	ET2	112.43	428.50	458.73	1376.21
Humana Health Plan of Texas -high- Corpus Christi	888-393-6765	UC1	UC2	225.85	501.77	652.13	1450.95
Humana Health Plan of Texas -std- Corpus Christi	888-393-6765	UC4	UC5	136.84	304.46	558.32	1242.22
Humana Health Plan of Texas -high- San Antonio	888-393-6765	UR1	UR2	481.06	1069.64	912.44	2030.18
Humana Health Plan of Texas -std- San Antonio	888-393-6765	UR4	UR5	136.83	304.46	558.29	1242.20
Humana Health Plan of Texas -high- Austin	888-393-6765	UU1	UU2	216.62	481.21	642.71	1429.98
Humana Health Plan of Texas -std- Austin	888-393-6765	UU4	UU5	136.84	304.46	558.32	1242.22
UnitedHealthcare Benefits of Texas, Inc. -high- San Antonio	866-546-0510	GF1	GF2	206.65	506.13	632.54	1455.40
Utah							
Aetna Value Plan-Most of Utah	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	210.84	452.87	636.82	1401.07
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	112.90	248.37	460.63	1013.35
SelectHealth -high- Urban and Suburban Utah	800-538-5038	SF1	SF2	204.75	458.40	630.60	1406.71
SelectHealth -std- Urban and Suburban Utah	800-538-5038	SF4	SF5	139.21	312.19	563.75	1257.58

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Tennessee												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	72.5	85.2	84.4	90.4	87.6	92.6	70.2
Humana Health Plan, Inc.-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Texas												
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes	62.8	87	86.9	90.3	82.2	88.9	62.7
Aetna Whole Health-In-Network	\$25/\$35	15%	\$5	\$35/\$60	Yes							
Aetna Whole Health-Out-Network	50%/50%	50%	40%	40%/40%	No							
Firstcare-High	\$30/\$55	\$250/day x 5	\$10	\$35/\$70	No							
Firstcare-High	\$30/\$55	\$250/day x 5	\$10	\$35/\$70	No							
Firstcare-High	\$30/\$55	\$250/day x 5	\$10	\$35/\$70	No							
Firstcare-High	\$30/\$55	\$250/day x 5	\$10	\$35/\$70	No							
Firstcare-High	\$30/\$55	\$250/day x 5	\$10	\$35/\$70	NO							
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	68.9	86	84.6	92.5	79.1	91.8	64.4
Humana Health Plan of Texas-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	68.9	86	84.6	92.5	79.1	91.8	64.4
Humana Health Plan of Texas-High	\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	57.8	84.7	85.7	92.6	87	89.6	65.9
Humana Health Plan of Texas-Std	\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	57.8	84.7	85.7	92.6	87	89.6	65.9
UnitedHealthcare Benefits of Texas-High	\$20/\$40	\$250/day x 5	\$10	\$35/\$60	Yes	66.7	81.7	85.5	93.4	80.9	89.3	56.9
Utah												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Altius Health Plans-High	\$20/\$30	\$200	\$7	\$25/\$50	Yes	60.8	86.5	89.6	94.7	82.1	88.3	60.7
Altius Health Plans-Std	\$20/\$35	None	\$7	\$35/\$60	Yes	60.8	86.5	89.6	94.7	82.1	88.3	60.7
SelectHealth-High	\$15/\$25	\$100	\$5/\$25/\$50	\$25,\$50/\$50	Yes	62.7	85.2	84.5	94.2	92.3	92.4	67
SelectHealth-Basic	\$20/\$30	\$100 after	\$5/\$25/\$50	\$25,\$50/\$50	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Vermont							
Aetna Value Plan-All of Vermont	877-459-6604	EP4	EP5	120.89	274.54	493.25	1120.14
Virgin Islands							
Triple-S Salud, Inc. -high- US Virgin Islands	800-981-3241	851	852	103.05	234.02	420.43	954.81
Virginia							
Aetna Value Plan-Most of Virginia	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
Aetna Open Access -high- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	436.06	982.17	866.54	1940.96
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	133.79	304.25	545.85	1241.36
Aetna Whole Health -Basic- Various counties in Southwest Virginia	877-459-6604	D91	D92	114.51	354.27	467.19	1300.50
CareFirst BlueChoice -high-Northern Virginia	888-789-9065	2G1	2G2	156.08	360.62	580.96	1306.98
CareFirst BlueChoice-std-Northern Virginia	888-789-9065	2G4	2G5	135.27	304.32	551.92	1241.63
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	152.81	381.76	577.63	1328.54
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	94.45	217.24	385.38	886.34
M.D. IPA -high- Northern Virginia	877-835-9861	JP1	JP2	166.96	417.79	592.06	1365.29
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	201.30	533.97	627.09	1483.79
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	97.99	231.87	399.81	946.04
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	128.80	294.93	525.49	1203.30

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Vermont												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Virgin Islands												
Triple-S Salud, Inc.-In-Network	\$7.50/\$10	None	\$5 or \$12	Greater of \$15 or 20%/ 25% up to \$100/\$175 max	Yes	75.7	86.1	84.2	96.7	77.7	78.3	56
Triple-S Salud, Inc.-Out-Network	\$7.50 & 10%+/ \$10 & 10%+	10%+	N/A	N/A	No	75.7	86.1	84.2	96.7	77.7	78.3	56
Virginia												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$15/\$30	\$150/day x3	\$5	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
Aetna Open Access-Basic	\$20/\$35	10% Plan Allow	\$10	\$35/\$65	Yes	64.9	84.7	85.2	94.3	89.1	85.7	62.1
Aetna Whole Health-In-Network	\$25/\$35	15%	\$5	\$35/\$60	Yes							
Aetna Whole Health-Out-Network	40%/40%	40%	40%	40%/40%	No							
CareFirst BlueChoice-High	\$25/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-High-In-Network	Nothing/\$35	\$200	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
CareFirst BlueChoice-High-Out-Network	\$70/\$70	\$500	Nothing	\$30/\$50	Yes	63.1	84.3	87.3	91.5	79.8	85.9	55.8
Kaiser Foundation HP Mid-Atlantic-High	\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
Kaiser Foundation HP Mid-Atlantic-Std	\$20/\$30	\$250/day x 3	\$12/\$22 Net	\$35/\$55/\$50/\$70	Yes	77.8	84.7	85.4	93.2	83.5	75.8	69.6
M.D. IPA-High	\$25/\$40	\$150/day x 3	\$7	\$30/\$60	Yes	57.4	83.5	88.1	92.3	86.1	87.2	67.9
Optima Health Plan-High	\$15/\$0 child<22/\$30	\$150max\$750	\$10	\$30/30%/50% up to \$3,000	Yes	70.9	89.5	89.1	95.6	89.9	93.8	73.6
Optima Health Plan-Std	\$20/\$30	None	\$10	\$30/30%/50% up to \$3,000	No	70.9	89.5	89.1	95.6	89.9	93.8	73.6
Piedmont Community HC-High	\$35/\$35	20%	\$15	\$40/\$55	Yes							

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

See page 23 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of Your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna Value Plan-Most of Washington	877-459-6604	G54	G55	122.12	277.32	498.25	1131.48
Aetna Open Access -high- Seattle & Spokane	877-459-6604	C31	C32	135.72	561.27	553.74	1511.64
Group Health Cooperative -high-Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	242.01	488.64	668.61	1437.56
Group Health Cooperative -std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	105.37	237.90	429.93	970.65
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	111.01	239.62	452.92	977.64
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	272.35	577.89	699.56	1528.59
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	212.40	492.91	638.41	1441.91
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	126.21	289.95	514.96	1183.00
Kaiser Foundation Health Plan of Northwest -Basic- Vancouver/Longview	800-813-2000	B51	B52	116.01	266.50	473.32	1087.34
West Virginia							
Aetna Value Plan-Most of West Virginia	877-459-6604	F54	F55	124.37	282.43	507.42	1152.31
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	250.98	580.97	677.76	1531.73
Wisconsin							
Aetna Whole Health-Basic-Various Counties in Southeastern WI	877-459-6604	F71	F72	100.00	275.55	408.01	1124.25
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	209.43	636.52	635.38	1588.40
Group Health Cooperative -high- South Central Wisconsin	800-650-4327	WJ1	WJ2	130.89	388.63	534.05	1335.55
HealthPartners High Option- Western Wisconsin	800-883-2177	V31	V32	317.83	761.30	745.95	1715.67
HealthPartners Standard Option- Western Wisconsin	800-883-2177	V34	V35	89.87	206.71	366.68	843.38
MercyCare HMO -high- South Central Wisconsin	800-895-2421	EY1	EY2	130.15	381.37	531.02	1328.14
Physicians Plus -high- Dane County	800-545-5015	LW1	LW2	127.21	376.95	519.02	1323.63
Wyoming							
Aetna Value Plan-All of Wyoming	877-459-6604	H44	H45	124.69	283.17	508.73	1155.32
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	210.84	452.87	636.82	1401.07
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	112.90	248.37	460.63	1013.35

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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						67.7	85	85.4	93.5	85.2	87.7	66.4
Washington												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Aetna Open Access-High	\$20/\$35	\$250/day x 4	\$10	\$35/\$65	Yes							
Group Health Cooperative-High	\$25/\$25	\$350/day x 3	\$20	\$40/\$60	Yes	70.9	82.8	86.2	92.1	85.5	91.5	71.3
Group Health Cooperative-Std	4/\$25- \$25+20%	\$500/day x 3	\$20	\$40/\$60	Yes	70.9	82.8	86.2	92.1	85.5	91.5	71.3
KPS Health Plans-In-Network	\$15/3 or 20%/20%	Nothing	\$10	\$35/50%/ \$40 max \$100	Yes	77.3	92.1	92.1	95.6	91.7	94.7	68.2
KPS Health Plans-Out-Network	\$15/3 +40%+diff/ 40%+diff	Nothing	Not Covered	Not Covered	No	77.3	92.1	92.1	95.6	91.7	94.7	68.2
KPS Health Plans-In-Network	\$30/\$30	None	\$5	\$25/50% or \$100	Yes	77.3	92.1	92.1	95.6	91.7	94.7	68.2
KPS Health Plans-Out-Network	\$30+40%+diff	None	Not covered	N/A	No	77.3	92.1	92.1	95.6	91.7	94.7	68.2
Kaiser Foundation HP of Northwest-High	\$20/\$30	\$200	\$15	\$40/\$60	Yes	71.8	80.4	81	91.6	83.5	78	65.8
Kaiser Foundation HP of Northwest-Std	\$25/\$35	\$500	\$20	\$40/\$60	Yes	71.8	80.4	81	91.6	83.5	78	65.8
Kaiser Foundation HP of Northwest-Basic	\$35/\$45	\$500	\$20	\$40/\$60	Yes							
West Virginia												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
The HP of the Upper Ohio Valley-High	\$10/\$20	\$250	\$15	\$30/\$50	Yes	75.4	91.6	86.3	93.3	90.7	94.7	75.5
Wisconsin												
Aetna Whole Health-In-Network	\$25/\$35	15%	\$5	\$35/\$60	Yes							
Aetna Whole Health-Out-Network	40%/40%	40%	40%	40%/40%	No							
Dean Health Plan-High	\$10/\$10	None	\$10	30%\$75max/50%	Yes	71.2	87.8	87.4	94	85.8	85.8	66
Group Health Cooperative-High	\$10/\$10	None	\$5	\$20/\$20	Yes	81.1	83.6	87.2	95.1	93.1	94.4	74.6
HealthPartners-High-Option	\$25/\$45	Nothing	\$12	\$45/\$90	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
HealthPartners-Std-Option	\$0 for 3, then 20%	20% in/40% out	\$9	\$40/\$70	Yes	60.3	85.7	88.2	97.8	90	89.2	68.9
MercyCare HMO-High	\$10/\$10	Nothing	\$10	\$20/\$50	Yes	76.7	89.6	85.1	94.5	89.9	86.6	70
Physicians Plus-High	\$10/\$10	Nothing	\$10	30%/50%	No	75.9	77.9	86.3	94.6	89.2	91.1	71.4
Wyoming												
Aetna Value Plan	\$25/\$40	20%	\$10	30%/50%	Yes							
Altius Health Plans-High	\$20/\$30	\$200	\$7	\$25/\$50	Yes	60.8	86.5	89.6	94.7	82.1	88.3	60.7
Altius Health Plans-Std	\$20/\$35	None	\$7	\$35/\$60	Yes	60.8	86.5	89.6	94.7	82.1	88.3	60.7

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 58 through 77)

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 covered in full. 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 \$1,250 for Self Only and \$2,500 for Self and Family coverage) and annual out-of-pocket limits (not to exceed \$6,250 for Self Only and \$12,500 for Self and 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 or IHS 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. HSAs are subject to a number of rules and limitations established by the Department of the Treasury.

Visit www.ustreas.gov/offices/public-affairs/hsa for more information. The 2013 maximum contribution limits are \$3,250 for Self Only coverage and \$6,450 for Self and Family coverage. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible.

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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 (HCFSAs).

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 tribal employment or switch health insurance plans.

Please note that the premium rates provided are the maximum amount you are expected to pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Please check with your tribal employer for exact rates.

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FEHB Plan Comparison Charts

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

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)
ELIGIBILITY	You must enroll in a High Deductible Health Plan (HDHP). No other general medical insurance coverage is permitted. You cannot be enrolled in Medicare Part A or Part B. You cannot be claimed as a dependent on someone else's tax returns.	You must enroll in a High Deductible Health Plan (HDHP).
FUNDING	The plan deposits a monthly "premium pass through" into your account.	The plan deposits the credit amount directly into your account.
CONTRIBUTIONS	The maximum allowed is a combination of the health plan "premium pass through" and the member contribution up to the maximum contribution amount set by the IRS each year.	Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA.
DISTRIBUTIONS	May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents (even if they are not covered by the HDHP), or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses.	May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, or to pay the plan's deductible. See IRS Publication 502 for a complete list of eligible expenses.
PORTABLE	Yes, you can take this account with you when you change plans, separate from service, or retire.	If you retire and remain in your HDHP you may continue to use and accumulate credits in your HRA. If you terminate employment or change health plans, only eligible expenses incurred while covered under that HDHP will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited.
ANNUAL ROLLOVER	Yes, funds accumulate without a maximum cap.	Yes, credits accumulate without a maximum cap.

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

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FEHB Plan Comparison Charts

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

The tables on the following pages highlight selected features that may help you narrow your choice of health plans. The tables do not show all of your possible out-of-pocket costs. All benefits are subject to the definitions, limitations, and exclusions set forth in each plan's Federal brochure which is the official statement of benefits available under the plan's contract with the Office of Personnel Management. Always consult plan brochures before making your final decision.

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.

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FEHB Plan Comparison Charts

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

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

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

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

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

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

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

Your Maximum Monthly Premium is the maximum amount you will pay for your premium. Your tribal employer may choose to pay a higher portion of your premium. Check with your tribal employer for exact rates.

Temporary Continuation of Coverage (TCC) allows former tribal employees and formerly eligible family members to continue their FEHB coverage for a limited period. Under TCC, you pay the total monthly premium (enrollee's share plus the tribal employer's share) plus a 2% administrative charge which equals **102% of Your Total Monthly Premium**.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP - Nationwide	800-718-1299	474	475	94.58	212.77	385.89	868.11
GEHA High Deductible Health Plan -HDHP - Nationwide	800-821-6136	341	342	104.96	239.74	428.24	978.13
MHBP Consumer Option -HDHP- Nationwide	800-694-9901	481	482	134.40	304.55	548.37	1242.55

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

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	\$1200/\$2400	\$600/\$1,200	\$3,000/\$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health Plan-	Out-Network	\$1200/\$2400	\$600/\$1,200	\$9,000/\$9,000	40%+diff.	None	40%+diff.	Nothing up to \$1200	Not Covered/NA/NA
GEHA HDHP-	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA HDHP-	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	25%	25%	25%	Ded/25%	25%+/25%+/25%+
MHBP Consumer Option-	In-Network	\$70/\$141	\$2,000/\$4,000	\$5,000/\$10,000	\$15	\$75 day-\$750	Nothing	Nothing	\$10/\$25/\$40
MHBP Consumer Option-	Out-Network	\$70/\$141	\$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 Name	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		63.3	86	88.8	94.1	83.1	88	60.4
Aetna Health Fund - Nationwide	22	68.1	88.2	86.9	93.9	82.7	85.7	60
GEHA High Deductible Health Plan - Nationwide	34	64.7	84.2	88.8	93.6	82.9	90.2	59.4
MHBP Consumer Option - Nationwide	48	57.1	85.5	90.7	94.8	83.6	88.2	61.8

Consumer-Driven Health Plans

Plan Name	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		56.4	85.1	86	93.5	82.7	85.7	60.6
Aetna Health Fund - Nationwide	22	68.1	88.2	86.9	93.9	82.7	85.7	60
APWU Health Plan - Nationwide	47	64.6	88.5	89.3	91.3	77.7	82.9	66.9
Humana Coverage First -TX	TP, TU, TV	64.5	83.7	84.3	93.5	81.8	84	55.7
Humana Coverage First - KS, MO	PH	44.1	81.6	88.8	95.9	88.4	90.6	63.6

The tables on the following pages highlight selected features that may help you narrow your choice of health plans. The tables do not show all of your possible out-of-pocket costs. All benefits are subject to the definitions, limitations, and exclusions set forth in each plan's Federal brochure which is the official statement of benefits available under the plan's contract with the Office of Personnel Management. Always consult plan brochures before making your final decision.

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Aetna HealthFund -CDHP- AK, CA, HI, IN, OH, OK, SC, TX, & WI	877-459-6604	221	222	185.23	438.90
Aetna HealthFund -HDHP- All 50 States and DC	877-459-6604	224	225	103.76	227.22	423.33	927.05

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your 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	F51	F52	158.71	378.69	583.64	1325.41
Arizona							
Aetna Healthfund CDHP-All of Arizona	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Arkansas							
Aetna Healthfund CDHP-Most of Arkansas	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
Colorado							
Aetna Healthfund CDHP-All of Colorado	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Connecticut							
Aetna Healthfund CDHP-All of Connecticut	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25

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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
Aetna HealthFund-	In-Network	\$83.33/166.66	\$1,000/\$2,000	\$5,000/\$10,000	20%	20%	20%	Nothing	\$10/30%/\$50
Aetna HealthFund-	Out-Network	\$83.33/166.66	\$1,000/\$2,000	\$6,000/\$12,000	40%	40%	40%	Fund/Ded/40%	40%/+ /30%/+ /50%/+
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%/+ /30%/+ /30%/+

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 CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%/+
Arizona									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%/+
Arkansas									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%/+
Colorado									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%/+
Connecticut									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%/+

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Delaware							
Aetna Healthfund CDHP-All of Delaware	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
District of Columbia							
Aetna Healthfund CDHP-All of Washington D.C.	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
CareFirst BlueChoice-HDHP-Washington D.C. Metro Area	888-789-9065	B61	B62	127.44	284.25	519.95	1159.76
Florida							
Aetna Healthfund CDHP-Most of Florida	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
Coventry Health Care of Florida -HDHP-Southern Florida	800-441-5501	J41	J42	129.79	367.55	529.56	1314.05
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	129.31	287.72	527.60	1173.91
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	110.84	246.62	452.24	1006.21
Georgia							
Aetna Healthfund CDHP-All of Georgia	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	117.00	260.31	477.36	1062.09
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	123.15	274.02	502.46	1118.02
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	74.90	196.74	305.58	802.72
Idaho							
Aetna Healthfund CDHP-Most of Idaho	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	87.04	180.33	355.14	735.76

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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
Delaware									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
District of Columbia									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
CareFirst BlueChoice-In- Network		\$37.50/\$75.00	\$1,500/\$3,000	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	0/\$25/\$45
CareFirst BlueChoice-Out of Network		\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Ded, then Nothing	0/\$25/\$45
Florida									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
Coventry Health Care of Florida		\$83.34/\$166.67	\$2,500/\$5,000	\$5,000/\$10,000	\$10	Ded+20%	Ded+20%	Nothing	\$5/\$35/\$50/20%
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+
Georgia									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
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+
Guam									
TakeCare- In-Network		\$71.50/\$186.33	\$3,000/\$6,000	\$5,000/\$10,000	20% after Ded	20% after Ded	20% after Ded	Nothing	\$20/\$40/\$150
TakeCare- Out-Network		\$71.50/\$186.33	\$3,000/\$6,000	\$10,000/\$20,000	30% after Ded	30% after Ded	30% after Ded	1st \$300/ded	30% after Ded/30% after Ded /30% after Ded
Idaho									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$80
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
Altius Health Plans		\$45.83/\$91.66	\$1,250/\$2,500	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna Healthfund CDHP-Most of Illinois	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Humana CoverageFirst -CDHP- Central Illinois	888-393-6765	GB1	GB2	129.31	287.72	527.60	1173.89
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	123.15	274.02	502.46	1118.02
Indiana							
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	123.15	274.02	502.46	1118.02
Iowa							
Aetna Healthfund CDHP-All of Iowa	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	89.68	214.02	365.88	873.21
Kansas							
Aetna Healthfund CDHP-Most of Kansas	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	106.04	249.19	432.65	1016.72
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	110.84	246.62	452.24	1006.21
Kentucky							
Aetna Healthfund CDHP-Most of Kentucky	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	111.02	247.03	452.96	1007.87
Louisiana							
Aetna Healthfund CDHP-Most of Louisiana	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Illinois									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%+
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+
Indiana									
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 CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%+
Coventry Health Care of Iowa		\$66.67/\$133.34	\$2,100/\$4,200	\$5,000/\$10,000	\$20	15%	15%	Nothing	\$3/\$10/\$40/\$65
Kansas									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$83.33/\$166.66	\$2,500/\$5,000	\$3,500/\$7,000	20%	20%	20%	Nothing	20%/20%/20%
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 CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%+
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+
Louisiana									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/40%+

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Maine					
Aetna Healthfund CDHP-All of Maine	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
Maryland							
Aetna Healthfund CDHP-All of Maryland	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
CareFirst BlueChoice-HDHP-All of Maryland	888-789-9065	B61	B62	127.44	284.25	519.95	1159.76
Coventry Health Care -HDHP- All of Maryland	800-833-7423	GZ1	GZ2	118.94	269.20	485.30	1098.33
Massachusetts							
Aetna Healthfund CDHP-Most of Massachusetts	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
Michigan							
Aetna Healthfund CDHP-All of Michigan	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Minnesota							
Aetna Healthfund CDHP-Most of Minnesota	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Mississippi							
Aetna Healthfund CDHP-Most of Mississippi	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Missouri							
Aetna Healthfund CDHP-Most of Missouri	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	106.04	249.19	432.65	1016.72
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	110.84	246.62	452.24	1006.21

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Maine									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Maryland									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
CareFirst BlueChoice-In-Network		\$37.50/\$75.00	\$1,500/\$3,000	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	0/\$25/\$45
CareFirst BlueChoice-Out-Network		\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Ded, then Nothing	0/\$25/\$45
Coventry Health Care HDHP-In-Network		\$41.67/\$83.34	\$2,000/\$4,000	\$4,000/\$8,000	\$15	Nothing	Nothing	Nothing	#3/\$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 CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Michigan									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Minnesota									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Mississippi									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Missouri									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+ /40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$83.33/\$166.66	\$2,500/\$5,000	\$3,500/\$7,000	20%	20%	20%	Nothing	20%/20%/20%
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 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Montana							
Aetna Healthfund CDHP-South/Southeast/Western MT	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Nebraska							
Aetna Healthfund CDHP-All of Nebraska	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Nevada							
Aetna Healthfund CDHP-Las Vegas Area	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
New Hampshire							
Aetna Healthfund CDHP-All of New Hampshire	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
New Jersey							
Aetna Healthfund CDHP-All of New Jersey	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
New Mexico							
Aetna Healthfund CDHP-Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
New York							
Aetna Healthfund CDHP-Most of New York	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	99.12	258.13	404.41	1053.18
North Carolina							
Aetna Healthfund CDHP-All of North Carolina	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Montana									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
Nebraska									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
Nevada									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
New Hampshire									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
New Jersey									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
New Mexico									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
New York									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+
Independent Health Assoc.-In-Network		\$66.42/\$166.67	\$2000/\$4000	\$5000/\$10000	\$15	Nothing	20%	Nothing	\$7/\$25/\$40
Independent Health Assoc.-Out-Network		\$66.42/\$166.67	\$2000/\$4000	\$5000/\$10000	40%	40%	40%	Nothing	N/A
North Carolina									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+/40%+

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Dakota							
Aetna Healthfund CDHP-Most of North Dakota	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Ohio							
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	82.25	164.80	335.57	672.39
Oregon							
Aetna Healthfund CDHP-Most of Oregon	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Pennsylvania							
Aetna Healthfund CDHP-All of Pennsylvania	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
HealthAmerica Pennsylvania-HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	119.14	274.30	486.11	1119.16
UPMC Health Plan -HDHP- Western Pennsylvania	877-648-9461	8W4	8W5	123.93	278.97	505.64	1138.20
Rhode Island							
Aetna Healthfund CDHP-All of Rhode Island	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
South Dakota							
Aetna Healthfund CDHP-Rapid City/Sioux Falls Area	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Tennessee							
Aetna Healthfund CDHP-Most of Tennessee	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41

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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 Dakota									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+
Ohio									
AultCare HMO-In-Network		\$79.08/\$158.41	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO-Out-Network		\$79.08/\$158.41	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	20% Plan Allow
Oregon									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+
Pennsylvania									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+
HealthAmerica Pennsylvania-HDHP		\$52.09/\$104.17	\$1,500/\$3,000	\$4,000/\$8,000	\$15	None	Nothing	Nothing	\$5/\$35/\$50
UPMC Health Plan-In-Network		\$83.33/\$166.67	\$2,000/\$4,000	\$3,000/\$6,000	10% after Deduct 30% after Deduct	10% after Deduct	100% after ded	Nothing	\$5/\$35/\$70
UPMC Health Plan-Out-Network		\$83.33/\$166.67	\$2,000/\$4,000	\$6,000/\$12,000	30% after ded	30% after ded	30% after ded	30%	N/A
Rhode Island									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+
South Dakota									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+
Tennessee									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%/+40%+

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Texas							
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	122.24	271.97	498.73	1109.64
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	123.15	274.02	502.46	1118.02
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	129.31	287.72	527.60	1173.89
Utah							
Aetna Healthfund CDHP-Most of Utah	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	87.04	180.33	355.14	735.76
Vermont							
Aetna Healthfund CDHP-All of Vermont	877-459-6604	EP1	EP2	184.12	436.38	609.56	1384.25
Virginia							
Aetna Healthfund CDHP-Most of Virginia	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
CareFirst BlueChoice-HDHP-Northern Virginia	888-789-9065	B61	B62	127.44	284.25	519.95	1159.76
Washington							
Aetna Healthfund CDHP-Most of Washington	877-459-6604	G51	G52	167.35	398.34	592.46	1345.45
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	100.22	218.99	408.90	893.50

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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									
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 CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
Altius Health Plans		\$45.83/\$91.66	\$1,250/\$2,500	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Vermont									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
Virginia									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
CareFirst BlueChoice-In-Network		\$37.50/\$75.00	\$1,500/\$3,000	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	0/\$25/\$45
CareFirst BlueChoice-Out-Network		\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Ded, then Nothing	0/\$25/\$45
Washington									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
KPS Health Plans-In-Network		\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	20%	None	20%	Nothing	\$10/\$35/50%/\$40 max \$100
KPS Health Plans-Out-Network		\$62.50/\$125	\$1,500/\$3,000	\$5,000/\$10,000	40%	None	40%	Not Covered	Not Covered

High Deductible and Consumer-Driven Health Plans

See pages 58-59 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
West Virginia							
Aetna Healthfund CDHP-Most of West Virginia	877-459-6604	F51	F52	158.71	378.69	583.64	1325.41
Wyoming							
Aetna Healthfund CDHP-All of Wyoming	877-459-6604	H41	H42	157.86	376.78	582.78	1323.46
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	87.04	180.33	355.14	735.76

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
West Virginia									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
Wyoming									
Aetna Healthfund CDHP-In-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna Healthfund CDHP-Out-Network		\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%/40%+/40%+
Altius Health Plans		\$45.83/\$91.66	\$1,250/\$2,500	\$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 January 31, 2012. You should contact your State for further information –

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>

Phone: 1-855-692-5447

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>

Phone (Outside of Maricopa County): 1-877-764-5437

Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/>

Medicaid Phone (In state): 1-800-866-3513

Medicaid Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>

Click on Programs, then Medicaid

Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accessohealthinsurance.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>

Phone: 1-800-889-9948

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/OIAS/public-assistance/index.html>

Phone: 1-800-572-3839

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>

Click on Health Care, then Medical Assistance

Phone: 1-800-657-3629

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: http://dhhs.ne.gov/medicaid/Pages/med_kidsconx.aspx

Phone: 1-877-255-3092

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/ombp/index.htm

Phone: 603-271-5218

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

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 YORK – Medicaid

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

NORTH CAROLINA – Medicaid and CHIP

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

NORTH DAKOTA – Medicaid

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

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid and CHIP

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

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.ohhs.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

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

SOUTH DAKOTA – Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

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

UTAH – Medicaid and CHIP

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

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 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: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://health.wyo.gov/healthcarefin/equalitycare>
Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2012, 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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