The **2012**

FEHB Guide

For Tribal Employees

Visit us at: www.opm.gov/tribalprograms

Healthcare and Insurance

RI 70-16
December 2011

Table of Contents

Page:

This page intentionally left blank

Introduction to FEHB and the Initial Enrollment Opportunity

The purpose of this guide is to provide you basic information about the benefits offered to you as the employee of an entitled tribe, tribal organization, or urban Indian organization that has chosen to participate in the Federal Employees Health Benefits (FEHB) Program. This Guide will assist you during the initial enrollment opportunity with the process of selecting and enrolling in a plan that meets your health care needs.

Things to consider:

1. See page 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 2012 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 employing office 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 employees of entitled tribes, tribal organizations, and urban Indian organizations. It also covers eligible family members of such employees. If you leave tribal employment, the FEHB Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

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

Key FEHB facts

- You can choose from Fee-for-Service plans with comprehensive coverage and higher premiums, Health Maintenance Organizations or Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums.
- There are no waiting periods and no pre-existing condition limitations.
- 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 will not need to re-enroll. Please note that your premiums and benefits may change. The FEHB Program is part of the annual Federal Benefits Open Season.
- If your employing office participates in Premium Conversion, FEHB enrollment changes can only be made during Open Season or if you experience a qualifying life event. Premium Conversion allows employees to use pre-tax dollars to pay their FEHB premiums. Check with your employing office to see if your employer participates in Premium Conversion.

What enrollment types are available?

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

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their employing office. If you are employed by a tribe, tribal organization, or urban Indian organization that participates in the FEHB Program and your employing office has not provided you information about FEHB enrollment, you should contact them for information.

Which family members are eligible?

Family Members covered under your Self and Family FEHB enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural (born out of wedlock) children and stepchildren.

Foster children are included if they meet certain requirements. A child age 26 or over that is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

In determining whether the child is a covered family member, your employing office will look at the child's relationship to you as an enrollee.

How much does it cost?

The premiums for your FEHB enrollment are shared by you and your employing office. Your employing office 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 an employee of a tribe, tribal organization, or urban Indian organization that participates in Premium Conversion and you have chosen to participate, you automatically pay your share of the 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 employing office may choose to pay a higher portion of your premium. Check with your employing office 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?

If you are employed at a tribe, tribal organization, or urban Indian organization that has recently elected to purchase health insurance through the FEHB Program, you now have an opportunity to enroll in coverage. Your employing office 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 enroll 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. If you do not participate in premium conversion, you may change your enrollment type or cancel coverage at any time. If you participate in premium conversion, you may enroll, change your enrollment type, or change plans outside of Open Season only if you experience a qualifying life event such as a change in family or other insurance coverage status. Appendix C contains more specific information about qualifying life events that permit employees to enroll or change enrollment in the FEHB Program.

How do I enroll?

You may be able to enroll using the Health Benefits Election Form (SF 2809). Contact your employing office for details.

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

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

What are examples of HIT at work?

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

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

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

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

The health plans listed on our HIT website at www.opm.gov/insure/health/reference/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 a 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 employing office pays, at a minimum, 72 percent of the average premium of all plans toward the total cost of your premium. Please check with your employing office for exact rates.

Salary deduction. You pay your share of the premium through a payroll deduction. If you are employed at a tribe, tribal organization, or urban Indian organization which participates in Premium Conversion, you have the choice to have your premiums deducted before tax.

Annual enrollment opportunities. Each year you can enroll or change your health plan enrollment during Open Season. Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year; see your employing office for details.

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

* for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your employing office).

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

* for you and your family if you leave your job,
* for your covered child if he or she turns age 26, or
* for your former spouse.

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?

This chart compares the different types of plans from which you can choose to enroll.

	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 Plans	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers.
High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)	Some plans are network only, others pay something even if you do not use a network provider.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement.

Appendix B
Choosing an FEHB Plan

What should you consider when choosing a plan?

Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to www.opm.gov/fehbcompare. 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 www.opm.gov/insure/health/planinfo/quality/hedis.aspx.

   * Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation level or go to http://reportcard.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, clinics, health centers, hospitals, and medical practices other than those with whom the plan has an agreement at additional cost. Members who receive services outside the network may pay all charges.

Premium Conversion - A program to allow employees of entitled tribes, tribal organizations, or urban Indian organizations to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. If a tribal employer offers its tribal employees an opportunity to participate in premium conversion through its premium conversion plan in compliance with Internal Revenue Service rules, then tribal employees can choose to have their FEHB premiums deducted before or after taxes through their tribal employer's plan.

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

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

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

Appendix C
Qualifying Life Events (QLEs)

Premium conversion allows employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. In order for employees of a tribe, tribal organization, or urban Indian organization to participate in Premium Conversion, their employing office must have a Premium Conversion plan. Ask your human resources office for details. If your employing office permits Premium Conversion, you may chose not to participate.

Premium Conversion plans are governed by the Internal Revenue Code and IRS rules govern when a participant may change his or her enrollment outside of the annual Open Season. When an employee experiences a qualifying life event, changes to the employee's FEHB enrollment may be permitted. Individuals who don't participate in Premium Conversion may cancel their enrollment or change to Self Only at any time.

Below is a brief list of more common QLEs. Be aware that time limits apply for requesting changes. A complete listing of QLEs can be found at www.opm.gov/forms/pdf_fill/sf2809.pdf. For more details about these and other QLEs, contact your human resources office.

	From Not Enrolled to Enrolled	From Self Only to Self and Family	From One Plan or Option to Another	Cancel or Change to Self Only
Change in family status that results in increase or decrease in number of eligible family members.	Yes	Yes	Yes	Yes[1]
Any change in employee's employment status that could result in entitlement to coverage.	Yes	Not Applicable	Not Applicable	Not Applicable
Employee restored to employment position after serving in uniformed services	Yes	Yes	Yes	Yes
Employee (or covered family member) enrolled in an FEHB health maintenance organization (HMO) moves or becomes employed outside the geographic area from which the FEHB carrier accepts enrollment or, if already outside the area, moves further from this area.	Not Applicable	Yes	Yes	Not Applicable
Employee or eligible family member loses coverage under FEHB or another group insurance plan.	Yes	Yes	Yes	Yes
Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan.	No	No	No	Yes[2]

[1] *Employees may change to Self Only outside of Open Season only if the QLE caused the enrollee to be the last eligible family member under the FEHB enrollment. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.*

[2] *Employees may change to Self Only outside of Open Season only if the QLE caused all eligible family members to acquire other health insurance coverage. Employees may cancel enrollment outside of Open Season only if the QLE caused the enrollee and all eligible family members to acquire other health insurance coverage.*

Appendix D
FEHB Member Survey Results

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

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

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

- Overall Plan Satisfaction – This measure is based on the question, "Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?" We report the percentage of respondents who rated their plan 8 or higher.

- Getting Needed Care – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?

- Getting Care Quickly – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you thought you needed?

- How Well Doctors Communicate – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?

- Customer Service – How often did the written materials or the Internet provide the information you needed about how your health plan works? How often did your health plan's customer service give you the information or help you needed? How often were the forms from your health plan easy to fill out?

- Claims Processing – How often did your health plan handle your claims quickly and correctly?

- 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).*

This page intentionally left blank

Appendix E
FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans
(Pages 16 through 19)

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 ser- vices from independent practitioners within the hospital are frequently not covered by the hospital's PPO agreement. If you receive treatment from medical providers who are not contracted with the health plan, you either pay them directly and submit a claim for reimbursement to the health plan or the health plan pays the provider directly according to plan coverage, and you pay a deductible, coinsurance or the balance of the billed charge. In any case, you pay a greater amount in out-of-pocket costs.

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 35.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 60.

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

Nationwide Fee-for-Service

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. **Please note that the provided premium rates are the maximum amount you will be expected to pay for your premium. Check with your employing office for exact rates.**

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	127.62	288.56
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	185.42	430.04
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	121.88	285.42
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	185.03	438.38
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	92.72	210.86
MHBP -std	800-410-7778	454	455	208.74	501.00
MHBP -Value Plan	800-410-7778	414	415	85.77	204.49
NALC -high	888-636-6252	321	322	161.78	327.60
SAMBA -high	800-638-6589	441	442	259.22	660.49
SAMBA -std	800-638-6589	444	445	131.71	305.50
Plan Name: Open Only to Specific Groups					
Compass Rose Health Plan (CRHP) -high	800-769-6953	421	422	132.72	322.75
Foreign Service Benefit Plan (FSBP) -high	202-833-4910	401	402	123.49	307.34
Panama Canal Area Benefit Plan (PCABP) -high*	800-424-8196	431	432	105.38	219.96
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	183.19	299.05

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
		FFS National Average								
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% MCare B)	30%/30%	Yes
	Non-PPO	$350	None	$350	35%	35%	35%	45% +	45%+/45%+	Yes
BCBS -basic	PPO	None	None	$150/day x 5	$25	$150	Nothing	$10	$50/$150	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	$10	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/Not Covered	Yes
NALC -high	PPO	$300	None	$200	$20	15%	Nothing	20%	30%/30%	Yes
	Non-PPO	$300	None	$350	30%	30%	30%	45% 45%+	45%+/45%+	Yes
SAMBA -high	PPO	$300	None	$200	$20	10%	Nothing	$10	15%($55 max)/30%($90 max)	Yes
	Non-PPO	$300	None	$300	30%	30%	30%	$10	15%($55 max)/30%($90 max)	Yes
SAMBA -std	PPO	$350	None	$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
CRHP	PPO	$300	None	$150	$10	Nothing	Nothing	$5	$30/30% or $45	Yes
	Non-PPO	$350	None	$350	30%	30%	30%	$5	$30/30% or $45	Yes
FSBP	PPO	$300	None	Nothing	10%	10%	Nothing	$10	25%/$50 min/NA	Yes
	Non-PPO	$300	None	$200	30%	30%	20%	$10	25%/$50 min/NA	Yes
PCABP	POS	None	None	$100	50%	50%	50%	20%	20%/20%	No
	FFS	None	None	$25	5%	Nothing	Nothing	20%	20%/20%	No
Rural	PPO	$350	$200	$100	$20	10%	Nothing	30%	30%/30%	Yes
	Non-PPO	$400	$200	$300	25%	25%	20%	30%	30%/30%	Yes

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

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
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
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
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?
Claims	• How often did your health plan handle your claims quickly and
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?

Costs

Member Survey Results

Plan Name: Open to All	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		**77.4**	**91.6**	**91**	**94.8**	**89.7**	**92.9**	**72.5**
APWU Health Plan -high	47 47	78	89.8	92.1	93.8	83.7	89.8	73.7
Blue Cross and Blue Shield Service Benefit Plan -std	10 10	78.8	92.4	88.4	94.4	88.8	94.5	71.9
Blue Cross and Blue Shield Service Benefit Plan -basic	11	71.7	90.7	87.6	93.9	88.5	93.2	72.5
GEHA Benefit Plan -high	31 31	85.5	92.8	91.1	94.3	92.8	96.6	74
GEHA Benefit Plan -std	31 31	77.3	89.4	88	93.4	90.1	93.9	73
MHBP -std	45 45	70.6	91.6	91.7	94.3	89.8	92.7	71.3
MHBP -Value Plan	41 41	56.4	87.9	87.7	95.5	85.7	84.9	63.8
NALC -high	32 32	81.1	93.4	91.4	95.1	92.3	95.1	76.6
SAMBA -high	44 44	89.3	94.6	93.7	96.8	90.1	97.3	79.1
SAMBA -std	44 44	74.5	92.3	93.3	95.2	90.3	92.5	74
Plan Name: Open Only to Specific Groups								
FFS National Average		**77.4**	**91.6**	**91**	**94.8**	**89.7**	**92.9**	**72.5**
Compass Rose Health Plan	42 42							
Foreign Service Benefit Plan	40 40	78.8	90	92.8	95.1	90.2	88.3	69.8
Panama Canal Area Benefit Plan	43 43							
Rural Carrier Benefit Plan	38 38	84.5	94.5	94.4	96	93.4	96.4	77

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		**77.4**	**91.6**	**91**	**94.8**	**89.7**	**92.9**	**72.5**
Blue Cross and Blue Shield Service - Standard	Arizona	10	81.9	93	89.8	94.7	91.4	96.2	74.3
Benefit Plan - Basic		11	75.2	89.5	89.5	92.9	88.3	93.9	64.2
Blue Cross and Blue Shield Service - Standard	California	10	77.1	93	94	94.7	89.9	95.5	67.3
Benefit Plan - Basic		11	65.6	88.5	81.8	92.7	87.1	89.4	65.9
Blue Cross and Blue Shield Service - Standard	District of Columbia	10	79.4	91.4	89.7	93.1	88.3	91.2	70.8
Benefit Plan - Basic		11	64.6	84.3	83.8	90.2	86.2	93.3	62.6
Blue Cross and Blue Shield Service - Standard	Florida	10	86.4	93.6	94.3	93.4	88.8	95.7	76.3
Benefit Plan - Basic		11	76.4	92.2	89.5	92	88.3	93.5	67.1
Blue Cross and Blue Shield Service - Standard	Illinois	10	82.9	92.8	90.4	94.5	92.8	96.3	70
Benefit Plan - Basic		11	75.9	91.3	89	94	82.3	93.3	67.2
Blue Cross and Blue Shield Service - Standard	Maryland	10	83.2	94.1	91.4	94.1	86.4	93.7	74.3
Benefit Plan - Basic		11	71.3	88.3	91.1	92.8	87.8	92.4	66.7
Blue Cross and Blue Shield Service - Standard	Texas	10	83.5	93.3	90.8	94	89	95.9	72.6
Benefit Plan - Basic		11	80.3	92.1	87.2	92.4	91	96.9	68.6
Blue Cross and Blue Shield Service - Standard	Virginia	10	86.3	94.3	92.8	95.6	90.6	96.5	74.5
Benefit Plan - Basic		11	75.8	90.3	91.9	93.5	87.7	95.5	67.9

This page intentionally left blank

Appendix E
FEHB Plan Comparison Charts
Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 22 through 45)

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 as well as the maximum you are expected to pay for premiums. *Always consult plan brochures before making your final decision and check with your employing office for exact premium rates.*

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.

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

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Arizona					
Aetna Open Access -high- Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	232.37	637.35
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	151.19	503.81
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	123.70	354.83
Arkansas					
QualChoice - high - All of Arkansas	800-235-7111	DH1	DH2	168.57	439.46
QualChoice - std - All of Arkansas	800-235-7111	DH4	DH5	111.34	260.73
California					
Aetna Open Access -high- Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	123.07	314.86
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	134.14	314.88
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	527.15	1251.57
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	484.47	1152.88
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	192.77	478.44
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	156.61	394.87
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	259.44	682.20
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	151.95	399.53
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	126.08	291.39
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	80.76	186.65
UnitedHealthcare of California formerly Pacificare of CA -high- Most of California	866-546-0510	CY1	CY2	128.10	292.85
Colorado					
Kaiser Foundation Health Plan of Colorado -high- Denver/Boulder/Southern Colorado areas	800-632-9700	651	652	173.98	405.06
Kaiser Foundation Health Plan of Colorado -std- Denver/Boulder/Southern Colorado	800-632-9700	654	655	81.85	184.98
Delaware					
Aetna Open Access -high- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	623.87	1578.61
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	339.95	816.55

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Arizona												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	58.3	84.2	86.4	88.3	85.8	88.4	63.6
Health Net of Arizona, Inc.-High	$15/$30	$200/day x 3	$10	$30/$50	Yes	70.2	87.8	86.8	92.1	86.3	94.6	67.5
Health Net of Arizona, Inc.-Std	$15/$40	$250/day x 3	$10	$40/$70	Yes	70.2	87.8	86.8	92.1	86.3	94.6	67.5
Arkansas												
QualChoice- In-Network	$20/$30	$100max$500	$0	$40/$60	Yes	61	84.5	87.3	93.5	87.7	88.7	65.2
QualChoice- Out-Network	40%/40%	40%	N/A	N/A / N/A	N/A	61	84.5	87.3	93.5	87.7	88.7	65.2
QualChoice- In-Network	$20/$40	$200max$1,000	$5	$40/$60	Yes	61	84.5	87.3	93.5	87.7	88.7	65.2
California												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	61.2	80.8	82.2	92.2	81.3	88.2	60.8
Blue Shield of CA Access+HMO-High	$20/$30	$150/day x 3	$10	$35/$50	Yes	70.9	87.4	87.6	93.8	82.4	87.8	66.5
Health Net of California-High	$15/$30	$100/day x 5	$10	$35/$60	Yes	66.2	83.3	81.9	90	79.4	88.5	59.1
Health Net of California-Std	$30/$50	$500	$15	$35/$60	Yes	66.2	83.3	81.9	90	79.4	88.5	59.1
Health Net of California-High	$15/$30	$100/day x 5	$10	$35/$60	Yes	66.2	83.3	81.9	90	79.4	88.5	59.1
Health Net of California-Std	$30/$50	$500	$15	$35/$60	Yes	66.2	83.3	81.9	90	79.4	88.5	59.1
Kaiser Foundation HP of California -High	$15/$25	$250	$10	$30/$30	Yes	76.4	84.6	83	91	82.6	75.4	59.7
Kaiser Foundation HP of California -Std	$30/$40	$500	$15	$35/$35	Yes	76.4	84.6	83	91	82.6	75.4	59.7
Kaiser Foundation HP of California -High	$10/$20	$250	$10	$30/$30	Yes	81.8	84.5	80.7	93.4	85.3	76.3	68.1
Kaiser Foundation HP of California -Std	$20/$40	$500	$15	$35/$35	Yes	81.8	84.5	80.7	93.4	85.3	76.3	68.1
United Healthcare of California -High	$20/$35	$150/day x 4	$10	$35/$60	Yes	69.2	78.7	82.4	93.5	76.1	88	58.8
Colorado												
Kaiser Foundation HP of Colorado -High	$20/$40	$250	$10	$35/$60	Yes	71.6	83.3	86.2	91.8	77	87.6	68.4
Kaiser Foundation HP of Colorado -Std	$25/$45	$250/day x 3	$15	$40/$80	Yes	71.6	83.3	86.2	91.8	77	87.6	68.4
Delaware												
Aetna Open Access-High	$20/$35	$150/day x 5	$10	$35/$65	Yes	61.6	88.4	88	94.3	85.7	93.2	63.1
Aetna Open Access-Basic	$15/$35	20% Plan Allow	$5	$35/$65	Yes	61.6	88.4	88	94.3	85.7	93.2	63.1

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
District of Columbia					
Aetna Open Access -high- Washington, DC Area	877-459-6604	JN1	JN2	337.96	760.72
Aetna Open Access -basic- Washington, DC Area	877-459-6604	JN4	JN5	124.46	291.28
CareFirst BlueChoice -high- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	139.99	322.55
CareFirst BlueChoice Healthy Blue Option -std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	128.83	289.82
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area	877-574-3337	E31	E32	148.00	368.35
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area	877-574-3337	E34	E35	89.69	206.29
M.D. IPA -high- Washington, DC area	877-835-9861	JP1	JP2	165.79	412.60
Florida					
Av-Med Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	182.74	506.80
Av-Med Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	122.65	294.38
Capital Health Plan-high- Tallahassee area	850-383-3311	EA1	EA2	102.27	271.01
Coventry Health Care of Florida -high- Southern Florida	800-441-5501	5E1	5E2	121.85	362.27
Coventry Health Care of Florida -std- Southern Florida	800-441-5501	5E4	5E5	110.28	284.94
Humana Medical Plan, Inc. -high- South Florida	888-393-6765	EE1	EE2	164.90	378.82
Humana Medical Plan, Inc. -std- South Florida	888-393-6765	EE4	EE5	120.83	271.87
Humana Medical Plan, Inc. -high- Tampa	888-393-6765	LL1	LL2	340.27	773.41
Humana Medical Plan, Inc. -std- Tampa	888-393-6765	LL4	LL5	134.57	310.59
Georgia					
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	282.32	673.49
Humana Employers Health of Georgia, Inc. -high- Columbus	888-393-6765	CB1	CB2	134.59	310.61
Humana Employers Health of Georgia, Inc. -std- Columbus	888-393-6765	CB4	CB5	127.55	286.98
Humana Employers Health of Georgia, Inc. -high- Atlanta	888-393-6765	DG1	DG2	129.15	290.58
Humana Employers Health of Georgia, Inc. -std- Atlanta	888-393-6765	DG4	DG5	124.19	279.42
Humana Employers Health of Georgia, Inc. -high- Macon	888-393-6765	DN1	DN2	134.59	310.61
Humana Employers Health of Georgia, Inc. -std- Macon	888-393-6765	DN4	DN5	127.55	268.98
Kaiser Foundation Health Plan of Georgia -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	169.38	388.35
Kaiser Foundation Health Plan of Georgia -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	97.46	222.70

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
District of Columbia												
Aetna Open Access-High	$15/$30	$150/day x3	$5	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
Aetna Open Access-Basic	$20/$35	10% Plan Allow	$10	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
CareFirst BlueChoice-High	$25/$35	$200	Nothing	$30/$50	Yes	61.8	86.2	84.6	91.7	72.2	84.6	53.2
CareFirst BlueChoice In-Network	Nothing/$35	$200	Nothing	$30/$50	Yes							
CareFirst BlueChoice Out-Network	$70/$70	$500	Nothing	$30/$50	Yes							
Kaiser Foundation HP Mid-Atlantic States -High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
Kaiser Foundation HP Mid-Atlantic States -Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
M.D. IPA-High	$25/$40	$150/day x 3	$7	$30/$150/$250	Yes	63.2	83.8	87.1	92.5	84.1	90	65
Florida												
Av-Med Health Plan-High	$15/$40	$150/day x 5	$5	$30/$50/30%	No	72.4	86.9	85.5	91.3	89.4	85.3	64.8
Av-Med Health Plan-Std	$25/$45	$175/day x 5	$10	$40/$60/30%	No	72.4	86.9	85.5	91.3	89.4	85.3	64.8
Capital Health Plan-High	$15/$25	$250	$15	$30/$50	No	86.2	86.2	89.6	94.2	90.9	97.8	77.8
Coventry Health Plan of Florida-High	$15/$30	Ded+$150 x 3	$3/$20	$40/$60/20%	No	50.2	81.2	82.2	89.9	78.7	87.3	64.7
Coventry Health Plan of Florida-Standard	$20/$50	Ded+$100 x 5	$10	$50/$70/20%	No	50.2	81.2	82.2	89.9	78.7	87.3	64.7
Humana Medical Plan, Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	52.4	82.8	86.6	92.6	82.8	84.9	62.8
Humana Medical Plan, Inc.-Standard	$25/$40	$500/day x 3	$10	$40/$60	Yes	52.4	82.8	86.6	92.6	82.8	84.9	62.8
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 Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	56.9	88.8	83.5	92.7	88.2	87.3	58.9
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	50.4	82.4	83	95.6	80.6	81.2	64.2
Humana Employers Health of Georgia, Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	50.4	82.4	83	95.6	80.6	81.2	64.2
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	$10/$25	$350	$10/$20 Comm	$30/$40 Comm/ $30/$40 Comm	Yes	76.8	84.5	84	92.2	81.8	82.2	61.4
Kaiser Foundation HP of Georgia -Std	$20/$30	$250/day x 3	$15/$25 Comm	$30/$40 Comm/ $30/$40 Comm	Yes	76.8	84.5	84	92.2	81.8	82.2	61.4

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Guam					
TakeCare -high- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK1	JK2	124.47	410.60
TakeCare -std- Guam/N.MarianaIslands/Belau(Palau)	671-647-3526	JK4	JK5	110.43	291.62
Hawaii					
HMSA -high- All of Hawaii	808-948-6499	871	872	118.47	263.72
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	136.65	289.87
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	61.62	132.50
Idaho					
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	197.86	423.02
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	106.51	234.31
Group Health Cooperative -high- Kootenai and Latah	888-901-4636	541	542	196.99	391.10
Group Health Cooperative -std- Kootenai and Latah	888-901-4636	544	545	95.59	215.79
Illinois					
Aetna Open Access -high- Chicago Area	877-459-6604	IK1	IK2	342.33	895.63
Blue Preferred Plus POS -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	262.08	541.02
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West	800-851-3379	FX1	FX2	218.46	549.66
Humana Benefit Plan of Illinois, Inc. -high- Central and Northwestern	888-393-6765	9F1	9F2	395.83	898.39
Humana Benefit Plan of Illinois, Inc. -std- Central and Northwestern	888-393-6765	AB4	AB5	134.59	310.61
Humana Health Plan Inc. -high- Chicago	888-393-6765	751	752	299.71	682.15
Humana Health Plan Inc. -std- Chicago	888-393-6765	754	755	134.57	310.59
Union Health Service -high- Chicago area	312-829-4224	761	762	128.27	297.94
United Healthcare of the Midwest -high- Southwest Illinois	877-835-9861	B91	B92	193.53	433.74
UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois	800-747-1446	YH1	YH2	132.76	370.85

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Guam												
TakeCare-High	$20/$40	$100/day for 5 days	$10	$15/$25/$50	No	64.2	72.6	62.6	89.5	69.4	66.4	56.3
TakeCare-Std	$25/$40	$150/day for 5 days	$15	$20/$40/$80	No	64.2	72.6	62.6	89.5	69.4	66.4	56.3
Hawaii												
HMSA- In-Network	$15/$15	$100	$7	$30/$65	Yes	83.3	92.4	91	95.9	83.7	94.1	66.6
HMSA- Out-Network	30%/30%	30%	$7 + 20%	$30+20%/ $65+20%	No	83.3	92.4	91	95.9	83.7	94.1	66.6
Kaiser Foundation HP of Hawaii -High	$20/$20	$100	$15	$15/$15	Yes	75.1	82.1	79.7	93.5	79.2	85.3	70.7
Kaiser Foundation HP of Hawaii -Std	$30/$30	10%	$20	$20/$20	Yes	75.1	82.1	79.7	93.5	79.2	85.3	70.7
Idaho												
Altius Health Plans-High	$20/$30	$200	$7	$25/$50	Yes	55.6	86	88	94.8	81.7	85.3	62.5
Altius Health Plans-Std	$20/$35	None	$7	$35/$60	Yes	55.6	86	88	94.8	81.7	85.3	62.5
Group Health Cooperative-High	$25/$25	$350/day x 3	$20	$40/$60	Yes	69.1	83.9	84.4	92.6	86.7	89.6	71.1
Group Health Cooperative-Std	$25+20%	$500/day x 3	$20	$40/$60	Yes	69.1	83.9	84.4	92.6	86.7	89.6	71.1
Illinois												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	61.5	82.6	82	90.9	86.6	82.3	64.2
Blue Preferred Plus POS In-Network	$25/$35	$500	$10	$30/$50/25%/ $50/25%	Yes	71.8	89.7	85	91.5	85.7	91.3	65.9
Blue Preferred Plus POS Out-Network	30% after ded.	30% after ded.	N/A	N/A	N/A	71.8	89.7	85	91.5	85.7	91.3	65.9
Health Alliance HMO-High	$20/$30	$200/5 days	$15	$30/$50	Yes	84.9	89.7	88.4	96	92.7	90.2	72.6
Humana BP of Illinois Inc.-High	$20/$35	$250 x 3	$10	$40/$60	Yes	60.6	87.9	86.1	95.4	77.4	73.5	71.9
Humana BP of Illinois Inc.-Std	$25/$40	$400 x 3	$10	$40/$60	Yes	60.6	87.9	86.1	95.4	77.4	73.5	71.9
Humana Health Plan, Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	65.1	85.3	87.1	92.6	80.6	84.3	70.2
Humana Health Plan, Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	65.1	85.3	87.1	92.6	80.6	84.3	70.2
Union Health Service-High	$15/$15	None	$15	$30/$35	No							
UHC of the Midwest, Inc.-High	$25/$40	$450	$7	$30/$60	Yes	56.9	86.3	86.6	94.9	81.5	89.4	61.7
UHC Plan of the River Valley, Inc.-High	$20/$45	Nothing	$10	$35/$50	Yes	52.4	87.3	85.3	95.6	79.8	88.6	62.2

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Indiana					
Aetna Open Access -high- Northern Indiana Area	877-459-6604	IK1	IK2	342.33	895.63
Health Alliance HMO -high- Western Indiana	800-851-3379	FX1	FX2	218.46	549.66
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	299.71	682.15
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	134.57	310.59
Humana Health Plan Inc. -high- Southern Indiana	888-393-6765	MH1	MH2	174.59	400.62
Humana Health Plan Inc. -std- Southern Indiana	888-393-6765	MH4	MH5	134.59	310.61
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	191.03	423.26
Iowa					
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	118.64	319.73
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	92.43	217.22
Health Alliance HMO -high- Central Iowa	800-851-3379	FX1	FX2	218.46	549.66
HealthPartners -high- Northern Iowa	952-883-5000	V31	V32	328.86	784.27
HealthPartners -std- Northern Iowa	952-883-5000	V34	V35	89.87	206.71
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	254.21	613.10
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	229.06	554.77
United Healthcare Plan of the River Valley Inc. -high- Eastern and Central Iowa	800-747-1446	YH1	YH2	132.76	370.85
Kansas					
Aetna Open Access -high- Kansas City Area	877-459-6604	HY1	HY2	118.17	362.74
Coventry Health Care of Kansas -high- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	121.96	327.23
Coventry Health Care of Kansas -std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	100.96	237.22
Humana Health Plan, Inc. -high- Kansas City Area	888-393-6765	MS1	MS2	457.14	1036.36
Humana Health Plan, Inc. -std- Kansas City Area	888-393-6765	MS4	MS5	134.57	310.59

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Indiana												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	61.5	82.6	82	90.9	86.6	82.3	64.2
Health Alliance HMO-High	$20/$30	$200/5 days	$15	$30/$50	Yes	84.9	89.7	88.4	96	92.7	90.2	72.6
Humana Health Plan Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Humana Health Plan Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	58.8	81.3	80.9	90.5	84.5	84.6	67.5
Humana Health Plan Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	47.5	86	86.4	92.3	87.1	90.1	69.4
Humana Health Plan Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	47.5	86	86.4	92.3	87.1	90.1	69.4
Physicians Health Plan of Northern Indiana-High	$15/$15	20%	$10	$25/$50	Yes	58.3	87.9	88	95.2	90.5	94.4	60.3
Iowa												
Coventry Health Care of Iowa-High	$20/$45	15%	$3/ $10	$40/$65	Yes	56.7	85.7	86.7	96.6	82.4	90.7	67.5
Coventry Health Care of Iowa-Std	$20/$45	20%	$3/$10	30%/5,000Max/ 30%/5,000Max	No	56.7	85.7	86.7	96.6	82.4	90.7	67.5
Health Alliance HMO-High	$20/$30	$200/5 days	$15	$30/$50	Yes	84.9	89.7	88.4	96	92.7	90.2	72.6
HealthPartners-High	$25/$45	Nothing	$12	$45/$90	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
HealthPartners-Std	$0 for 3, then 20%/ $0 for 3, then 20%	20% in/40% out	$9	$40/$70	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
Sanford Health Plan- In-Network	$20/$30	$100/day x 5	$15	$30/$50	N/A	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A / N/A	N/	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan- In-Network	$25/$25	$100/day x 5	$15	$30/$50	No	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A / N/A	No	53	83.1	86.1	96.3	90.5	90.7	70.3
UHC Plan of the River Valley, Inc.-High	$25/$45	Nothing	$10	$35/$50	Yes	52.4	87.3	85.3	95.6	79.8	88.6	62.2
Kansas												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes							
Coventry Health Care of Kansas-High	$20/$60	None	$3/$12	$40/$65	Yes	50.1	87.1	88	95	85.3	86.8	62.4
Coventry Health Care of Kansas-Std	$30/$60	None	$3/$12	$50/$75	Yes	50.1	87.1	88	95	85.3	86.8	62.4
Humana Health Plan, Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	64.6	87.2	86.8	92.8	87.4	92.7	72.5
Humana Health Plan, Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	64.6	87.2	86.8	92.8	87.4	92.7	72.5

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Kentucky					
Humana Health Plan, Inc. -high- Louisville	888-393-6765	MH1	MH2	174.59	400.62
Humana Health Plan, Inc. -std- Louisville	888-393-6765	MH4	MH5	134.59	310.61
Humana Health Plan, Inc. -high- Lexington	888-393-6765	MI1	MI2	133.98	308.12
Humana Health Plan, Inc. -std- Lexington	888-393-6765	MI4	MI5	114.12	256.77
Louisiana					
Coventry Health Care of Louisiana -high- New Orleans area	800-341-6613	BJ1	BJ2	190.17	478.55
Coventry Health Care of Louisiana -std- New Orleans area	800-341-6613	BJ4	BJ5	130.35	313.08
Maryland					
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	337.96	760.72
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	124.46	291.28
CareFirst BlueChoice -high- All of Maryland	888-789-9065	2G1	2G2	139.99	322.55
CareFirst BlueChoice Healthy Blue Option-std- All of Maryland	888-789-9065	2G4	2G5	128.83	289.82
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	108.06	271.19
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	100.49	251.21
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC	877-574-3337	E31	E32	148.00	368.35
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	89.69	206.29
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	165.79	412.60
Massachusetts					
Fallon Community Health Plan -basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	211.73	594.90

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Kentucky												
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							
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												
Coventry Health Care of Louisiana-High	$25/$45	$100	$5	$40/$75	Yes	57.9	86.6	85.3	96.4	79.3	84.3	67.7
Coventry Health Care of Louisiana-Std	$30/$55	30%	$5	$40/$75	Yes	57.9	86.6	85.3	96.4	79.3	84.3	67.7
Maryland												
Aetna Open Access-High	$15/$30	$150/day x 3	$5	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
Aetna Open Access-Basic	$20/$35	10% Plan Allow	$10	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
CareFirst BlueChoice-High	$25/$35	$200	Nothing	$30/$50	Yes	61.8	86.2	84.6	91.7	72.2	84.6	53.2
CareFirst BlueChoice In-Network	Nothing/$35	$200	Nothing	$30/$50	Yes							
CareFirst BlueChoice Out-Network	$70/$70	$500	Nothing	$30/$50	Yes							
Coventry Health Care-High	$20/$40	$200/day x 3	$3/$15	$30/$60	Yes	47.7	81	81.1	93.5	70.8	81.8	55.3
Coventry Health Care-Std	$20/$40	$200/day x 3	$3/$15	$30/$60	Yes	47.7	81	81.1	93.5	70.8	81.8	55.3
Kaiser Foundation HP Mid-Atlantic States -High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
Kaiser Foundation HP Mid-Atlantic States -Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
M.D. IPA-High	$25/$40	$150/day x 3	$7	$30/$150/$250	Yes	63.2	83.8	87.1	92.5	84.1	90	65
Massachusetts												
Fallon Community Health Plan-Basic	$25/$35	$150to$750max	$10	$30/$60	Yes	61	86.2	88.3	95	82.8	79.9	62.7

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Michigan					
Bluecare Network of MI -high- Traverse City	800-662-6667	H61	H62	174.55	601.99
Bluecare Network of MI -high- Grand Rapids	800-662-6667	J31	J32	208.74	690.88
Bluecare Network of MI -high- East Region	800-662-6667	K51	K52	157.62	379.47
Bluecare Network of MI -high- Southeast Region	800-662-6667	LX1	LX2	129.30	446.48
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	190.06	642.74
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	129.73	451.45
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	155.11	440.42
Health Alliance Plan -std- Southeastern Michigan/Flint area	800-556-9765	GY4	GY5	128.22	333.21
HealthPlus MI -high- East Central Michigan	800-332-9161	X51	X52	120.02	349.59
Physicians Health Plan -std- Mid-Michigan	866-539-3342	9U4	9U5	201.41	557.59
Minnesota					
HealthPartners -high- All of Minnesota	952-883-5000	V31	V32	328.86	784.27
HealthPartners -std- All of Minnesota	952-883-5000	V34	V35	89.97	206.71
Missouri					
Aetna Open Access -high- Kansas City area	877-459-6604	HY1	HY2	118.17	362.74
Blue Preferred -high- StLouis/Central/SW areas	888-811-2092	9G1	9G2	262.08	541.02
Coventry Health Care of Kansas -high- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	121.96	327.23
Coventry Health Care of Kansas -std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	100.96	237.22
Humana Health Plan, Inc. -high- Kansas City	888-393-6765	MS1	MS2	457.14	1036.36
Humana Health Plan, Inc. -std- Kansas City	888-393-6765	MS4	MS5	134.57	310.59
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	193.53	433.74

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Michigan												
Bluecare Network of MI-High	$15/$25	Nothing	$5	$50/N/A	Yes							
Bluecare Network of MI-High	$15/$25	Nothing	$5	$50/N/A	Yes							
Bluecare Network of MI-High	$15/$25	Nothing	$5	$50/N/A	Yes	61	84.4	87	91.1	85.2	88.7	61.3
Bluecare Network of MI-High	$15/$25	Nothing	$5	$50/N/A	Yes	61	84.4	87	91.1	85.2	88.7	61.3
Grand Valley Health Plan-High	$10/$10	Nothing	$5	$15/$15	No	79.6	86.9	91.9	93.9	89	86.4	77.8
Grand Valley Health Plan-Std	$20/$20	$500 x 3	$10	$40/$40	No	79.6	86.9	91.9	93.9	89	86.4	77.8
Health Alliance Plan-High	$10/$20	Nothing	$5	$25/$25	Yes	74.8	87.6	84.2	95.7	84.9	86.9	65.3
Health Alliance Plan-Std	$15/$30	Nothing	$10	$40/$40	Yes							
HealthPlus MI-High	$10/$20	None	$8	$40/$60	Yes	76.3	90.2	90.4	95.3	87.3	90	72.4
Physicians Health Plan of Mid-Michigan-Std	$20/Nothing	20%	$15	$25/$50	Yes	77.4	90.6	88.6	96.4	89.3	88.7	69
Minnesota												
HealthPartners-High	$25/$45	Nothing	$12	$45/$90	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
HealthPartners-Std	$0 for 3, then 20%/ $0 for 3, then 20%	20% in/40% out	$9	$40/$70	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
Missouri												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes							
Blue Preferred Plus POS In-Network	$25/$25	$500	$10	$30/$50/25%/ $50/25%	Yes	71.8	89.7	85	91.5	85.7	91.3	65.9
Blue Preferred Plus POS Out-Network	30% after ded/ 30% after ded	30% after ded	N/A	N/A / N/A	N/A	71.8	89.7	85	91.5	85.7	91.3	65.9
Coventry Health Care of Kansas-High	$20/$60	20%	$3/ $12	$40/$65	Yes	50.1	87.1	88	95	85.3	86.8	62.4
Coventry Health Care of Kansas-Std	$30/$60	20%	$3/ $12	$50/$75	Yes	50.1	87.1	88	95	85.3	86.8	62.4
Humana Health Plan, Inc.-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	64.6	87.2	86.8	92.8	87.4	92.7	72.5
Humana Health Plan, Inc.-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	64.6	87.2	86.8	92.8	87.4	92.7	72.5
United Healthcare of the Midwest, Inc.-High	$25/$40	$450	$7	$30/$60	Yes	56.9	86.3	86.6	94.9	81.5	89.4	61.7

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Nevada					
Aetna Open Access -high- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	105.82	336.46
Health Plan of Nevada -high- Las Vegas area	800-777-1840	NM1	NM2	104.48	246.35
New Jersey					
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	416.28	985.62
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	244.16	594.88
Aetna Open Access -high- Southern	877-459-6604	P31	P32	623.87	1578.61
Aetna Open Access -basic- Southern	877-459-6604	P34	P35	339.95	816.55
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	254.41	744.55
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	116.81	272.70
New Mexico					
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	228.73	585.61
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	173.70	410.76

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
				HMO/POS National Average		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Nevada												
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	56.7	70.9	70.6	89.8	78	84.5	56.1
New Jersey												
Aetna Open Access-High	$20/$35	$150/day x 5	$10	$35/$65	Yes	61.7	85.5	88.6	93.7	85.2	86.1	60.5
Aetna Open Access-Basic	$15/$35	20% Plan Allow	$5	$35/$65	Yes	61.7	85.5	88.6	93.7	85.2	86.1	60.5
Aetna Open Access-High	$20/$35	$150/day x 5	$10	$35/$65	Yes	72.9	89	91	94.8	90.2	90.2	74.1
Aetna Open Access-Basic	$15/$35	20% Plan Allow	$5	$35/$65	Yes	72.9	89	91	94.8	90.2	90.2	74.1
GHI Health Plan- In-Network	$15/$15	$100	$15	$25/$50	Yes	60.4	85.6	86.1	92.6	76.3	77.2	57.2
GHI Health Plan- Out-Network	+50% of sch.	+50% of sch.	N/A	N/A / N/A	No	60.4	85.6	86.1	92.6	76.3	77.2	57.2
GHI Health Plan-	$25/$25	$250/day x 3	$5	$25/$50	Yes	60.4	85.6	86.1	92.6	76.3	77.2	57.2
New Mexico												
Lovelace Health Plan-High	$20/$35	$250 after ded	$5	$35/$60/50%	Yes	62.3	80.7	78.6	89.6	80.7	86.2	74.6
Presbyterian Health Plan-High	$25/$35	$100 x 5 days	$10	$40/$75/25%	Yes	65.3	83.1	81.4	91.8	82.3	87.6	67.3

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
New York					
Aetna Open Access -high- NYC Area/Upstate NY	877-459-6604	JC1	JC2	322.51	886.75
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	185.21	530.23
Blue Choice -high- Rochester area	800-462-0108	MK1	MK2	220.50	546.39
Blue Choice -std- Rochester area	800-462-0108	MK4	MK5	133.32	436.43
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Central New York	877-269-2134	SG1	SG2	172.70	558.93
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Central New York	877-269-2134	SG4	SG5	107.61	277.61
GHI HMO Select -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	378.34	1091.00
GHI HMO Select -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	271.48	809.53
GHI Health Plan -high- All of New York	212-501-4444	801	802	254.41	744.55
GHI Health Plan -std- Most of New York	212-501-4444	804	805	116.81	272.70
HIP of Greater New York -high- New York City area	800-HIP-TALK	511	512	204.14	709.73
HIP of Greater New York -std- New York City area	800-HIP-TALK	514	515	137.24	532.44
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	149.28	481.69
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	133.62	439.62
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	119.30	298.49
MVP Health Care -high- Western Region	800-950-3224	GV1	GV2	130.96	413.03
MVP Health Care -std- Western Region	800-950-3224	GV4	GV5	114.24	285.84
MVP Health Care -high- Central Region	888-687-6277	M91	M92	160.48	510.79
MVP Health Care -std- Central Region	888-687-6277	M94	M95	125.26	355.96
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	239.39	708.28
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	167.01	527.00
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	169.02	531.74
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	126.38	365.69

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						65.9	85.5	85.5	93.5	83.9	87.6	66.4
New York												
Aetna Open Access-High	$20/$35	$150/day x 5	$10	$35/$65	Yes	65.1	82.8	85.3	92.7	87.3	87.5	60
Aetna Open Access-Basic	$15/$35	20% Plan Allow	$5	$35/$65	Yes	65.1	82.8	85.3	92.7	87.3	87.5	60
Blue Choice-High	$20/$20	$240	$10	$30/$100	No	72.4	92.1	92.4	94.7	86	93.1	71
Blue Choice-Std	$25/$40	$500	$7	$30/$100	No	72.4	92.1	92.4	94.7	86	93.1	71
CDPHP Universal Benefits, Inc.-High	$20/$30	$100 x 5	25%	25%/25%	No	71	91.1	88.2	95.7	90.9	90.3	73.9
CDPHP Universal Benefits, Inc.-Std	$25/$40	$500+10%	30%	30%/30%	No	71	91.1	88.2	95.7	90.9	90.3	73.9
GHI HMO Select-High	$25/$40	$500	$10	$30/$50	Yes	51.3	80.6	85.9	94.5	81.4	81.7	65
GHI HMO Select-High	$25/$40	$500	$10	$30/$50	Yes	51.3	80.6	85.9	94.5	81.4	81.7	65
GHI Health Plan- In-Network	$15/$15	$100	$15	$25/$50	Yes	60.4	85.6	86.1	92.6	76.3	77.2	57.2
GHI Health Plan- Out-Network	+50% of sch.	+50% of sch.	N/A	N/A / N/A	No	60.4	85.6	86.1	92.6	76.3	77.2	57.2
GHI Health Plan-Std	$25/$25	$250/day x 3	$5	$25/$50	Yes	60.4	85.6	86.1	92.6	76.3	77.2	57.2
HIP of Greater New York-High	$10/$20	None	$15	$30/$50	Yes	70.1	84.3	81.3	89.8	79	84.4	56.1
HIP of Greater New York-Std	$20/$40	$500	$15	$30/$50	Yes	70.1	84.3	81.3	89.8	79	84.4	56.1
Independent Health Assoc.- In-Network	$20/$20	$250	$10	$20/$35	No	74.1	90.5	91.5	95.3	89.2	93.5	78.4
Independent Health Assoc.- Out-Network	25%/25%	25%	N/A	N/A / N/A	No	74.1	90.5	91.5	95.3	89.2	93.5	78.4
MVP Health Care-High	$25/$25	$500	$5	$35/$70	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-Std	$30/$50	$750	$5	$45/$90	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-High	$25/$25	$500	$5	$35/$70	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-Std	$30/$50	$750	$5	$45/$90	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-High	$25/$25	$500	$5	$35/$70	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-Std	$30/$50	$750	$5	$45/$90	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-High	$25/$25	$500	$5	$35/$70	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-Std	$30/$50	$750	$5	$45/$90	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-High	$25/$25	$500	$5	$35/$70	Yes	69	90.5	88.9	95.9	86.2	94	78.6
MVP Health Care-Std	$30/$50	$750	$5	$45/$90	Yes	69	90.5	88.9	95.9	86.2	94	78.6

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
North Dakota					
HealthPartners -high- Eastern North Dakota	952-883-5000	V31	V32	328.86	784.27
HealthPartners -std- Eastern North Dakota	952-883-5000	V34	V35	89.87	206.71
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	112.36	288.76
Ohio					
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	177.28	525.57
HMO Health Ohio -high- Northeast Ohio	800-522-2066	L41	L42	362.24	899.30
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	250.23	603.44
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	108.04	248.49
The Health Plan of the Upper Ohio Valley -high- Eastern Ohio	800-624-6961	U41	U42	151.95	355.29
Oklahoma					
Globalhealth, Inc. -high- Oklahoma	877-280-2990	IM1	IM2	97.79	235.66
Oregon					
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	209.21	483.79
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	116.77	268.24

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
North Dakota												
HealthPartners-High	$25/$45	Nothing	$12	$45/$90	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
HealthPartners-Std	$0 for 3, then 20%/ $0 for 3, then 20%	20% in/40% out	$9	$40/$70	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
Heart of America Health Plan-High In-Network Heart of America Health Plan-High Out-Network	$15/$25 20%/20%	None 20%	50% N/A	50%/50% N/A	None N/A							
Ohio												
AultCare HMO-High	$15/$20	$150	$15	$30/$45	No	86.5	93.5	92.6	94.6	94.6	95.8	86.3
HMO Health Ohio-High	$20/$20	$250	$20	$30/$40	Yes	67.9	87.1	87.5	96.1	84	91.2	70.1
Kaiser Foundation HP of Ohio-High	$20/$20	$250	$10	$30/$30	Yes	73.6	85.7	85	90.7	83.5	85.8	72.4
Kaiser Foundation HP of Ohio-Std	$30/$40	$500	$15	$40/$40	Yes	73.6	85.7	85	90.7	83.5	85.8	72.4
The Health Plan of the Upper Ohio Valley-High	$10/$20	$250	$15	$30/$50	Yes	73.9	90.5	89	96.3	92.7	95.7	75.8
Oklahoma												
Globalhealth, Inc.-High	$15/$35	$150/day x 3	$10	$30/$40	Yes	56	73.1	81.2	94.1	71.5	88.3	62.6
Oregon												
Kaiser Foundation HP of Northwest-High	$15/$25	$200	$15	$40/$40	Yes	67.7	76.9	77.8	89.3	86.4	84.8	67.9
Kaiser Foundation HP of Northwest-Std	$25/$35	$500	$20	$40/$40	Yes	67.7	76.9	77.8	89.3	86.4	84.8	67.9

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Pennsylvania					
Aetna Open Access -high- Philadelphia	877-459-6604	P31	P32	623.87	1578.61
Aetna Open Access -basic- Philadelphia	877-459-6604	P34	P35	339.95	816.55
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	122.15	378.49
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	242.19	584.98
HealthAmerica Pennsylvania -high- Greater Pittsburgh area	866-351-5946	261	262	169.56	446.53
HealthAmerica Pennsylvania -std- Central Pennsylvania	866-351-5946	SW4	SW5	156.45	359.77
UPMC Health Plan -high- Western Pennsylvania	888-876-2756	8W1	8W2	194.35	474.93
UPMC Health Plan -std- Western Pennsylvania	888-876-2756	UW4	UW5	152.51	378.71
Puerto Rico					
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	81.77	183.99
Triple-S Salud, Inc. -high- All of Puerto Rico	787-774-6060	891	892	83.89	188.75
South Dakota					
HealthPartners -high- Eastern South Dakota	952-883-5000	V31	V32	328.86	784.27
HealthPartners -std- Eastern South Dakota	952-883-5000	V34	V35	89.87	206.71
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	254.21	613.10
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	229.06	554.77
Tennessee					
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	158.45	532.44
Humana Health Plan, Inc. -high- Knoxville	888-393-6765	GJ1	GJ2	134.59	310.61
Humana Health Plan, Inc. -std- Knoxville	888-393-6765	GJ4	GJ5	114.79	258.28

Plan Name – Location		Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)						
				Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
					HMO/POS National Average		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Pennsylvania													
Aetna Open Access-High		$20/$35	$150/day x 5	$10	$35/$65	Yes	56.7	87.3	88.5	94.6	75.2	88.6	68.2
Aetna Open Access-Basic		$15/$35	20% Plan Allow	$5	$35/$65	Yes	56.7	87.3	88.5	94.6	75.2	88.6	68.2
Aetna Open Access-High		$20/$35	$250/day x 4	$10	$35/$65	Yes	56.7	87.3	88.5	94.6	75.2	88.6	68.2
Geisinger Health Plan-Std		$20/$35	20%aftrDeduct	30% $5/$15	40% $40/$120/ 50% $60/$180	Yes	70.4	88.9	89.9	95.9	84.1	89.6	71.3
HealthAmerica Pennsylvania-High		$25/$50	15%	$5	$35/$60	Yes	69.5	86.4	88.8	94.6	83.6	91.9	70.9
HealthAmerica Pennsylvania-Std		$25/$50	15%	$5	$35/$60	Yes	69.5	86.4	88.8	94.6	83.6	91.9	70.9
UPMC Health Plan-High		$20/$35	None	$5	$35/$70	Yes	76.4	90.3	87.1	95.9	87	88.5	71.6
UPMC Health Plan-Std		$20/$35	None	$5	$35/$70	Yes	76.4	90.3	87.1	95.9	87	88.5	71.6
Puerto Rico													
Humana HP of Puerto Rico -	In-Network	$5/$5	None	$2.50	$10/$15	Yes	75.3	80.7	81.5	93.6	83.4	81.1	59.1
Humana HP of Puerto Rico-	Out-Network	$10/$10	$50	N/A	N/A / N/A	Yes	75.3	80.7	81.5	93.6	83.4	81.1	59.1
Triple-S Salud, Inc.-	In-Network	$7.50/$10	None	$5 or $12	Greater of $15 or 20%/ 25% up to $100/$175 mx	Yes	71.6	85.7	79.6	96.8	68.3	69.5	51.4
Triple-S Salud, Inc.-	Out-Network	$7.50+10%/$10+10%	10% +	N/A	N/A / N/A	No	71.6	85.7	79.6	96.8	68.3	69.5	51.4
South Dakota													
HealthPartners-High		$25/$45	Nothing	$12	$45/$90	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
HealthPartners-Std		$0 for 3, then 20%/ $0 for 3, then 20%	20% in/40% out	$9	$40/$70	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
Sanford Health Plan-	In-Network	$20/$30	$100/day x 5	$15	$30/$50	N/A	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan-	Out-Network	40%/40%	40%	N/A	N/A / N/A	N/	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan-	In-Network	$25/$25	$100/day x 5	$15	$30/$50	No	53	83.1	86.1	96.3	90.5	90.7	70.3
Sanford Health Plan-	Out-Network	40%/40%	40%	N/A	N/A / N/A	No	53	83.1	86.1	96.3	90.5	90.7	70.3
Tennessee													
Aetna Open Access-High		$20/$35	$250/day x 4	$10	$35/$65	Yes	63.9	87.7	84.2	93.6	85	91.9	70.8
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							

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Texas					
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	347.90	992.55
Firstcare -high- West Texas	800-884-4901	CK1	CK2	122.70	574.75
Humana Health Plan of Texas -high- Corpus Christi	888-393-6765	UC1	UC2	183.45	420.55
Humana Health Plan of Texas -std- Corpus Christi	888-393-6765	UC4	UC5	134.59	310.59
Humana Health Plan of Texas -high- San Antonio	888-393-6765	UR1	UR2	446.96	1013.46
Humana Health Plan of Texas -std- San Antonio	888-393-6765	UR4	UR5	134.57	310.59
Humana Health Plan of Texas -high- Austin	888-393-6765	UU1	UU2	195.58	447.83
Humana Health Plan of Texas -std- Austin	888-393-6765	UU4	UU5	134.59	310.61
UnitedHealthcare Benefits of Texas, Inc., formerly Pacificare of TX -high- San Antonio	866-546-0510	GF1	GF2	194.74	476.38
Utah					
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	197.86	423.02
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	106.51	234.31
SelectHealth -high- Urban and Suburban Utah	800-538-5038	SF1	SF2	219.66	471.29
Virgin Islands					
Triple-S Salud, Inc. -high- US Virgin Islands	800-981-3241	851	852	103.05	234.02
Virginia					
Aetna Open Access -high- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	337.96	760.72
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	124.46	291.28
CareFirst BlueChoice -high- Northern Virginia	888-789-9065	2G1	2G2	139.99	322.55
CareFirst BlueChoice Healthy Blue Option-std- Northern Virginia	866-296-7363	2G4	2G5	128.83	289.82
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	148.00	368.35
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	89.69	206.29
M.D. IPA -high- N.VA/Cntrl VA/Richmond	877-835-9861	JP1	JP2	165.79	412.60
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	166.81	449.19
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	93.33	220.83
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	127.71	292.43

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Texas												
Aetna Open Access-High	$20/$35	$250/day x 4	$10	$35/$65	Yes	69.8	83.3	79.3	89.6	82.9	88.6	65.2
Firstcare-High	$20/$55	$200/day x 5	$15	$35/$65	No	59.7	84.6	87.5	94.6	78.1	86.5	63.7
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	58.7	86	79.5	91	80.5	87	62.1
Humana Health Plan of Texas-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	58.7	86	79.5	91	80.5	87	62.1
Humana Health Plan of Texas-High	$20/$35	$250/day x 3	$10	$40/$60	Yes	62.7	85.9	86.6	94	82.1	92.2	65.3
Humana Health Plan of Texas-Std	$25/$40	$500/day x 3	$10	$40/$60	Yes	62.7	85.9	86.6	94	82.1	92.2	65.3
UnitedHealthcare Benefits of Texas-High	$20/$40	$250/day x 5	$10	$35/$60	Yes	65.4	86.4	84.2	93.6	79.7	90.5	64.6
Utah												
Altius Health Plans-High	$20/$30	$200	$7	$25/$50	Yes	55.6	86	88	94.8	81.7	85.3	62.5
Altius Health Plans-Std	$20/$35	None	$7	$35/$60	Yes	55.6	86	88	94.8	81.7	85.3	62.5
SelectHealth-High	$15/$25	$100	$5	$25/50%	N/A	55.3	83.4	82.3	93	93.5	92	71.2
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 mx	Yes							
Triple-S Salud, Inc.- Out-Network	$7.50 & 10%+/ $10 & 10%+	10%+	N/A	N/A/N/A	No							
Virginia												
Aetna Open Access-High	$15/$30	$150/day x3	$5	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
Aetna Open Access-Basic	$20/$35	10% Plan Allow	$10	$35/$65	Yes	65.9	87.1	87	91.8	90.1	87.4	66.7
CareFirst BlueChoice-High	$25/$35	$200	$10	$30/$50	Yes	61.8	86.2	84.6	91.7	72.2	84.6	53.2
CareFirst BlueChoice In-Network	Nothing/$35	$200	Nothing	$30/$50	Yes							
CareFirst BlueChoice Out-Network	$70/$70	$500	Nothing	$30/$50	Yes							
Kaiser Foundation HP-High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
Kaiser Foundation HP -Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	76.7	84.7	87.4	92.2	81.6	87.3	71.6
M.D. IPA-High	$25/$35	$150/day x 3	$7	$25/$150/$250	Yes	63.2	83.8	87.1	92.5	84.1	90	65
Optima Health Plan-High	$5/$0 child<13/$30	$200	$10	$25/$50/$75	Yes	68.9	90	84.9	93.4	91.7	93.3	71.9
Optima Health Plan-Std	$20/$30	None	$5	$25/50% up to $3,000	No	68.9	90	84.9	93.4	91.7	93.3	71.9
Piedmont Community HC-High	$35/$35	20%	$15	$40/$55	Yes							

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

See page 21 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Washington					
Group Health Cooperative -high-Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	196.99	391.10
Group Health Cooperative -std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	95.59	215.79
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	106.50	229.88
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	236.38	557.18
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	209.21	483.79
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	116.77	268.24
West Virginia					
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	151.95	355.29
Wisconsin					
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	150.28	484.10
Group Health Cooperative -high- South Central Wisconsin	608-828-4827	WJ1	WJ2	125.04	353.04
HealthPartners -high- Western Wisconsin	952-883-5000	V31	V32	328.86	784.27
HealthPartners -std- Western Wisconsin	952-883-5000	V34	V35	89.87	206.71
MercyCare HMO-high- South Central Wisconsin	800-895-2421	EY1	EY2	127.65	378.75
Physicians Plus -high- Dane County	800-545-5015	LW1	LW2	125.39	381.42
Wyoming					
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	197.86	423.02
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	106.51	234.31

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		65.9	85.5	85.5	93.5	83.9	87.6	66.4
Washington													
Group Health Cooperative-High		$25/$25	$350/day x 3	$20	$40/$60	Yes	69.1	83.9	84.4	92.6	86.7	89.6	71.1
Group Health Cooperative-Std		$25+20%/ $25+20%	$500/day x 3	$20	$40/$60	Yes	69.1	83.9	84.4	92.6	86.7	89.6	71.1
KPS Health Plans-Std	In-Network	$15/3 or 20%/20%	Nothing	$10	$35/50%/ $40 max $100	Yes	77.5	93.4	92.9	94.8	91	93.7	71.8
KPS Health Plans-	Out-Network	$15/3 +40%+diff/ 40%+diff	Nothing	Not Covered	Not Covered	No	77.5	93.4	92.9	94.8	91	93.7	71.8
KPS Health Plans-High	In-Network	$30/$30	None	$5	$20/50% or $100	Yes	77.5	93.4	92.9	94.8	91	93.7	71.8
KPS Health Plans-	Out-Network	$30+40%+diff/ $30+40%+diff	None	Not covered	N/A / N/A	No	77.5	93.4	92.9	94.8	91	93.7	71.8
Kaiser Foundation HP-High		$15/$25	$200	$15	$40/$40	Yes	67.7	76.9	77.8	89.3	86.4	84.8	67.9
Kaiser Foundation HP-Std		$25/$35	$500	$20	$40/$40	Yes	67.7	76.9	77.8	89.3	86.4	84.8	67.9
West Virginia													
HP of the Upper Ohio Valley-High		$10/$20	$250	$15	$30/$50	Yes	73.9	90.5	89	96.3	92.7	95.7	75.8
Wisconsin													
Dean Health Plan-High		$10/$10	None	$10	30%/$75max/30%	No	77	87.1	88.3	96.2	85.4	92.1	68.9
Group Health Cooperative-High		$10/$10	None	$5	$20/$20	Yes	79.6	78.8	84.7	96.1	89.3	91.6	75.6
HealthPartners-High		$25/$45	Nothing	$12	$45/$90	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
HealthPartners-Std		$0 for 3, then 20%/ $0 for 3, then 20%	20% in/40% out	$9	$40/$70	Yes	64.1	87.3	89.7	95.1	88.8	91.2	66
MercyCare HMO-High		$10/$10	Nothing	$10	$20/$50	Yes							
Physicians Plus-High		$10/$10	Nothing	$10	30%/50%	No	76.6	86	88.9	95	90.1	91.2	72.3
Wyoming													
Altius Health Plans-High		$20/$30	$200	$7	$25/$50	Yes	55.6	86	88	94.8	81.7	85.3	62.5
Altius Health Plans-Std		$20/$35	None	$7	$35/$60	Yes	55.6	86	88	94.8	81.7	85.3	62.5

Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 52 through 64)

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

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

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

The HDHP features higher annual deductibles (a minimum of $1,200 for Self and $2,400 for Family coverage) and annual out-of-pocket limits (not to exceed $6,050 for Self and $12,100 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

Health Savings Account (HSA)

A health savings account allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax free, and that amount is available on a tax free basis to pay medical costs. You are eligible for an HSA if you are enrolled in an HDHP, not covered by any other health plan that is not an HDHP (including a spouse's health plan, but does not include specific injury insurance and accident, disability, dental care, vision care, or long-term coverage), not enrolled in Medicare, not received VA benefits within the last three months, not covered by your own or your spouse's flexible spending account (FSA), and are not claimed as a dependent on someone else's tax return. If you are enrolled in a High Deductible Health Plan with an HSA you may not participate in a Health Care Flexible Spending Account (HCFSA), but you are permitted to participate in a Limited Expense (LEX) HCFSA. HSA's are subject to a number of rules and limitations established by the Department of the Treasury.

Visit www.ustreas.gov/offices/public-affairs/hsa for more information. The 2012 maximum contribution limits are $3,100 for Self Only coverage and $6,250 for Self and Family coverage. If you are over 55, you can make an additional "catch up" contribution. You can use funds in your account to help pay your health plan deductible.

Appendix E
FEHB Plan Comparison Charts

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

Features of an HSA include:

- Tax-deductible deposits you make to the HSA. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See IRS Publication 969.
- Tax-deferred interest earned on the account.
- Tax-free withdrawals for qualified medical expenses.
- Carryover of unused funds and interest from year to year.
- Portability; the account is owned by you and is yours to keep – even when you retire, leave government service, or change plans.

Health Reimbursement Arrangement (HRA)

Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as personal care account. They are also available to enrollees in High Deductible Health Plans who are not eligible for an HSA. HRAs are similar to HSAs except:

- An enrollee cannot make deposits into an HRA;
- A health plan may impose a ceiling on the value of an HRA;
- Interest is not earned on an HRA; and
- The amount in an HRA is not transferable if the enrollee leaves the health plan.

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

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

Features of an HRA include:

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

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

Appendix E
FEHB Plan Comparison Charts

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

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)
ELIGIBILITY	You must enroll in a High Deductible Health Plan (HDHP). No other general medical insurance coverage is permitted. You cannot be enrolled in Medicare Part A or Part B. You cannot be claimed as a dependent on someone else's tax returns.	You must enroll in a High Deductible Health Plan (HDHP).
FUNDING	The plan deposits a monthly "premium pass through" into your account.	The plan deposits the credit amount directly into your account.
CONTRIBUTIONS	The maximum allowed is a combination of the health plan "premium pass through" and the member contribution up to the maximum contribution amount set by the IRS each year.	Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA.
DISTRIBUTIONS	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.

Appendix E
FEHB Plan Comparison Charts

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

A Consumer-Driven plan provides you with freedom in spending health care dollars the way you want. The typical plan has features such as: member responsibility for certain up-front medical costs, an employer-funded account that you may use to pay these up-front costs, and catastrophic coverage with a high deductible. You and your family receive full coverage for In-Network preventive care.

Appendix E
FEHB Plan Comparison Charts

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

The tables on the following pages highlight what you are expected to pay for selected features under each plan and the maximum amount you are expected to pay for premiums. 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 and contact your employing office for exact premium rates.*

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Your Maximun Monthly Premium	
		Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP - Nationwide	866-833-3463	474	475	89.23	200.72
GEHA High Deductible Health Plan -HDHP - Nationwide	800-821-6136	341	342	99.96	228.32
MHBP Consumer Option -HDHP- Nationwide	800-694-9901	481	482	115.57	261.86

Appendix E
FEHB Plan Comparison Charts

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

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

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

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

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

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

Plan Name	Benefit Type	Premium Contribution Self/Family	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan-	In-Network	$1200/$2400	$600/$1,200	$3,000/$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health	Out-Network	$1200/$2400	$600/$1,200	$9,000/$9,000	40%+diff.	None	40%+diff.	Nothing up to $1200	Not Covered
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
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
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
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?
Claims	• How often did your health plan handle your claims quickly and
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?

High Deductible Health Plans Plan Name	Plan Code	Member Survey Results: Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HDHP National Average		**59.2**	**86.3**	**88.5**	**93.1**	**85**	**88.9**	**57.7**
Aetna Health Fund - Nationwide	22	60	85.6	89.3	93.5	85.9	90	59.2
GEHA High Deductible Health Plan - Nationwide	34	63.7	86.4	88.5	92.3	85.2	87.6	59.3
MHBP Consumer Option - Nationwide	48	54	86.8	87.7	93.6	83.9	89.2	54.7

Consumer-Driven Health Plans Plan Name	Plan Code	Member Survey Results: Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
CDHP National Average		**57.7**	**84.9**	**86.8**	**92.9**	**83.3**	**86.7**	**61.9**
Aetna Health Fund - Nationwide	22	60	85.6	89.3	93.5	85.9	90	59.2
APWU Health Fund - Nationwide	47	64.3	88.4	86.8	92.4	80.3	80.9	65.7
Humana Coverage First -TX	TU, TV	48.9	80.6	84.1	92.9	83.9	89.1	60.9

High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

The Aetna Healthfund is available in all or part of the following states:
AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS,

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Aetna HealthFund -CDHP	877-459-6604	221	222	156.04	370.56
Aetna HealthFund -HDHP	877-459-6604	224	225	94.12	206.13

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Florida					
Coventry Health Care of Florida -HDHP- Southern Florida	800-441-5501	J41	J42	115.70	287.10
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	126.85	285.42
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	108.73	244.65
Georgia					
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	114.77	258.24
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	118.40	266.39
Guam					
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	81.38	214.42
Idaho					
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	87.04	180.33

MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, and WY.

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	$4,000/$8,000	15%	15%	15%	Nothing	$10/$35/$60
Aetna HealthFund-	Out-Network	$83.33/166.66	$1,000/$2,000	$5,000/$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$35/$60
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/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
Florida									
Coventry Health Care of Florida		$83.34/$166.67	$2,500/$5,000	$5,000/$10,000	$10	20%	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									
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	$86.66/$222.08	$3000/$6000	$5,000/$10,000	20%afterDed	20% after Ded	20% after Ded	Nothing	$20/$40/$150
TakeCare-	Out-Network	$86.66/$222.08	$3000/$6000	$10,000/$20,000	30%afterDed	30% after Ded	30% after Ded	1st $300/ded	30% after Ded
Idaho									
Altius Health Plans		$45.83/$91.66	$1,200/$2,400	$5,000/$10,000	$20	10%	10%	Nothing	$7/$25/$50

High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Illinois					
Humana CoverageFirst -CDHP- Central/Northwestern Illinois	888-393-6765	GB1	GB2	126.85	285.42
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	120.81	271.82
Indiana					
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	120.81	271.82
Iowa					
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	86.08	205.44
Kansas					
Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	97.21	228.45
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	108.73	244.64
Kentucky					
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	100.64	226.44
Maryland					
Coventry Health Care-HDHP- All of Maryland	800-833-7423	GZ1	GZ2	98.34	225.08

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Illinois									
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
	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$40+/$60+
Iowa									
Coventry Health Care of Iowa		$66.67/$133.34	$1,800/$3,600	$5,000/$10,000	$2C	15%	10%	Nothing	$3/$10/$40/$65
Kansas									
Coventry Health Care of Kansas (Kansas City)-HDHP		$66.66/$133.33	$3,500/$6,500	$3,000/$6,000	Nothing	None	Nothing	Nothing	Nothing
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$25	$300/day x 5	$150	Nothing	$10/$40/$60
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$40+/$60+
Kentucky									
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$25	$300/day x 5	$150	Nothing	$10/$40/$60
	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$40+/$60+
Maryland									
Coventry Health Care HDHP	In-Network	$41.67/$83.34	$2,000/$4,000	$4,000/$8,000	$15	Nothing	Nothing	Nothing	$15/$30/$60
Coventry Health Care HDHP	Out-Network	$41.67/$83.34	$2,000/$4,000	$4,000/$8,000	30%	30%	30%	30%	N/A

High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Missouri					
Coventry Health Care of Kansas (Kansas City)-HDHP-Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	97.21	228.45
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	108.73	244.64
New York					
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	96.33	247.17
Ohio					
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	77.60	155.48
Pennsylvania					
HealthAmerica Pennsylvania-HDHP -Greater Pittsburgh Area	866-351-5946	Y61	Y62	119.14	274.30
HealthAmerica Pennsylvania-HDHP -Central Pennsylvania	866-351-5946	YW1	YW2	140.46	307.56
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	118.84	266.20
Texas					
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	118.40	266.40
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	120.81	271.82
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	122.84	276.39

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
Missouri									
Coventry Health Care of Kansas (Kansas City)-HDHP		$66.66/$133.33	$3,500/$6,500	$3,000/$6,000	Nothing	None	Nothing	$20/$35/0%	Nothing
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$25	$300/day x 5	$150	Nothing	$10/$40/$60
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$40+/$60+
New York									
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%	Ded/40%	N/A
Ohio									
AultCare HMO-	In-Network	74.58/149.58	$2,000/$4,000	$4,000/$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO-	Out-Network	74.58/149.58	$4,000/$8,000	$8,000/$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%/40%/40%
Pennsylvania									
HealthAmerica Pennsylvania-HDHP		$52.09/$104.17	$1,500/$3,000	$4,000/$8,000	$15	None	Nothing	$15/$25	$5/$35/$50
HealthAmerica Pennsylvania-HDHP		$52.09/$104.17	$1,500/$3,000	$4,000/$8,000	$15	None	Nothing	Nothing	$5/$35/$50
UPMC Health Plan-	In-Network	$104.17/$208.34	$2,500/$5,000	$4,000/$8,000	Nothing after ded	None	Nothing	Nothing	$5/$35/$70
UPMC Health Plan-	Out-Network	$104.17/$208.34	$2,500/$5,000	$5,500/$11,000	20%afterded	20%afterded	20%afterded	20%	N/A
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+

High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium	
		Self only	Self & family	Self only	Self & family
Utah					
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	87.04	180.33
Washington					
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	95.45	208.57
Wyoming					
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	87.04	180.33

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

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

- If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.
- 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.**
- For more information,Contact the Center for Medicare Medicaid Services, at 1-877-KIDS NOW or www.insurekidsnow.gov, or reach out to the CMS Tribal Affairs Office at http://www.cms.gov/AIAN/ or through one of their regional representatives:

Region	States Included	Name	Telephone	E-mail
1	CT, ME, MA, NH, RI VT	Nancy Grano	617-565-1695	Nancy.Grano@cms.hhs.gov
2	NJ, NY, PR, VI	Vennetta Harrison	212-616-2214	Vennetta.Harrison@cms.hhs.gov
3	DE, DC, MD, PA, VA, WV	Barbara Williamson	215-861-4721	Barbara.Williamson@cms.hhs.gov
4	AL, NC, SC, FL, GA, KY, MS, TN	Crystal Francis	404-562-7464	Crystal.Francis@cms.hhs.gov
5	IL, IN, MI, MN, OH, WI	Pamela Carson	312-353-0108	Pamela.Carson@cms.hhs.gov
6	AR, LA, NM, OK, TX	Dorsey Sadongei	214-767-3570	Eudora.Sadongei@cms.hhs.gov
6	AR, LA, NM, OK, TX	Stacey Shuman	214-767-6479	Stacey.Shuman@cms.hhs.gov
7	IA, KS, MO, NE	Nancy Rios	816-426-6460	Nancy.Rios@cms.hhs.gov
8	CO, MT, ND, SD, UT, WY	Cindy Smith	303-844-7041	Cindy.Smith@cms.hhs.gov
8	CO, MT, ND, SD, UT, WY	Mary Munoz	303-844-5737	Mary.Munoz@cms.hhs.gov
9	AZ, CA, HI, NV	Rosie Norris	415-744-3611	Rosella.Norris@cms.hhs.gov
10	AK, ID, OR, WA	Cecile Greenway	206-615-2428	Cecile.Greenway@cms.hhs.gov
Lead NAC	CMS Regional Offices	Cyndi Gillaspie	303-844-4725	Cynthia.Gillaspie@cms.hhs.gov

0MB Control Number 1210-0137 (expires 09/30/2013)