



The **2015**

# FEHB Guide

**For Tribal Employees**

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

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

Visit us at: [www.opm.gov/healthcare-insurance/tribal-employers/health-insurance](http://www.opm.gov/healthcare-insurance/tribal-employers/health-insurance)

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

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

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

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

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

Things to consider:

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

## **How do I get more information about this Program?**

Visit the FEHB Program online at [www.opm.gov/healthcare-insurance/tribal-employers/health-insurance](http://www.opm.gov/healthcare-insurance/tribal-employers/health-insurance) for information including:

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

# Federal Employees Health Benefits (FEHB) Program

## What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to eligible tribal employers that have chosen to participate in the FEHB Program for their eligible tribal employees. It also covers eligible family members of those tribal employees. If you leave tribal employment, the FEHB Program offers Temporary Continuation of Coverage (TCC) and as an opportunity to convert your enrollment to non-group (private) coverage. Please refer to the TCC section in this Guide for more details, or you may receive assistance with obtaining coverage inside or outside the Affordable Care Act's Health Insurance Marketplace.

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

## Key FEHB Program facts

- You can choose from Fee-for-Service plans or Health Maintenance Organization plans with comprehensive coverage and higher premiums, or Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursement accounts and lower premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan. Utilizing an in-network provider may reduce your out-of-pocket costs.
- FEHB coverage continues each year. You do not need to re-enroll each year. If you are happy with your current coverage, do nothing. Please note that your premiums and benefits may change.
- The FEHB Open Season for Tribal Employees begins on the Monday of the second full work week in November and ends on the Monday of the second full week in December. This year's Open Season is from Monday, November 10, 2014 through Monday, December 8, 2014.
- If your tribal employer participates in premium conversion, FEHB enrollment changes can only be made during the annual Open Season or if you experience a Qualifying Life Event (QLE). Premium conversion allows tribal employees to use pre-tax dollars to pay their FEHB premiums. Check with your tribal employer to see if they participate in premium conversion.
- If your tribal employer does not participate in premium conversion or you choose not to participate in premium conversion, you may change your FEHB enrollment from Self and Family to Self Only or cancel coverage at any time. Other FEHB enrollment changes must be made during the annual Open Season or if you experience a QLE.

## What enrollment types are available?

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

## Am I eligible to enroll?

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

# Federal Employees Health Benefits (FEHB) Program

## Which family members are eligible?

Family members covered under your Self and Family enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural children and stepchildren (may include children of your same-sex domestic partner if you would marry, but you live in a state that does not allow same sex couples to marry).
  - Foster children are included if they meet certain requirements.
  - A child age 26 or over who is incapable of self-support because of a mental or physical disability that existed before age 26 is also an eligible family member.

Contact your tribal employer for additional information on family member eligibility, including any certification or documentation that may be required for coverage. In determining whether the child is a covered family member, your tribal employer will look at the child's relationship to you as an FEHB enrollee.

## How much does it cost?

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

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

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

## When can I enroll or change my FEHB enrollment?

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

If you chose not to enroll during the Initial Enrollment Opportunity, you may also enroll 1) during the annual Open Season held from the Monday of the second full work week in November through the Monday of the second full work week in December (this year's Open Season is from November 10 through December 8, 2014; or 2) if you have a qualifying life event (QLE).

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

## How do I enroll or change my FEHB enrollment?

You must enroll or change your FEHB enrollment by completing the Health Benefits Election Form (SF 2809). This form is available on our website at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf). You can find information and guidance on the SF 2809 at [www.opm.gov/healthcare-insurance/tribal-employers/reference-materials/enrollment-form-2809-employee-guidance.pdf](http://www.opm.gov/healthcare-insurance/tribal-employers/reference-materials/enrollment-form-2809-employee-guidance.pdf). Contact your tribal employer for details.

# Temporary Continuation of Coverage (TCC)

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

## **What does TCC offer?**

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

## **Who is Eligible for TCC?**

Individuals eligible for TCC include:

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

## **Which family members are eligible?**

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

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

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

## **What TCC enrollment types are available?**

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

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

# Temporary Continuation of Coverage (TCC)

## **How much does it cost?**

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

## **When can I enroll?**

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

## **How do I enroll?**

You must enroll by completing the Health Benefits Election Form (SF 2809). This form is available on our website at [www.opm.gov/form/pdf\\_fill/sf2809.pdf](http://www.opm.gov/form/pdf_fill/sf2809.pdf). You can find information and guidance on the SF 2809 at [www.opm.gov/healthcare-insurance/tribal-employers/reference-materials/enrollment-form-2809-employee-guidance.pdf](http://www.opm.gov/healthcare-insurance/tribal-employers/reference-materials/enrollment-form-2809-employee-guidance.pdf).

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

## **When can I change my TCC enrollment?**

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

A complete listing of QLEs can be found in Table 4 of the Tables of Permissible Changes of the SF 2809 at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf).

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



# Temporary Continuation of Coverage (TCC)

## **When does my TCC coverage end?**

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

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

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

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

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

## **How do I get more information about TCC?**

Visit FEHB online at [www.opm.gov/healthcare-insurance/tribal-employers/health-insurance](http://www.opm.gov/healthcare-insurance/tribal-employers/health-insurance) for more information about Temporary Continuation of Coverage.

# FEHB Program Health Information Technology and Price/Cost Transparency

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

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

What are examples of HIT at work?

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

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

You can also find a PHR on OPM's website at [www.opm.gov/healthcare-insurance/special-initiatives/managing-my-own-health](http://www.opm.gov/healthcare-insurance/special-initiatives/managing-my-own-health). 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/healthcare-insurance/healthcare/reference-materials/#url=HIT](http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=HIT) have taken steps to help you become a better consumer of health care and have met OPM's HIT, quality and price/cost transparency standards.

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

## Appendix A

# FEHB Program Features

**No waiting periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

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

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

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

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

**Enrollment opportunities.** Each year you can enroll or change your health plan enrollment during the annual Open Season. Open Season runs from the Monday of the second full work week in November to the Monday of the second full work week in December. This year, Open Season will run from November 10 through December 8, 2013. Also, certain qualifying life events (QLEs) allow for certain types of changes throughout the year; see your tribal employer for details.

**Continued group coverage.** The FEHB Program offers continued FEHB coverage: For you or your family when you move, transfer, or go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your tribal employer).

**Coverage after FEHB ends.** The FEHB Program offers temporary continuation of coverage (TCC) and conversion to non-group (private) coverage, or receive assistance in obtaining coverage inside or outside the Affordable Care Act's Health Insurance Market Place.

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

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

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

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

## Appendix B

### Choosing an FEHB Plan

#### What type of health plan is best for you?

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

Types of Plans	Choice of doctors, hospitals, pharmacies, and other providers	Specialty care	Out-of-pocket costs	Paperwork
<b>Fee-for-Service w/PPO (Preferred Provider Organization)</b>	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.
<b>Health Maintenance Organization</b>	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.
<b>Point-of-Service</b>	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.
<b>Consumer-Driven Health Plans</b>	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You file a claim to obtain reimbursement from your HRA.
<b>High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)</b>	Some plans are network only, others pay something even if you do not use a network provider.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement.

## Appendix B

# Choosing an FEHB Plan

### What should you consider when choosing a plan?

Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to [www.opm.gov/healthcare-insurance/tribal-employers/health-insurance](http://www.opm.gov/healthcare-insurance/tribal-employers/health-insurance). You can also find help in selecting a plan using tools provided by PlanSmartChoice at [www.plansmartchoice.com/registration.aspx](http://www.plansmartchoice.com/registration.aspx).

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/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores)
  - Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan’s brochure for its accreditation level or go to <http://reportcard.ncca.org/plan/external/plansearch.aspx>.

## Appendix B

# Choosing an FEHB Plan

### Definitions

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

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

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

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

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

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

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

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

**Premium Conversion** - Premium conversion allows tribal employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. In order for tribal employees to participate in premium conversion, their tribal employer must have a premium conversion plan. Premium conversion plans are governed by the Internal Revenue Code, and IRS rules govern when participants may change their enrollment or cancel outside of the annual Open Season.

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

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

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

## Appendix C

### Qualifying Life Events

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

#### **Qualifying Life Events**

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

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

#### **Tribal Employees who Participate in Premium Conversion**

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

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

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

#### **Tribal Employees who do not Participate in Premium Conversion**

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

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

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

## Appendix D

# FEHB Member Survey Results

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

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

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

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

In evaluating plan scores, you can compare individual plan scores against other plans and against the national averages. Generally, new plans and those with fewer than 500 FEHB subscribers do not conduct CAHPS. Therefore, some of the plans listed in the Guide will not have survey data.

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



# Appendix E

## FEHB Plan Comparison Charts

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

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 21.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 62.

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

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

## Nationwide Fee-for-Service Plans

### How to read this chart:

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

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

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	140.12	316.83	571.71	1292.68
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	197.23	462.17	647.62	1462.75
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	137.38	321.67	560.50	1312.43
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	204.21	488.00	654.74	1489.10
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	106.26	241.65	433.56	985.92
MHBP -std	800-410-7778	454	455	200.74	489.21	651.20	1490.33
MHBP -Value Plan	800-410-7778	414	415	123.20	293.71	502.65	1198.35
NALC -high	888-636-6252	321	322	166.70	337.35	616.48	1335.44
NALC Value Option	888-636-6252	KM1	KM2	93.38	202.79	381.00	827.38
SAMBA -high	800-638-6589	441	442	298.74	762.43	751.16	1769.02
SAMBA -std	800-638-6589	444	445	131.71	300.81	537.39	1227.33

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

**Prescription Drugs** – Prescription Drug Payment Levels Plans use terms such as Level (L I, L II) or Tier (T1, T2,) to show what you pay for generic or brand name prescription drugs. The payment levels that plans use follow: **L I or Tier 1** includes generic drugs, but may include some preferred brands. **L II or Tier 2** includes preferred brands and may include some generics. **L III or Tier 3** includes non-preferred brands, other covered drugs, and with some exceptions, specialty drugs. **L IV or Tier 4** includes mostly preferred specialty drugs. **L V or Tier 5** generally includes non-preferred specialty drugs.

**Mail Order Discounts** – If your plan has a Mail Order program (typically for maintenance drugs) and its response is “Yes”, in general, its Mail Order program is superior to its retail pharmacy benefit (e.g., you obtain a greater quantity for less cost than retail pharmacy purchases). If your plan does not have a Mail Order program or it does not offer a superior benefit to retail pharmacy purchases, the response will be “No”.

The prescription drug copayments or coinsurances described in this chart do not represent the complete range of cost-sharing under these plans. Many plans have variations in their prescription drug benefits (e.g., you pay the greater of a dollar amount or a percentage, or you pay one amount for your first prescription and then a different amount for refills). **You must read the plan brochure for a complete description of prescription drug and all other benefits.**

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Level I	Level II / Level III	Mail Order Discounts
APWU -high	PPO Non-PPO	\$275 \$500	None None	None \$300	\$18 30%+diff.	10% 30%+diff.	10% 30%	\$8 50%	25%/25% 50%/50%	Yes Yes
BCBS -std	PPO Non-PPO	\$350 \$350	None None	\$250 \$350 + 35%+	\$20 35%+	15% 35%+	Nothing Nothing	20%/15% Medicare B 45%+ T1-T5	30%Tier2/30%Tier4/T2 30%/\$80/T345%/\$105 45%+/45%+	Yes Yes
BCBS -basic	PPO	None	None	\$175/day \$875	\$25	\$200	Nothing	\$10/30day \$30/90day	T2\$45/30T350%\$55min/ T3 50%/\$55Min/30day	N/A
GEHA -high	PPO Non-PPO	\$350 \$350	None None	\$100 \$300	\$20 25%	10% 25%	Nothing Nothing	\$10 \$10	25% Max \$150/40% Max \$200 25% Max \$150 +/N/A	Yes Yes
GEHA -std	PPO Non-PPO	\$350 \$350	None None	None None	\$15 35%	15% 35%	15% 35%	\$10 \$10	50% Max \$200/N/A 50% Max \$200 +/N/A	Yes Yes
MHBP -std	PPO Non-PPO	\$400 \$600	None None	\$200 \$500	\$20 30%	10% 30%	Nothing 30%	\$5 50%	30%(\$200 max)/50%(\$200 max) 50%/50%	Yes Yes
MHBP -Value	PPO Non-PPO	\$600 \$900	None Not Covered	None None	\$30 40%	20% 40%	20% 40%	\$10 Not Covered	45%/75% Not Covered/Not Covered	Yes Yes
NALC -high	PPO Non-PPO	\$300 \$300	None None	\$200 \$350	\$20 30%	15% 30%	Nothing 30%	20% 45% 45%+	30%/45% 45%+/45%+	Yes Yes
NALC Value Option	PPO Non-PPO	\$2,000 \$4,000	None None	20% 50%	20% 50%	20% 50%	20% 50%	10% 50%	\$40/\$60 50%/50%+	No No
SAMBA -high	PPO Non-PPO	\$300 \$300	None None	\$200 \$300	\$20 30%	10% 30%	Nothing 30%	\$8 \$8	20%(\$55 max)/35%(\$100 max) 20%(\$55 max)/35%(\$100 max)	Yes Yes
SAMBA -std	PPO Non-PPO	\$350 \$350	None None	\$200 \$400	\$20 35%	15% 35%	Nothing 35%	\$8 \$8	30%(\$70 max)/40%(\$110 max) 30%(\$70 max)/40%(\$110 max)	Yes Yes

## Nationwide Fee-for-Service Plans

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

Overall Plan Satisfaction	• How would you rate your overall experience with your health plan?
Getting Needed Care	• How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
Getting Care Quickly	• When you needed care right away, how often did you get care as soon as you thought you needed? • Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you thought you needed?
How Well Doctors Communicate	• How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
Customer Service	• How often did written materials or the Internet provide the information you needed about how your health plan works? • How often did your health plan's customer service give you the information or help you needed? • How often were the forms from your health plan easy to fill out?
Claims Processing	• How often did your health plan handle your claims quickly and correctly?
Plan Information on Costs	• How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

Plan Name: Open to All	Member Survey Results							
	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>FFS National Average</b>		<b>82.29</b>	<b>92.67</b>	<b>91.93</b>	<b>95.81</b>	<b>91.95</b>	<b>92.82</b>	<b>70.83</b>
APWU Health Plan -high	47 47	79.72	90.01	91.14	96.46	90.95	91.84	68.46
Blue Cross and Blue Shield Service Benefit Plan -std	10 10	86.22	92.57	94.38	95.31	94.31	95.14	73.75
Blue Cross and Blue Shield Service Benefit Plan -basic	11	78.18	90.56	91.2	94.88	89.82	93.64	66.04
GEHA Benefit Plan -high	31 31	87.1	92.51	90.52	95.94	90.87	91.65	66.76
GEHA Benefit Plan -std	31 31	77.44	91.78	89.62	95.01	93.95	90.84	65.92
MHBP -std	45 45	85.38	94.74	91.55	95.72	91.16	94.96	71.28
MHBP -Value Plan	41 41	60.18	91.58	88.79	93.83	89.21	87.28	61.82
NALC -high	32 32	84.98	92.14	92.47	97.16	92.17	95.29	74.46
NALC -Value Option	KM KM							
SAMBA -high	44 44	89.67	94.67	93.95	96.64	95.32	96.33	75.6
SAMBA -std	44 44	83.54	93.23	92.18	96.79	92.96	93.91	73.41

## 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.

		<b>Member Survey Results</b>							
<b>Plan Name</b>	<b>Location</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>FFS National Average</b>			<b>82.29</b>	<b>92.67</b>	<b>91.93</b>	<b>95.81</b>	<b>91.95</b>	<b>92.82</b>	<b>70.83</b>
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Arizona	10	89.52	92.07	91.76	93.58	92.93	96.9	71.9
		11	79.58	90.56	88.5	93.88	94.18	94.63	66.06
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	California	10	85.37	92.52	90.82	95.72	94.73	96.66	70.3
		11	69.27	85.62	85.26	93.73	87.67	90.53	64.36
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	District of Columbia	10	82.88	93.31	91.68	95.33	91.58	92.73	65.52
		11	67.87	86.46	87.35	93.46	88.49	92.14	59.08
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Florida	10	89.59	93.1	91.62	95.02	92.54	96.7	70.94
		11	79.65	89.1	86.7	94.26	90.83	95.15	63.22
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Illinois	10	87.52	94.99	94.14	97.63	92.59	95.15	72.91
		11	78.05	92.37	86.06	96.66	90.71	93.85	66.26
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Maryland	10	88.11	95.55	93.55	96.83	95.1	96.13	70.83
		11	74.24	89.57	88.84	94.79	88.62	92.4	62.89
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Texas	10	85.85	92.41	92.4	94.29	94	96.09	70.8
		11	83.51	88.6	85.78	93.3	92.28	94.99	61.38
Blue Cross and Blue Shield Service - Standard Benefit Plan - Basic	Virginia	10	88.46	94.89	93.37	96.24	93.55	96.37	73.3
		11	81.43	90.18	89.61	95.89	91.93	96.48	68.47

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

## Appendix E

### FEHB Plan Comparison Charts

#### Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 22 through 61)

**Health Maintenance Organization (HMO)** – A Health Maintenance Organization provides care through a network of physicians and hospitals in particular geographic or service areas. HMOs coordinate the health care service you receive and free you from completing paperwork or being billed for covered services. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work.

- The HMO provides a comprehensive set of services – as long as you use the doctors and hospitals affiliated with the HMO. HMOs charge a copayment for primary physician and specialist visits and sometimes a copayment for in-hospital care.
- Most HMOs ask you to choose a doctor or medical group as your primary care physician (PCP). Your PCP provides your general medical care. In many HMOs, you must get authorization or a “referral” from your PCP to see other providers. The referral is a recommendation by your physician for you to be evaluated and/or treated by a different physician or medical professional. The referral ensures that you see the right provider for the care appropriate to your condition.
- Medical care from a provider not in the plan’s network is not covered unless it’s emergency care or your plan has an arrangement with another plan.

**Plans Offering a Point-of-Service (POS) Product** – A Point-of-Service plan is like having two plans in one – an HMO and an FFS plan. A POS allows you and your family members to choose between using, (1) a network of providers in a designated service area (like an HMO), or (2) Out-of-Network providers (like an FFS plan). When you use the POS network of providers, you usually pay a copayment for services and do not have to file claims or other paperwork. If you use non-HMO or non-POS providers, you pay a deductible, coinsurance, or the balance of the billed charge. In any case, your out-of-pocket costs are higher and you file your own claims for reimbursement.

The tables on the following pages highlight what you are expected to pay for selected features under each plan. *Always consult plan brochures before making your final decision.*

**Primary care/Specialist office visit copay** – Shows what you pay for each office visit to your primary care doctor and specialist. Contact your plan to find out what providers it considers specialists.

**Hospital per stay deductible** – Shows the amount you pay when you are admitted into a hospital.

**Prescription drugs** – Prescription Drug Payment Levels Plans use terms such as Level (L I, L II) or Tier (T1, T2,) to show what you pay for generic or brand name prescription drugs. The payment levels that plans use follow: **L I or Tier 1** includes generic drugs, but may include some preferred brands. **L II or Tier 2** includes preferred brands and may include some generics. **L III or Tier 3** includes non-preferred brands, other covered drugs, and with some exceptions, specialty drugs. **L IV or Tier 4** includes mostly preferred specialty drugs. **L V or Tier 5** generally includes non-preferred specialty drugs.

**Mail Order Discounts** If your plan has a Mail Order program (typically for maintenance drugs) and its response is “**Yes**”, in general, its Mail Order program is superior to its retail pharmacy benefit (e.g., you obtain a greater quantity for less cost than retail pharmacy purchases). If your plan does not have a Mail Order program or it does not offer a superior benefit to retail pharmacy purchases, the response will be “**No**”.

**Member Survey Results** – See Appendix D for a description.

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

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

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Alabama</b>							
Aetna Value Plan - Most of Alabama	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
<b>Alaska</b>							
Aetna Value Plan - Most of Alaska	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
<b>Arizona</b>							
Aetna Value Plan - All of Arizona	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Aetna Open Access-High-Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	377.56	999.51	831.56	2010.84
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	280.63	846.91	732.69	1855.19
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	217.90	688.11	668.70	1693.21
Humana Health Plan, Inc. -High- Phoenix	888-393-6765	BF1	BF2	158.90	355.49	608.52	1353.94
Humana Health Plan, Inc. -Std- Phoenix	888-393-6765	BF4	BF5	141.69	315.26	578.10	1286.26
Humana Health Plan, Inc. -High- Tucson	888-393-6765	C71	C72	158.90	355.49	608.52	1353.94
Humana Health Plan, Inc. -Std- Tucson	888-393-6765	C74	C75	141.69	315.26	578.10	1286.26
<b>Arkansas</b>							
Aetna Value Plan - Most of Arkansas	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
QualChoice -High- All of Arkansas	800-235-7017	DH1	DH2	151.62	408.16	601.10	1407.66
QualChoice -Std- All of Arkansas	800-235-7017	DH4	DH5	125.38	293.63	511.57	1198.00

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Alabama</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Alaska</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Arizona</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Net of Arizona, Inc.-High		\$20/\$40	\$250/day x 5	\$10	\$30/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Health Net of Arizona, Inc.-Standard		\$25/\$50	25%	\$10	\$40/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$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.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
<b>Arkansas</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
QualChoice-High	In-Network	\$20/\$30	\$100 max \$500	\$0	\$40/\$60/\$100 per fill	Yes							
QualChoice-High	Out-Network	40%/40%	40%	N/A	N/A	N/A							
QualChoice-Std		\$20/\$40	\$200 max \$1,000	\$5	\$40/\$60/\$100 per fill	Yes							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>California</b>							
Aetna Value Plan - Most of California	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	167.14	438.90	616.93	1439.02
Anthem Blue Cross Select HMO -High- Southern California	800-235-8631	B31	B32	261.62	531.62	713.30	1533.59
Blue Shield of CA Access+HMO -High- Southern Region	800-880-8086	SI1	SI2	232.35	535.73	683.44	1537.78
Health Net of California -High- Northern Region	800-522-0088	LB1	LB2	829.81	1958.65	1292.85	2989.16
Health Net of California -Std- Northern Region	800-522-0088	LB4	LB5	769.45	1819.07	1231.28	2846.79
Health Net of California -High- Southern Region	800-522-0088	LP1	LP2	308.12	752.51	760.73	1758.90
Health Net of California -Std- Southern Region	800-522-0088	LP4	LP5	271.63	668.14	723.51	1672.84
Kaiser Foundation Health Plan of California -High- Northern California	800-464-4000	591	592	341.90	889.03	795.18	1898.15
Kaiser Foundation Health Plan of California -Std- Northern California	800-464-4000	594	595	216.17	558.11	666.94	1560.61
Kaiser Foundation Health Plan of California -High- Southern California	800-464-4000	621	622	144.29	362.01	588.70	1360.59
Kaiser Foundation Health Plan of California -Std- Southern California	800-464-4000	624	625	93.60	216.34	381.91	882.66
Kaiser Foundation Health Plan -Basic- Northern California	800-464-4000	KC1	KC2	171.38	453.33	621.25	1453.73
Kaiser Foundation Health Plan-Fresno County -High- Fresno County	800-464-4000	NZ1	NZ2	144.29	362.01	588.70	1360.59
Kaiser Foundation Health Plan-Fresno County -Std- Fresno County	800-464-4000	NZ4	NZ5	93.60	216.34	381.91	882.66
UnitedHealthcare of California -High- Central and Southern California	866-546-0510	CY1	CY2	206.35	499.77	656.92	1501.10
UnitedHealthcare of California -Std- Central and Southern California	866-546-0510	CY4	CY5	136.20	312.08	555.71	1273.30
<b>Colorado</b>							
Aetna Value Plan - All of Colorado	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Humana Health Plan, Inc. -High- Denver Colorado area	888-393-6765	NR1	NR2	113.35	252.21	462.49	1029.02
Humana Health Plan, Inc. -Std- Denver Colorado area	888-393-6765	NR4	NR5	102.02	226.99	416.23	926.12
Humana Health Plan, Inc. -High- Colorado counties of El Paso and Teller	888-393-6765	NT1	NT2	119.32	265.49	486.82	1083.19
Humana Health Plan, Inc. -Std- Colorado counties of El Paso and Teller	888-393-6765	NT4	NT5	107.39	238.94	438.15	974.88
Kaiser Foundation Health Plan of Colorado -High- Denver/Boulder/Northern/Southern Colorad	800-632-9700	651	652	246.80	575.06	698.18	1577.90
Kaiser Foundation Health Plan of Colorado -Std- Denver/Boulder/Northern/Southern Colorad	800-632-9700	654	655	108.95	246.23	444.52	1004.62
Kaiser Foundation Health Plan of Colorado -Basic- Denver/Boulder/Northern/Southern Colorad	800-632-9700	N41	N42	77.83	175.88	317.54	717.61

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>
<b>California</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No						
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	63.69	77.09	NR*	90	NR*	NR*
Anthem Blue Cross Select HMO-High		\$25/\$35	\$250 max 4 days	\$5,\$40,\$70	\$5,\$40,\$70/\$60	Yes	71.76	84.7	83.51	93.95	NR*	NR*
Blue Shield of CA Access+HMO-High		\$20/\$30	\$200/ x 3 days	\$10	\$35/50%, \$200 maximum	Yes	77.01	82.2	83.72	92.83	NR*	NR*
Health Net of California-High		\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-Standard		\$30/\$50	\$750	\$15	\$35/\$65	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-High		\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-Standard		\$30/\$50	\$750	\$15	\$35/\$65	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Kaiser Foundation HP of California-High		\$15/\$25	\$250	\$10	\$30/\$30	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP of California-Standard		\$30/\$40	\$500	\$15	\$35/\$35	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP of California-High		\$15/\$25	\$250	\$10	\$30/\$30	Yes	84.8	86.36	83.31	94.13	90.12	85
Kaiser Foundation HP of California-Standard		\$30/\$40	\$500	\$15	\$35/\$35	Yes	84.8	86.36	83.31	94.13	90.12	85
Kaiser Foundation HP -Basic		\$25/\$35	20%	\$15	\$35/\$35	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP-Fresno County-High		\$15/\$25	\$250	\$10	\$35/\$35	Yes						
Kaiser Foundation HP-Fresno County-Standard		\$30/\$40	\$500	\$15	\$30/\$30	Yes						
UnitedHealthcare of California-High		\$20/\$35	\$150/day x 4	\$10	\$35/\$60	Yes	71.12	78.82	80	94.13	NR*	NR*
UnitedHealthcare of California-Standard		\$25/\$40	30%	\$10	\$25/\$50	Yes	71.12	78.82	80	94.13	NR*	NR*
<b>Colorado</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.84	87.97	88.21	96.86	NR*	88.28
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No						
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan, Inc.-Standard		\$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.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes						
Kaiser Foundation HP of Colorado-High		\$20/\$40	\$500/day x 2	\$15	\$40/\$80	Yes	67.21	81.92	83.11	91.56	86.94	NR*
Kaiser Foundation HP of Colorado-Standard		\$20/\$40	10%	\$15	\$40/\$80	Yes	67.21	81.92	83.11	91.56	86.94	NR*
Kaiser Foundation HP of Colorado-Basic		\$20/\$50	20%	\$15	\$40/\$80	Yes						

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Connecticut</b>							
Aetna Value Plan - All of Connecticut	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
<b>Delaware</b>							
Aetna Value Plan - All of Delaware	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
Aetna Open Access -High- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	770.64	1943.61	1232.50	2973.82
Aetna Open Access -Basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	609.03	1445.10	1067.65	2465.34
<b>District of Columbia</b>							
Aetna Value Plan - All of Washington DC	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Aetna Open Access -High- Washington, DC Area	877-459-6604	JN1	JN2	487.00	1099.37	943.18	2112.70
Aetna Open Access -Basic- Washington, DC Area	877-459-6604	JN4	JN5	144.02	322.03	587.59	1313.89
CareFirst BlueChoice -High- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	232.66	536.12	683.76	1538.18
CareFirst BlueChoice -Std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	161.55	376.16	611.22	1375.02
Kaiser Foundation Health Plan Mid-Atlantic States -High- Washington, DC area	877-574-3337	E31	E32	168.85	423.15	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Washington, DC area	877-574-3337	E34	E35	98.33	226.14	401.19	922.67
M.D. IPA -High- Washington, DC area	877-835-9861	JP1	JP2	243.84	599.58	695.16	1602.91
UnitedHealthcare Insurance Company -Value- DC Area	877-835-9861	L91	L92	132.34	294.45	539.95	1201.38

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Connecticut</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
<b>Delaware</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
<b>District of Columbia</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	67.87	87.96	88.9	95.02	NR*	85.52	64.89
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Aetna Open Access-High		\$15/\$30	\$150/day x 3	\$10	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
Aetna Open Access-Basic		\$20/\$35	\$200/day x 5	\$5	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
CareFirst BlueChoice-High		\$25/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	In-Network	Nothing/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	Out-Network	\$70/\$70	\$500	Nothing	\$35/\$65	Yes							
Kaiser Foundation HP Mid-Atlantic States-High		\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/ \$45/\$65	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
Kaiser Foundation HP Mid-Atlantic States-Standard		\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/ \$50/\$70	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
M.D. IPA-High		\$25/\$40	Nothing	\$7	\$35/\$65	Yes	63.58	86.2	88.68	94.64	87.59	84.15	64.01
UnitedHealthcare Insurance Company-Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Florida</b>							
Aetna Value Plan - Most of Florida	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
AvMed Health Plans -High- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	212.27	588.08	662.96	1591.18
AvMed Health Plans -Std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	131.01	314.46	534.53	1283.02
Capital Health Plan -High- Tallahassee area	850-383-3311	EA1	EA2	128.54	390.61	524.43	1389.76
Coventry Health Plan of Florida -High- Southern Florida	800-441-5501	5E1	5E2	256.21	693.49	707.78	1698.70
Coventry Health Plan of Florida -Std- Southern Florida	800-441-5501	5E4	5E5	243.32	662.57	694.63	1667.16
Humana Value Plan - Tampa Area	888-393-6765	MJ4	MJ5	107.72	239.68	439.51	977.90
Humana Value Plan - South Florida Area	888-393-6765	QP4	QP5	107.72	239.68	439.51	977.90
Humana Medical Plan, Inc. -High- Orlando	888-393-6765	E21	E22	132.57	294.98	540.90	1203.52
Humana Medical Plan, Inc. -Std- Orlando	888-393-6765	E24	E25	119.32	265.48	486.82	1083.17
Humana Medical Plan, Inc. -High- South Florida	888-393-6765	EE1	EE2	259.33	578.96	710.96	1581.88
Humana Medical Plan, Inc. -Std- South Florida	888-393-6765	EE4	EE5	158.84	355.38	608.46	1353.83
Humana Medical Plan, Inc. -High- Daytona	888-393-6765	EX1	EX2	140.86	313.41	574.71	1278.73
Humana Medical Plan, Inc. -Std- Daytona	888-393-6765	EX4	EX5	126.78	282.08	517.25	1150.88
Humana Medical Plan, Inc. -High- Tampa	888-393-6765	LL1	LL2	585.24	1304.10	1043.39	2321.52
Humana Medical Plan, Inc. -Std- Tampa	888-393-6765	LL4	LL5	158.90	355.51	608.52	1353.96
UnitedHealthcare Insurance Company -Value- Tampa, Orlando, Miami	877-835-9861	LV1	LV2	138.03	307.11	563.15	1253.03

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	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Florida</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
AvMed Health Plans-High		\$15/\$40	\$250/day x 3	\$5	\$30/\$50/30%	No	80.65	86.84	80.78	95.75	NR*	NR*	65.92
AvMed Health Plans-Standard		\$25/\$45	\$300/day x 3	\$10	\$40/\$60/30%	No	80.65	86.84	80.78	95.75	NR*	NR*	65.92
Capital Health Plan-High		\$15/\$40	\$250	\$15 Tier 1	\$30 Tier 2/ \$50 Tier 3	No	88.44	91.94	91.3	96.77	NR*	NR*	75.6
Coventry Health Plan of Florida-High		\$15/\$30	Ded + \$150 x 3	\$3/\$20	\$40/\$60/20%	No	55.5	85.38	84.38	90.26	NR*	NR*	NR*
Coventry Health Plan of Florida-Standard		\$20/\$50	Ded + \$150 x 5	\$3/\$10	\$50/\$70/20%	No	55.5	85.38	84.38	90.26	NR*	NR*	NR*
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
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							
Humana Medical Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	70.07	84.76	82.16	92.88	89.71	89.55	59.42
Humana Medical Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.07	84.76	82.16	92.88	89.71	89.55	59.42
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							
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							
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500+500	\$10	\$35/\$60	Yes							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Georgia</b>							
Aetna Value Plan - All of Georgia	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Aetna Open Access -High- Atlanta and Athens Areas	877-459-6604	2U1	2U2	529.16	1246.72	986.19	2262.99
Humana Value Plan -Basic- Atlanta Area	888-393-6765	AD4	AD5	107.72	239.68	439.51	977.90
Humana Value Plan -Basic- Macon Area	888-393-6765	LM4	LM5	107.72	239.68	439.51	977.90
Humana Employers Health of Georgia, Inc. -High- Columbus	888-393-6765	CB1	CB2	158.90	355.49	608.52	1353.94
Humana Employers Health of Georgia, Inc. -Std- Columbus	888-393-6765	CB4	CB5	141.69	315.26	578.10	1286.26
Humana Employers Health of Georgia, Inc. -High- Atlanta	888-393-6765	DG1	DG2	208.00	464.75	658.60	1465.38
Humana Employers Health of Georgia, Inc. -Std- Atlanta	888-393-6765	DG4	DG5	158.90	355.51	608.52	1353.96
Humana Employers Health of Georgia, Inc. -High- Macon	888-393-6765	DN1	DN2	158.90	355.49	608.52	1353.94
Humana Employers Health of Georgia, Inc. -Std- Macon	888-393-6765	DN4	DN5	141.69	315.26	578.10	1286.26
Kaiser Foundation Health Plan of Georgia -High- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	150.91	373.08	600.37	1371.88
Kaiser Foundation Health Plan of Georgia -Std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	108.71	248.40	443.53	1013.46
UnitedHealthcare Insurance Company -Value- Atlanta Region	877-835-9861	LV1	LV2	138.03	307.11	563.15	1253.03
<b>Guam</b>							
Calvos Selectcare -High- Guam, Northern Mariana Islands, Palau	671-479-7982	B41	B42	105.64	288.21	431.02	1175.90
Calvos Selectcare -Std- Guam, Northern Mariana Islands, Palau	671-479-7982	B44	B45	91.39	249.17	372.89	1016.60
TakeCare -High- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK1	JK2	111.44	292.83	454.67	1194.77
TakeCare -Std- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK4	JK5	93.12	245.92	379.94	1003.36

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 6	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Georgia</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	55.32	88.3	84.7	95.6	NR*	86.94	NR*
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Employers Health of Georgia, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Employers Health of Georgia, Inc.-Standard		\$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	64.95	87.88	85.71	93.99	81.86	86.88	55.95
Humana Employers Health of Georgia, Inc.-Standard		\$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							
Humana Employers Health of Georgia, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Kaiser Foundation HP of Georgia-High		\$15/\$30	\$250/day x 3	\$10/\$20 Comm	\$40/\$50 Comm/ \$40/\$50 Comm	Yes	80.31	87.31	84.44	94.28	88.01	NR*	57.31
Kaiser Foundation HP of Georgia-Standard		\$20/\$35	\$250/day x 4	\$15/\$25 Comm	\$40/\$50 Comm/ \$40/\$50 Comm	Yes	80.31	87.31	84.44	94.28	88.01	NR*	57.31
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500+500	\$10	\$35/\$60	Yes							
<b>Guam</b>													
Calvos Selectcare	In-Network	\$15/\$40	\$200	\$10	\$25/50% of AWP	Yes							
Calvos Selectcare-High		\$15/\$40	\$200	\$10	\$25/50% of AWP	Yes							
Calvos Selectcare-Standard		\$20/\$40	20%	\$15	\$40/50% of AWP	Yes							
TakeCare-High		\$5 at FHP/\$40	\$100 /day for 5 days	\$0 FHP/\$10	\$25/\$50	Yes	68.34	66.52	64.67	88.59	77.36	NR*	57.65
TakeCare-Standard		\$5 at FHP/\$40	\$150 /day for 5 days	\$0 FHP/\$15	\$40/\$80	Yes	68.34	66.52	64.67	88.59	77.36	NR*	57.65

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Hawaii</b>							
Aetna Value Plan - All of Hawaii	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
HMSA -High- All of Hawaii	800-776-4672	871	872	124.58	277.31	508.30	1131.44
Kaiser Foundation Health Plan of Hawaii-High-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	132.08	294.53	538.89	1201.69
Kaiser Foundation Health Plan of Hawaii-Std-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	91.15	203.26	371.90	829.32
<b>Idaho</b>							
Aetna Value Plan - Most of Idaho	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Altius Health Plans -High- Southern Region	800-377-4161	9K1	9K2	211.62	456.65	662.30	1457.12
Altius Health Plans -Std- Southern Region	800-377-4161	DK4	DK5	122.11	268.63	498.20	1096.01
Group Health Cooperative -High- most of Washington State&Northern Idaho	888-901-4636	541	542	265.22	539.35	716.97	1541.48
Group Health Cooperative -Std- most of Washington State&Northern Idaho	888-901-4636	544	545	120.63	272.33	492.17	1111.10
SelectHealth -High- Idaho South	800-538-5038	SF1	SF2	199.09	448.61	649.52	1448.92
SelectHealth -Std- Idaho South	800-538-5038	SF4	SF5	124.35	277.41	507.37	1131.83

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Hawaii</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
HMSA	In-Network	\$15/\$15	\$200	\$7	\$35/\$70	Yes	89.96	94.07	91.6	95.46	NR*	95.44	58.21
HMSA	Out-Network	30%/30%	30%	\$7 + 20%	\$35 + 20%/ \$70 + 20%	No							
Kaiser Foundation HP of Hawaii-High		\$15/\$15	\$100	\$10	\$45/\$45	Yes	77.92	81.91	80.76	95.09	85.02	86.52	60.21
Kaiser Foundation HP of Hawaii-Standard		\$25/\$25	15%	\$15	\$50/\$50	Yes	77.92	81.91	80.76	95.09	85.02	86.52	60.21
<b>Idaho</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Altius Health Plans-High		\$20/\$30	\$200	\$7	\$25/40%, \$240 maximum	No	58.13	88.99	87.44	97.07	NR*	88.15	55.34
Altius Health Plans-Standard		\$20/\$40	None	\$7	\$35/50%, \$240 maximum	None	58.13	88.99	87.44	97.07	NR*	88.15	55.34
Group Health Cooperative-High		\$25/\$25	\$350	\$20	\$40/\$60/ 25%/50%	Yes	70.48	84.35	86.66	92.73	91.11	86.98	66.92
Group Health Cooperative-Standard		\$25/\$35	\$500	\$20	\$40/\$60/ 25%/50%	Yes	70.48	84.35	86.66	92.73	91.11	86.98	66.92
SelectHealth-High		\$15/\$25	Nothing	\$5, \$25, \$50	\$25/\$50	Yes	65.9	87.89	87.95	94.54	92.61	91.96	63.77
SelectHealth-Standard		\$20/\$30	15%	\$5, \$25, \$50	\$35/\$50	Yes	65.9	87.89	87.95	94.54	92.61	91.96	63.77

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Illinois</b>							
Aetna Value Plan - Most of Illinois	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Blue Cross and Blue Shield of Illinois -High- Illinois	855-676-4482	A21	A22	331.63	774.54	784.71	1781.37
Blue Preferred Plus POS -High- Madison and St. Clair counties	888-811-2092	9G1	9G2	431.56	766.61	886.64	1773.28
Health Alliance HMO -High- Central/E.Central/N.Cent/South/West Illinois	800-851-3379	FX1	FX2	302.96	754.59	755.46	1761.02
Health Alliance HMO -Std- Central/E.Central/N.Central/South/West Illinois	800-851-3379	K84	K85	191.68	495.19	641.96	1496.43
Humana Benefit Plan of Illinois, Inc. -High- Central and Northwestern Illinois	888-393-6765	9F1	9F2	735.95	1639.45	1197.11	2663.58
Humana Benefit Plan of Illinois, Inc. -Std- Central and Northwestern Illinois	888-393-6765	AB4	AB5	171.45	383.46	621.32	1382.47
Humana Value Plan - Central Illinois	888-393-6765	GB4	GB5	107.72	239.68	439.51	977.90
Humana Value Plan - Chicago Area	888-393-6765	MW4	MW5	107.72	239.68	439.51	977.90
Humana Health Plan, Inc. -High- Chicago	888-393-6765	751	752	537.09	1197.02	994.28	2212.30
Humana Health Plan, Inc. -Std- Chicago	888-393-6765	754	755	158.90	355.51	608.52	1353.96
Union Health Service -High- Chicago area	312-423-4200	761	762	139.46	323.87	568.99	1321.40
UnitedHealthcare Insurance Company -Value- Chicago Area	877-835-9861	L91	L92	132.34	294.45	539.95	1201.38
UnitedHealthcare Plan of the River Valley Inc. -High- West Central Illinois	800-747-1446	YH1	YH2	145.92	406.84	595.28	1406.31

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Illinois</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	56.88	85.16	83.98	93.09	NR*	82.48	54.25
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Blue Cross and Blue Shield of Illinois-High		\$20/\$35	Nothing	\$10 copay	\$40/\$60	Yes							
Blue Preferred Plus POS	In-Network	\$20/\$40	\$500	\$5	\$40/\$60/25% /\$60/25%	Yes	71.53	91.24	88.24	95.74	NR*	91.05	NR*
Blue Preferred Plus POS	Out-Network	30% after ded.	30% after ded.	N/A	N/A	N/A							
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07	70.08
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes							
Humana Benefit Plan of Illinois, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Benefit Plan of Illinois, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Union Health Service-High		\$15/\$15	None	\$10	\$35/\$60	Yes							
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes							
UnitedHealthcare Plan of the River Valley Inc.-High		\$25/\$50	20%	\$10	\$35/\$50	Yes	60.76	91.54	86.72	95.71	82.42	94.16	60.13

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Indiana</b>							
Aetna Value Plan - All of Indiana	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
Health Alliance HMO -High- Western Indiana	800-851-3379	FX1	FX2	302.96	754.59	755.46	1761.02
Health Alliance HMO -Std- Western Indiana	800-851-3379	K84	K85	191.68	495.19	641.96	1496.43
Humana Value Plan - Lake/Porter/LaPorte Counties	888-393-6765	MW4	MW5	107.72	239.68	439.51	977.90
Humana Health Plan of Ohio -High- Portions of Indiana	888-393-6765	A61	A62	158.90	355.49	608.52	1353.94
Humana Health Plan of Ohio -Std- Portions of Indiana	888-393-6765	A64	A65	141.69	315.26	578.10	1286.26
Humana Health Plan, Inc. -High- Lake/Porter/LaPorte Counties	888-393-6765	751	752	537.09	1197.02	994.28	2212.30
Humana Health Plan, Inc. -Std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	158.90	355.51	608.52	1353.96
Humana Health Plan, Inc. -High- Southern Indiana	888-393-6765	MH1	MH2	158.90	355.49	608.52	1353.94
Humana Health Plan, Inc. -Std- Southern Indiana	888-393-6765	MH4	MH5	141.69	315.26	578.10	1286.26
Physicians Health Plan of Northern Indiana -High- Northeast Indiana	260-432-6690	DQ1	DQ2	333.69	745.05	786.81	1751.29
<b>Iowa</b>							
Aetna Value Plan - All of Iowa	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Coventry Health Care of Iowa -High- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	133.23	313.09	543.57	1277.41
Coventry Health Care of Iowa -Std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	100.58	236.37	410.38	964.40
Health Alliance HMO -High- Central and Eastern Iowa	800-851-3379	FX1	FX2	302.96	754.59	755.46	1761.02
Health Alliance HMO -Std- Central and Eastern Iowa	800-851-3379	K84	K85	191.68	495.19	641.96	1496.43
HealthPartners High Option - Northern Iowa	800-883-2177	V31	V32	222.36	546.24	673.25	1548.50
HealthPartners Standard Option - Northern Iowa	800-883-2177	V34	V35	91.64	210.78	373.91	860.00
Sanford Health Plan -High- Northwestern Iowa	800-752-5863	AU1	AU2	299.39	724.04	751.82	1729.86
Sanford Health Plan -Std- Northwestern Iowa	800-752-5863	AU4	AU5	269.62	654.96	721.46	1659.40
UnitedHealthcare Plan of the River Valley Inc. -High- Eastern and Central Iowa	800-747-1446	YH1	YH2	145.92	406.84	595.28	1406.31

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>
<b>Indiana</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No						
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes						
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes						
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No						
Humana Health Plan of Ohio-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan of Ohio-Standard		\$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	70.24	84.24	81.9	95.32	NR*	NR*
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes						
Physicians Health Plan of Northern Indiana-High		\$20/\$40	20%	\$10	\$30/\$60	Yes	59.77	93.07	85.46	96.77	NR*	91.92
<b>Iowa</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No						
Coventry Health Care of Iowa-High		\$25/\$50	20%	\$3/ \$10	\$45/\$70/\$100	Yes	56.36	90.84	86.92	97.36	82.13	89.8
Coventry Health Care of Iowa-Standard		\$25/\$50	20%	\$3/ \$10	\$75 MAX/\$45M/ \$210/\$100	No	56.36	90.84	86.92	97.36	82.13	89.8
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes						
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+/40%+	N/A						
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56
Sanford Health Plan	Out-Network	40%+/40%+	40%+	40%+	40%+/40%+	N/A						
UnitedHealthcare Plan of the River Valley Inc.-High		\$25/\$50	20%	\$10	\$35/\$50	Yes	60.76	91.54	86.72	95.71	82.42	94.16

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Kansas</b>							
Aetna Value Plan - Most of Kansas	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	132.40	311.16	540.21	1269.55
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	141.66	359.73	577.98	1358.26
Humana Value Plan - Kansas City Area	888-393-6765	PH4	PH5	107.72	239.68	439.51	977.90
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	834.21	1858.05	1297.34	2886.55
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	158.90	355.51	608.52	1353.96
<b>Kentucky</b>							
Aetna Value Plan - Most of Kentucky	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Humana Health Plan of Ohio -High- Portions of Kentucky	888-393-6765	A61	A62	158.90	355.49	608.52	1353.94
Humana Health Plan of Ohio -Std- Portions of Kentucky	888-393-6765	A64	A65	141.69	315.26	578.10	1286.26
Humana Health Plan, Inc. -High- Louisville	888-393-6765	MH1	MH2	158.90	355.49	608.52	1353.94
Humana Health Plan, Inc. -Std- Louisville	888-393-6765	MH4	MH5	141.69	315.26	578.10	1286.26
Humana Health Plan, Inc. -High- Lexington	888-393-6765	MI1	MI2	158.90	355.51	608.52	1353.96
Humana Health Plan, Inc. -Std- Lexington	888-393-6765	MI4	MI5	141.69	315.26	578.10	1286.26
<b>Louisiana</b>							
Aetna Value Plan - Most of Louisiana	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Coventry Health Care of Louisiana -High- New Orleans Area	800-341-6613	BJ1	BJ2	284.03	704.15	736.15	1709.57
Coventry Health Care of Louisiana -Std- New Orleans Area	800-341-6613	BJ4	BJ5	141.77	345.13	578.42	1343.37
Humana Health Benefit Plan of Louisiana, Inc. -High- Baton Rouge	888-393-6765	AE1	AE2	158.90	355.51	608.52	1353.96
Humana Health Benefit Plan of Louisiana, Inc. -Std- Baton Rouge	888-393-6765	AE4	AE5	134.23	298.67	547.66	1218.57
Humana Health Benefit Plan of Louisiana, Inc. -High- New Orleans	888-393-6765	BC1	BC2	140.86	313.41	574.71	1278.73
Humana Health Benefit Plan of Louisiana, Inc. -Std- New Orleans	888-393-6765	BC4	BC5	126.78	282.08	517.25	1150.88

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Kansas</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Coventry Health Care of Kansas-High		\$30/\$60	25%	\$3/ \$12	\$50/\$75	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Coventry Health Care of Kansas-Standard		\$30/\$60	30%	\$3/ \$12	\$50/20%	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Humana Value Plan	In-Network	35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
<b>Kentucky</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Humana Health Plan of Ohio-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Ohio-Standard		\$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.-Standard		\$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.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
<b>Louisiana</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Coventry Health Care of Louisiana-High		\$25/\$45	Ded+\$100	\$5	\$40/\$75	Yes	63.1	89.87	84.86	96.23	NR*	86.79	66.42
Coventry Health Care of Louisiana-Standard		\$30/\$55	Ded+30%	\$5	\$40/\$75	Yes	63.1	89.87	84.86	96.23	NR*	86.79	66.42
Humana Health Benefit Plan of Louisiana, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Benefit Plan of Louisiana, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Benefit Plan of Louisiana, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Benefit Plan of Louisiana, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Maine</b>							
Aetna Value Plan - All of Maine	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
<b>Maryland</b>							
Aetna Value Plan - All of Maryland	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Aetna Open Access -High- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	487.00	1099.37	943.18	2112.70
Aetna Open Access -Basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	144.02	322.03	587.59	1313.89
CareFirst BlueChoice -High- All of Maryland	888-789-9065	2G1	2G2	232.66	536.12	683.76	1538.18
CareFirst BlueChoice -Std- All of Maryland	888-789-9065	2G4	2G5	161.55	376.16	611.22	1375.02
Kaiser Foundation Health Plan Mid-Atlantic States -High- Baltimore/Washington, DC areas	877-574-3337	E31	E32	168.85	423.15	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	98.33	226.14	401.19	922.67
M.D. IPA -High- All of Maryland	877-835-9861	JP1	JP2	243.84	599.58	695.16	1602.91
UnitedHealthcare Insurance Company -Value- All of Maryland	877-835-9861	L91	L92	132.34	294.45	539.95	1201.38
<b>Massachusetts</b>							
Aetna Value Plan - Most of Massachusetts	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
Fallon Community Health Plan -Basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	415.89	1102.60	870.65	2115.99

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	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Maine</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
<b>Maryland</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	67.87	87.96	88.9	95.02	NR*	85.52	64.89
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$15/\$30	\$150/day x 3	\$10	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
Aetna Open Access-Basic		\$20/\$35	\$200/day x 5	\$5	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
CareFirst BlueChoice-High		\$25/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	In-Network	Nothing/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	Out-Network	\$70/\$70	\$500	Nothing	\$35/\$65	Yes							
Kaiser Foundation HP Mid-Atlantic States-High		\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/ \$45/\$65	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
Kaiser Foundation HP Mid-Atlantic States-Standard		\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/ \$50/\$70	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
M.D. IPA-High		\$25/\$40	Nothing	\$7	\$35/\$65	Yes	63.58	86.2	88.68	94.64	87.59	84.15	64.01
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes							
<b>Massachusetts</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Fallon Community Health Plan-Basic		\$25/\$35	\$150 to \$750 max	\$10	\$30/\$60	Yes	72.24	85.78	88.62	94.96	87.92	81.04	63.82

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Michigan</b>							
Aetna Value Plan - All of Michigan	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Bluecare Network of MI -High- East Region	800-662-6667	K51	K52	248.49	592.52	699.90	1595.71
Bluecare Network of MI -High- Southeast Region	800-662-6667	LX1	LX2	169.50	484.95	619.33	1485.99
Grand Valley Health Plan -High- Grand Rapids area	616-949-2410	RL1	RL2	234.48	600.95	685.61	1604.31
Grand Valley Health Plan -Std- Grand Rapids area	616-949-2410	RL4	RL5	190.77	498.62	641.03	1499.93
Health Alliance Plan -High- Southeastern Michigan/Flint Area	800-556-9765	521	522	241.39	623.96	692.66	1627.78
Health Alliance Plan -Std- Southeastern Michigan/Flint Area	800-556-9765	GY4	GY5	144.37	385.19	589.03	1384.23
HealthPlus of MI -High- East Michigan	800-332-9161	X51	X52	203.56	566.74	654.08	1569.41
Priority Health -High- Lower Peninsula in Michigan	800-446-5674	LE1	LE2	244.94	666.40	696.28	1671.07
Priority Health -Std- Lower Peninsula in Michigan	800-446-5674	LE4	LE5	145.15	421.57	592.23	1421.34
<b>Minnesota</b>							
Aetna Value Plan - Most of Minnesota	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
HealthPartners High Option - Minnesota	800-883-2177	V31	V32	222.36	546.24	673.25	1548.50
HealthPartners Standard Option - Minnesota	800-883-2177	V34	V35	91.64	210.78	373.91	860.00
<b>Mississippi</b>							
Aetna Value Plan - Most of Mississippi	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Michigan</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Grand Valley Health Plan-High		\$0/\$10	Nothing	\$5	\$15/\$15	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Grand Valley Health Plan-Standard		\$0/\$20	\$500 x 3	\$10	N/A/\$40	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Health Alliance Plan-High		\$15/\$25	Nothing	\$8	\$40/\$60	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
Health Alliance Plan-Standard		\$30/\$50	10%	\$20	\$40/\$80	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
HealthPlus of MI-High		\$10/\$20	None	\$8	\$40/\$60	Yes	78.29	92.37	90.2	93.78	93.55	94.62	63.63
Priority Health-High		\$10/\$30	Nothing	\$10	\$40/\$60	Yes							
Priority Health-Standard		\$15/\$30	20% of charges	\$10	\$45/\$90	Yes							
<b>Minnesota</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
<b>Mississippi</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Missouri</b>							
Aetna Value Plan - Most of Missouri	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Blue Preferred Plus POS -High- StLouis/Central/SW areas	888-811-2092	9G1	9G2	431.56	766.61	886.64	1773.28
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	132.40	311.16	540.21	1269.55
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	141.66	359.73	577.98	1358.26
Humana Value Plan- Kansas City Area	888-393-6765	PH4	PH5	107.72	239.68	439.51	977.90
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	834.21	1858.05	1297.34	2886.55
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	158.90	355.51	608.52	1353.96
<b>Montana</b>							
Aetna Value Plan - South/Southeast/Western MT Areas	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
<b>Nebraska</b>							
Aetna Value Plan - All of Nebraska	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
<b>Nevada</b>							
Aetna Value Plan - Las Vegas Area	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Aetna Open Access -High- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	116.47	385.43	475.20	1384.48
Health Plan of Nevada -High- Las Vegas/Esmeralda and Nye counties	877-545-7378	NM1	NM2	112.13	264.42	457.51	1078.85
<b>New Hampshire</b>							
Aetna Value Plan - All of New Hampshire	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Missouri</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Blue Preferred Plus POS	In-Network	\$20/\$40	\$500	\$5	\$40/\$60/25 %/\$60/25%	Yes	71.53	91.24	88.24	95.74	NR*	91.05	NR*
Blue Preferred Plus POS	Out-Network	30% after ded.	30% after ded.	N/A	N/A	N/A							
Coventry Health Care of Kansas-High		\$30/\$60	25%	\$3/ \$12	\$50/\$75	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Coventry Health Care of Kansas-Standard		\$30/\$60	30%	\$3/ \$12	\$50/20%	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+ /\$60+	No							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
<b>Montana</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Nebraska</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Nevada</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Plan of Nevada-High		\$10/\$25	\$300	\$7	\$35/\$55/\$100	Yes	52.09	73.99	72.83	87.2	NR*	NR*	57.99
<b>New Hampshire</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New Jersey</b>							
Aetna Value Plan - All of New Jersey	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
Aetna Open Access -High- Northern New Jersey	877-459-6604	JR1	JR2	721.00	1693.43	1181.86	2718.64
Aetna Open Access -Basic- Northern New Jersey	877-459-6604	JR4	JR5	417.10	1001.28	871.89	2012.64
Aetna Open Access -High- Southern New Jersey	877-459-6604	P31	P32	770.64	1943.61	1232.50	2973.82
Aetna Open Access -Basic- Southern New Jersey	877-459-6604	P34	P35	609.03	1445.10	1067.65	2465.34
GHI Health Plan -High- Northern New Jersey	212-501-4444	801	802	340.69	974.22	793.95	1985.04
GHI Health Plan -Std- Northern New Jersey	212-501-4444	804	805	147.51	356.94	596.90	1355.42
<b>New Mexico</b>							
Aetna Value Plan - Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Lovelace Health Plan -High- All of New Mexico	800-808-7363	Q11	Q12	163.26	440.36	612.97	1440.51
Presbyterian Health Plan -High- All counties in New Mexico	800-356-2219	P21	P22	249.19	588.06	700.62	1591.16



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	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>New Jersey</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	64.77	85.97	86.58	94.62	89.96	88.77	NR*
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	68.4	88.21	88.14	95.18	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	68.4	88.21	88.14	95.18	NR*	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
GHI Health Plan	In-Network	\$20/\$20	\$200/max \$600	\$20	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
GHI Health Plan	Out-Network	+50% of sch.	+50% of sch.	N/A	N/A	No							
GHI Health Plan-Standard		\$30/\$30	\$250/day x 3	\$10	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
<b>New Mexico</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Lovelace Health Plan-High		\$25/\$35	\$250 after ded	\$5	\$35/\$60/50%	Yes	68.56	82.47	80.07	95.47	NR*	91.73	67.34
Presbyterian Health Plan-High		\$25/\$40	\$100 x 5 days	\$10	\$40/\$75/50%	Yes	62.11	82.62	77.65	94.47	86.26	88.35	57.48

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New York</b>							
Aetna Value Plan - Most of New York	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
Aetna Open Access -High- NYC Area/Upstate NY	877-459-6604	JC1	JC2	466.35	1253.48	922.12	2269.89
Aetna Open Access -Basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	263.05	730.80	714.75	1736.75
CDPHP Universal Benefits, Inc. -High- Upstate, Hudson Valley, Central NY	877-269-2134	SG1	SG2	250.75	771.64	702.21	1778.41
CDPHP Universal Benefits, Inc. -Std- Upstate, Hudson Valley, Central NY	877-269-2134	SG4	SG5	131.23	317.18	535.42	1294.08
GHI Health Plan -High- All of New York	212-501-4444	801	802	340.69	974.22	793.95	1985.04
GHI Health Plan -Std- All of New York	212-501-4444	804	805	147.51	356.94	596.90	1355.42
HIP Health of Greater New York -High- NYC/LI/Capital Region/Hudson	800-447-8255	511	512	200.78	720.09	651.24	1725.83
Independent Health Association -High- Western New York	800-501-3439	QA1	QA2	207.31	576.05	657.90	1578.91
Independent Health Association -Std- Western New York	800-501-3439	C54	C55	197.38	552.29	647.77	1554.67
MVP Health Care -High- Eastern Region	888-687-6277	GA1	GA2	212.01	655.79	662.69	1660.24
MVP Health Care -Std- Eastern Region	888-687-6277	GA4	GA5	166.40	545.85	616.17	1548.11
MVP Health Care -High- Western Region	888-687-6277	GV1	GV2	161.65	527.91	611.33	1529.81
MVP Health Care -Std- Western Region	888-687-6277	GV4	GV5	134.24	371.78	547.71	1370.55
MVP Health Care -High- Central Region	888-687-6277	M91	M92	206.74	643.20	657.32	1647.40
MVP Health Care -Std- Central Region	888-687-6277	M94	M95	167.79	540.48	617.59	1542.63
MVP Health Care -High- Northern Region	888-687-6277	MF1	MF2	296.44	865.22	748.81	1873.86
MVP Health Care -Std- Northern Region	888-687-6277	MF4	MF5	261.26	777.14	712.93	1784.02
MVP Health Care -High- Mid-Hudson Region	888-687-6277	MX1	MX2	221.65	677.50	672.53	1682.39
MVP Health Care -Std- Mid-Hudson Region	888-687-6277	MX4	MX5	183.80	587.02	633.92	1590.10

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>New York</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	55.51	78.81	80.46	93.14	NR*	87.55	NR*
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	70.17	87.92	86.12	94.44	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	70.17	87.92	86.12	94.44	NR*	NR*	NR*
CDPHP Universal Benefits, Inc.-High		\$20/\$30	\$100 x 5	25%	25%/25%	No	69.53	91.59	89.9	97.17	86.48	91.92	65.7
CDPHP Universal Benefits, Inc.-Standard		\$25/\$40	\$500+10%	30%	30%/30%	No	69.53	91.59	89.9	97.17	86.48	91.92	65.7
GHI Health Plan	In-Network	\$20/\$20	\$200/max \$600	\$20	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
GHI Health Plan	Out-Network	+50% of sch.	+50% of sch.	N/A	N/A	No							
GHI Health Plan-Standard		\$30/\$30	\$250/day x 3	\$10	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
HIP Health of Greater New York-High		\$20/\$40	None	\$15	\$35/\$100 Deduct/\$100	Yes	76.6	81.88	81.19	92.46	85.4	NR*	NR*
Independent Health Association	In-Network	\$25/\$25	\$250	\$10	\$50/50%	No	70.06	92.5	91.98	95.62	90.9	92.94	73.66
Independent Health Association	Out-Network	25%/25%	25%	N/A	N/A	No							
Independent Health Association	In-Network	\$30/\$50	\$750	\$4	35%/50%	Yes	70.06	92.5	91.98	95.62	90.9	92.94	73.66
Independent Health Association	Out-Network	30%/30%	30%	N/A	N/A	No							
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-Standard		\$30/\$50	\$750	\$5	\$45/\$90	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-Standard		\$30/\$50	\$750	\$5	\$45/\$90	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-Standard		\$30/\$50	\$750	\$5	\$45/\$90	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-Standard		\$30/\$50	\$750	\$5	\$45/\$90	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-High		\$25/\$25	\$500	\$5	\$35/\$70	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33
MVP Health Care-Standard		\$30/\$50	\$750	\$5	\$45/\$90	Yes	73.68	91.15	93.23	95.99	86.21	90.76	75.33

\*Not Reportable

## 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		TCC 102% of Your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Carolina</b>							
Aetna Value Plan - All of North Carolina	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
<b>North Dakota</b>							
Aetna Value Plan - Most of North Dakota	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
HealthPartners High Option - Eastern North Dakota	800-883-2177	V31	V32	222.36	546.24	673.25	1548.50
HealthPartners Standard Option - Eastern North Dakota	800-883-2177	V34	V35	91.64	210.78	373.91	860.00
Sanford Health Plan -High- North Dakota	800-752-5863	C91	C92	276.16	669.98	728.13	1674.72
Sanford Health Plan -Std- North Dakota	800-752-5863	C94	C95	197.38	607.02	647.77	1610.50
Sanford Heart of America Health Plan -High- Northcentral North Dakota	800-525-5661	RU1	RU2	155.52	552.70	605.07	1555.09
<b>Ohio</b>							
Aetna Value Plan - All of Ohio	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
AultCare HMO -High- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	158.79	492.44	608.41	1493.63
HealthSpan Integrated Care -High- Cleveland/Akron areas	800-686-7100	641	642	300.13	725.08	752.58	1730.92
HealthSpan Integrated Care -Std- Cleveland/Akron areas	800-686-7100	644	645	135.32	311.22	552.11	1269.80
Humana Health Plan of Ohio -High- Greater Cincinnati Area	888-393-6765	A61	A62	158.90	355.49	608.52	1353.94
Humana Health Plan of Ohio -Std- Greater Cincinnati Area	888-393-6765	A64	A65	141.69	315.26	578.10	1286.26
The Health Plan of the Upper Ohio Valley -High- Eastern Ohio	800-624-6961	U41	U42	180.55	425.38	630.60	1425.23
<b>Oklahoma</b>							
Aetna Value Plan - All of Oklahoma	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
Globalhealth, Inc. -High- Oklahoma	877-280-5600	IM1	IM2	136.40	343.01	556.52	1341.21

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>North Carolina</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
<b>North Dakota</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+/40%+	N/A							
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%+/40%+	40%+	40%+	40%+/40%+	N/A							
Sanford Heart of America Health Plan	In-Network	\$15/\$25	None	50%/\$600 deduct	50%/\$600dedct /50%/\$600 deductible	None							
Sanford Heart of America Health Plan	Out-Network	20%/20%	20%	N/A	N/A	N/A							
<b>Ohio</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
AultCare HMO-High		\$15/\$20	\$150	\$15	\$30/\$40/\$55	No	85.84	94.68	94.24	97.41	94.26	94.96	80.65
HealthSpan Integrated Care-High		\$20/\$20	\$250	\$10	\$30/\$30	Yes	77.01	86.35	87.17	92.9	88.54	NR*	72.75
HealthSpan Integrated Care-Standard		\$30/\$40	\$500	\$15	\$40/\$40	Yes	77.01	86.35	87.17	92.9	88.54	NR*	72.75
Humana Health Plan of Ohio-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Ohio-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
The Health Plan of the Upper Ohio Valley-High		\$20/\$40	10%	\$15	30% or \$250 /50%	Yes	73.42	92.06	90.51	94.77	95.79	93.19	75.94
<b>Oklahoma</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Globalhealth, Inc.-High		\$15/\$45	\$500day/1,500max	\$4/\$12	\$50/\$70	Yes	58.94	83.21	83.94	93.15	87.15	83.91	74.64

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Oregon</b>							
Aetna Value Plan - Most of Oregon	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Kaiser Foundation Health Plan of Northwest -High- Portland/Salem areas	800-813-2000	571	572	187.03	439.21	637.21	1439.33
Kaiser Foundation Health Plan of Northwest -Std- Portland/Salem areas	800-813-2000	574	575	131.88	308.82	538.07	1259.99
<b>Pennsylvania</b>							
Aetna Value Plan - All of Pennsylvania	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Aetna Open Access -High- Philadelphia	877-459-6604	P31	P32	770.64	1943.61	1232.50	2973.82
Aetna Open Access -Basic- Philadelphia	877-459-6604	P34	P35	609.03	1445.10	1067.65	2465.34
Aetna Open Access -High- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	256.36	764.12	707.93	1770.74
Geisinger Health Plan -Std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	195.17	483.69	645.52	1484.70
HealthAmerica Pennsylvania -High- Greater Pittsburgh Area	866-351-5946	261	262	254.24	654.10	705.77	1658.52
Keystone Health Plan West -High- Pittsburgh	866-823-0925	NP1	NP2	111.00	259.75	452.90	1059.78
UPMC Health Plan -High- Western Pennsylvania	888-876-2756	8W1	8W2	224.60	551.29	675.54	1553.65
UPMC Health Plan -Std- Western Pennsylvania	888-876-2756	UW4	UW5	135.95	312.69	554.67	1275.79
<b>Puerto Rico</b>							
Humana Health Plans of Puerto Rico, Inc. -High- Puerto Rico	800-314-3121	ZJ1	ZJ2	82.33	183.17	335.90	747.35
Triple-S Salud, Inc. -High- All of Puerto Rico	787-774-6060	891	892	97.49	223.26	397.78	910.92
<b>Rhode Island</b>							
Aetna Value Plan - All of Rhode Island	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
<b>South Carolina</b>							
Aetna Value Plan - All of South Carolina	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Oregon</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
Kaiser Foundation HP of Northwest-High		\$20/\$30	\$250	\$15	\$40/\$50	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Kaiser Foundation HP of Northwest-Standard		\$30/\$40	\$200/day up to \$600	\$20	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
<b>Pennsylvania</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.21	89.47	89.15	96.32	NR*	90.46	51.76
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Geisinger Health Plan-Standard		\$20/\$35	20% after deduct	30% \$5/\$15	40% \$40/\$120/ 50% \$85/\$250	Yes	77.7	86.94	84.7	96.61	92.54	90.04	71.17
HealthAmerica Pennsylvania-High		\$25/\$50	15% after deduct	\$5	\$35/\$60	Yes	79.59	93.18	92.94	96.69	91.4	91.04	69.83
Keystone Health Plan West-High		\$20/\$40	100% after deduct	\$5	\$35/\$60	Yes							
UPMC Health Plan-High		10% after deduct	10% after deduct	\$5 after deduct	\$35 after deduct/ \$75	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
UPMC Health Plan-Standard		20% after deduct	20% after deduct	\$5 after deduct	\$35 after deduct/ \$75 after ded	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
<b>Puerto Rico</b>													
Humana Health Plans of Puerto Rico, Inc.	In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	87.1	84.62	85.11	96.73	NR*	NR*	NR*
Humana Health Plans of Puerto Rico, Inc.	Out-Network	\$10/\$10	\$50	N/A	N/A	Yes							
Triple-S Salud, Inc.	In-Network	\$7.50/\$10	None	\$0	\$20 or 25%/ 20% or 30%	Yes	71.92	89.21	87.74	96.95	89.52	NR*	57.19
Triple-S Salud, Inc.	Out-Network	\$7.50 & 10% + /\$10 & 10% +	10% +	N/A	N/A	No							
<b>Rhode Island</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
<b>South Carolina</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>South Dakota</b>							
Aetna Value Plan - Rapid City/Sioux Falls Area	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
HealthPartners High Option - Eastern South Dakota	800-883-2177	V31	V32	222.36	546.24	673.25	1548.50
HealthPartners Standard Option - Eastern South Dakota	800-883-2177	V34	V35	91.64	210.78	373.91	860.00
Sanford Health Plan -High- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	299.39	724.04	751.82	1729.86
Sanford Health Plan -Std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	269.62	654.96	721.46	1659.40
<b>Tennessee</b>							
Aetna Value Plan - Most of Tennessee	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Aetna Open Access -High- Memphis Area	877-459-6604	UB1	UB2	306.11	924.65	758.68	1934.48
Humana Health Plan, Inc. -High- Knoxville	888-393-6765	GJ1	GJ2	140.86	313.41	574.71	1278.73
Humana Health Plan, Inc. -Std- Knoxville	888-393-6765	GJ4	GJ5	126.78	282.08	517.25	1150.88



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	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>South Dakota</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+/40%+	N/A							
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%+/40%+	40%+	40%+	40%+/40%+	N/A							
<b>Tennessee</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	65.65	87.94	83.87	93.96	NR*	NR*	NR*
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Texas</b>							
Aetna Value Plan - All of Texas	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
Aetna Whole Health -Basic- Houston, TX area	877-459-6604	ES1	ES2	132.02	420.14	538.64	1419.88
Firstcare -High- Northwest Texas	800-884-4901	CK1	CK2	129.81	298.55	529.62	1218.10
Humana Value Plan - Corpus Christi Area	888-393-6765	TP4	TP5	107.72	239.68	439.51	977.90
Humana Value Plan - San Antonio Area	888-393-6765	TU4	TU5	107.72	239.68	439.51	977.90
Humana Value Plan - Austin Area	888-393-6765	TV4	TV5	107.72	239.68	439.51	977.90
Humana Health Plan of Texas -High- Houston	888-393-6765	EW1	EW2	140.86	313.41	574.71	1278.73
Humana Health Plan of Texas -Std- Houston	888-393-6765	EW4	EW5	126.78	282.08	517.25	1150.88
Humana Health Plan of Texas -High- Corpus Christi	888-393-6765	UC1	UC2	158.90	355.51	608.52	1353.96
Humana Health Plan of Texas -Std- Corpus Christi	888-393-6765	UC4	UC5	141.69	315.26	578.10	1286.26
Humana Health Plan of Texas -High- San Antonio	888-393-6765	UR1	UR2	606.99	1352.50	1065.57	2370.89
Humana Health Plan of Texas -Std- San Antonio	888-393-6765	UR4	UR5	158.90	355.51	608.52	1353.96
Humana Health Plan of Texas -High- Austin	888-393-6765	UU1	UU2	332.50	741.76	785.59	1747.93
Humana Health Plan of Texas -Std- Austin	888-393-6765	UU4	UU5	158.90	355.51	608.52	1353.96
Scott & White Health Plan -Std- Central TX & Some SE and SW Counties	800-321-7947	A84	A85	141.14	324.35	575.84	1322.18
UnitedHealthcare Benefits of Texas, Inc. -High- San Antonio	866-546-0510	GF1	GF2	354.29	852.20	807.82	1860.58
UnitedHealthcare Insurance Company -Value- San Antonio	877-835-9861	L91	L92	132.34	294.45	539.95	1201.38

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>
<b>Texas</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No						
Aetna Whole Health	In-Network	\$25/\$35	10%	\$5	\$35/\$60	Yes						
Aetna Whole Health	Out-Network	50%/50%	50%	50%	50%/40%	No						
Firstcare-High		\$20/\$30	\$250/day x 5	\$20	\$30/20%;\$40/30% /\$55/40%to\$200	Yes						
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes						
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No						
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes						
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No						
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes						
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No						
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan of Texas-Standard		\$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						
Humana Health Plan of Texas-Standard		\$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	66.85	87.12	NR*	93.41	NR*	NR*
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.85	87.12	NR*	93.41	NR*	NR*
Humana Health Plan of Texas-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan of Texas-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	66.85	87.12	NR*	93.41	NR*	NR*
Scott & White Health Plan-Standard		\$20/\$45	\$250/day x 3	\$6	\$50/\$100 or 50% up \$250	Yes						
UnitedHealthcare Benefits of Texas, Inc.-High		\$25/\$50	\$250/day x 5	\$10	\$35/\$60	Yes	62.72	85.5	81.19	92.01	78.06	84.4
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes						

\*Not Reportable

## 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		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Utah</b>							
Aetna Value Plan - Most of Utah	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Altius Health Plans -High- Wasatch Front	800-377-4161	9K1	9K2	211.62	456.65	662.30	1457.12
Altius Health Plans -Std- Wasatch Front	800-377-4161	DK4	DK5	122.11	268.63	498.20	1096.01
SelectHealth -High- Utah Statewide	800-538-5038	SF1	SF2	199.09	448.61	649.52	1448.92
SelectHealth -Std- Utah Statewide	800-538-5038	SF4	SF5	124.35	277.41	507.37	1131.83
<b>Vermont</b>							
Aetna Value Plan - All of Vermont	877-459-6604	EP4	EP5	128.21	291.16	523.09	1187.92
<b>Virgin Islands</b>							
Triple-S Salud, Inc. -High- US Virgin Islands	800-981-3241	851	852	123.42	282.64	503.55	1153.18
<b>Virginia</b>							
Aetna Value Plan - Most of Virginia	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
Aetna Open Access -High- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	487.00	1099.37	943.18	2112.70
Aetna Open Access -Basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	144.02	322.03	587.59	1313.89
Aetna Whole Health -Basic- Roanoke, VA area	877-459-6604	D91	D92	125.02	420.14	510.09	1419.88
Aetna Whole Health -Basic- Newport News, VA area	877-459-6604	J91	J92	116.19	302.46	474.05	1234.05
CareFirst BlueChoice -High- Northern Virginia	888-789-9065	2G1	2G2	232.66	536.12	683.76	1538.18
CareFirst BlueChoice -Std- Northern Virginia	888-789-9065	2G4	2G5	161.55	376.16	611.22	1375.02
Innovation Health Plan -High- Northern Virginia	800-245-7919	LQ1	LQ2	130.50	305.75	532.46	1247.46
Kaiser Foundation Health Plan Mid-Atlantic States -High- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	168.85	423.15	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	98.33	226.14	401.19	922.67
M.D. IPA -High- Northern Virginia	877-835-9861	JP1	JP2	243.84	599.58	695.16	1602.91
Piedmont Community Healthcare -High- Lynchburg area	888-674-3368	2C1	2C2	125.42	287.19	511.70	1171.73
UnitedHealthcare Insurance Company -Value- Northern Virginia	877-835-9861	L91	L92	132.34	294.45	539.95	1201.38

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Utah</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
Altius Health Plans-High		\$20/\$30	\$200	\$7	\$25/40%, \$240 maximum	No	58.13	88.99	87.44	97.07	NR*	88.15	55.34
Altius Health Plans-Standard		\$20/\$40	None	\$7	\$35/50%, \$240 maximum	None	58.13	88.99	87.44	97.07	NR*	88.15	55.34
SelectHealth-High		\$15/\$25	Nothing	\$5,\$25,\$50	\$25/\$50	Yes	65.9	87.89	87.95	94.54	92.61	91.96	63.77
SelectHealth-Standard		\$20/\$30	15%	\$5,\$25,\$50	\$35/\$50	Yes	65.9	87.89	87.95	94.54	92.61	91.96	63.77
<b>Vermont</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
<b>Virgin Islands</b>													
Triple-S Salud, Inc.	In-Network	\$7.50/\$10	None	\$0	\$20 or 25%/ 20% or 30%	Yes	71.92	89.21	87.74	96.95	89.52	NR*	57.19
Triple-S Salud, Inc.	Out-Network	\$7.50 & 10% + /\$10 & 10% +	10% +	N/A	N/A	No							
<b>Virginia</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	67.38	88.86	86.35	96.27	NR*	92.84	59.09
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50+	No							
Aetna Open Access-High		\$15/\$30	\$150/day x 3	\$10	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
Aetna Open Access-Basic		\$20/\$35	\$200/day x 5	\$5	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
Aetna Whole Health	In-Network	\$25/\$35	10%	\$5	\$35/\$60	Yes							
Aetna Whole Health	Out-Network	50%/50%	50%	50%	50%/40%	No							
Aetna Whole Health	In-Network	\$25/\$35	10%	\$5	\$35/\$60	Yes							
Aetna Whole Health	Out-Network	50%/50%	50%	50%	50%/40%	No							
CareFirst BlueChoice-High		\$25/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	In-Network	Nothing/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	Out-Network	\$70/\$70	\$500	Nothing	\$35/\$65	Yes							
Innovation Health Plan-High		\$20/\$40	\$200/day x 5	\$10	\$35/\$100	Yes							
Kaiser Foundation HP Mid-Atlantic States-High		\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/\$45/\$65	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
Kaiser Foundation HP Mid-Atlantic States-Standard		\$20/\$30	\$250/day x 3	\$12/\$22Net	\$35/\$55/\$50/\$70	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
M.D. IPA-High		\$25/\$40	Nothing	\$7	\$35/\$65	Yes	63.58	86.2	88.68	94.64	87.59	84.15	64.01
Piedmont Community Healthcare-High		\$35/\$35	20%	\$15	\$40/\$55	No							
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes							

\*Not Reportable

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

See page 35 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Washington</b>							
Aetna Value Plan - Most of Washington	877-459-6604	G54	G55	129.51	294.10	528.41	1199.94
Aetna Open Access -High- Seattle and Spokane areas	877-459-6604	C31	C32	166.55	677.56	616.32	1682.45
Group Health Cooperative -High- Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	265.22	539.35	716.97	1541.48
Group Health Cooperative -Std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	120.63	272.33	492.17	1111.10
KPS Health Plans -Std- All of Washington	800-552-7114	L11	L12	145.38	313.81	593.16	1280.37
KPS Health Plans -High- All of Washington	800-552-7114	VT1	VT2	282.68	602.18	734.78	1605.56
Kaiser Foundation Health Plan of Northwest -High- Vancouver/Longview	800-813-2000	571	572	187.03	439.21	637.21	1439.33
Kaiser Foundation Health Plan of Northwest -Std- Vancouver/Longview	800-813-2000	574	575	131.88	308.82	538.07	1259.99
<b>West Virginia</b>							
Aetna Value Plan - Most of West Virginia	877-459-6604	F54	F55	131.89	299.52	538.13	1222.04
The Health Plan of the Upper Ohio Valley -High- Northern/Central West Virginia	800-624-6961	U41	U42	180.55	425.38	630.60	1425.23
<b>Wisconsin</b>							
Aetna Value Plan - All of Wisconsin	877-459-6604	JS4	JS5	167.01	401.29	616.79	1400.65
Aetna Whole Health -Basic- Milwaukee, WI area	877-459-6604	F71	F72	109.18	300.85	445.44	1227.46
Dean Health Plan -High- South Central Wisconsin	800-279-1301	WD1	WD2	338.43	968.37	791.64	1979.08
Dean Health Plan -Std- South Central Wisconsin	800-279-1301	WD4	WD5	130.25	330.59	531.42	1328.54
Group Health Cooperative -High- South Central Wisconsin	800-605-4327	WJ1	WJ2	159.77	522.10	609.41	1523.88
HealthPartners High Option - Western Wisconsin	800-883-2177	V31	V32	222.36	546.24	673.25	1548.50
HealthPartners Standard Option - Western Wisconsin	800-883-2177	V34	V35	91.64	210.78	373.91	860.00
MercyCare HMO -High- South Central Wisconsin	800-895-2421	EY1	EY2	211.68	652.26	662.36	1656.64
Physicians Plus -High- South Central Counties in Wisconsin	800-545-5015	LW1	LW2	211.83	683.11	662.51	1688.11
<b>Wyoming</b>							
Aetna Value Plan - All of Wyoming	877-459-6604	H44	H45	132.23	300.29	539.51	1225.20
Altius Health Plans -High- Uinta County	800-377-4161	9K1	9K2	211.62	456.65	662.30	1457.12
Altius Health Plans -Std- Uinta County	800-377-4161	DK4	DK5	122.11	268.63	498.20	1096.01

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 62.8	Getting needed care 84	Getting care quickly 85.6	How well doctors communicate 92.6	Customer service 82.1	Claims processing 85.7	Shared decision making 58.7	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
<b>Washington</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.7	83.29	80.22	95.38	NR*	82.48	NR*
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes							
Group Health Cooperative-High		\$25/\$25	\$350	\$20	\$40/\$60/ 25%/50%	Yes	70.48	84.35	86.66	92.73	91.11	86.98	66.92
Group Health Cooperative-Standard		\$25/\$35	\$500	\$20	\$40/\$60/ 25%/50%	Yes	70.48	84.35	86.66	92.73	91.11	86.98	66.92
KPS Health Plans	In-Network	\$20/\$20	Nothing	\$10	\$35/\$50 30 day; \$100 90 day	Yes	76.51	90.61	92.44	95.32	93.98	93.45	65.15
KPS Health Plans	Out-Network	\$20/40%+diff	Nothing	Not Covered	Not Covered	No							
KPS Health Plans	In-Network	\$30/\$30	None	\$5	\$25/\$50 30 day; \$100 90 day	Yes	76.51	90.61	92.44	95.32	93.98	93.45	65.15
KPS Health Plans	Out-Network	\$30+40%+diff	None	Not covered	N/A	No							
Kaiser Foundation HP of Northwest-High		\$20/\$30	\$250	\$15	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Kaiser Foundation HP of Northwest-Standard		\$30/\$40	\$200/day up to \$600	\$20	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
<b>West Virginia</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%/50%+	No							
The Health Plan of the Upper Ohio Valley-High		\$20/\$40	10%	\$15	30% or \$250 50%	Yes	73.42	92.06	90.51	94.77	95.79	93.19	75.94
<b>Wisconsin</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%/50%+	No							
Aetna Whole Health	In-Network	\$25/\$35	10%	\$5	\$35/\$60	Yes							
Aetna Whole Health	Out-Network	50%/50%	50%	50%	50%/40%	No							
Dean Health Plan-High		\$20/\$40	None	\$10	30%/\$75max/50% w/min \$50 copay	Yes	68.28	89.23	89.61	96.94	89.24	89.77	52.03
Dean Health Plan-Standard		\$20/\$40	10%	\$10	30%/\$75max/50% w/min \$50 copay	Yes							
Group Health Cooperative-High		\$10/\$10	None	\$5	\$20/\$20/50% to dose limit	Yes	80.41	84.3	88.75	96.5	94.5	89.44	70.81
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
MercyCare HMO-High		\$10/\$10	Nothing	\$20	\$40/\$60	Yes	72.18	90.58	87.26	96.87	84.13	87.12	67.48
Physicians Plus-High		\$15/\$25	Nothing	\$10	30%/50%	No	68.45	90.66	88.42	95.93	87.96	84.94	66.4
<b>Wyoming</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%/50%+	No							
Altius Health Plans-High		\$20/\$30	\$200	\$7	\$25/40%, \$240 maximum	No	58.13	88.99	87.44	97.07	NR*	88.15	55.34
Altius Health Plans-Standard		\$20/\$40	None	\$7	\$35/50%, \$240 maximum	None	58.13	88.99	87.44	97.07	NR*	88.15	55.34

\*Not Reportable

## **Appendix E**

### **FEHB Plan Comparison Charts**

#### **High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 66 through 85)**

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

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

Preventive care is covered in full. As you receive other non-preventive medical care, you must meet the plan deductible before the health plan pays benefits. You can choose to pay your deductible with funds from your HSA or you can choose instead to pay for your deductible out-of-pocket, allowing your savings to continue to grow.

The HDHP features higher annual deductibles (a minimum of \$1,300 for Self Only and \$2,600 for Self and Family coverage) and annual out-of-pocket limits (not to exceed \$6,450 for Self Only and \$12,900 for Self and Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

#### **Health Savings Account (HSA)**

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

Visit [www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx](http://www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx) for more information. The 2015 maximum contribution limits are \$3,350 for Self Only coverage and \$6,650 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 (HCFSAs).

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

Features of an HRA include:

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

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

## Appendix E

### FEHB Plan Comparison Charts

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

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

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

## **Appendix E**

### **FEHB Plan Comparison Charts**

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

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

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

## Appendix E

### FEHB Plan Comparison Charts

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

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

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

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

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

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

**Inpatient Hospital** shows what you pay after the deductible is met for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include charges from physicians or for services that may not be charged by the hospital such as laboratory or radiology.

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

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP- Nationwide	800-718-1299	474	475	100.34	225.73	409.38	920.98
GEHA High Deductible Health Plan - Nationwide	800-821-6136	341	342	110.21	251.72	449.67	1027.03
MHBP - Consumer Option -HDHP- Nationwide	800-694-9901	481	482	139.15	315.30	567.75	1286.44
NALC -CDHP- Nationwide	888-636-6252	324	325	108.46	235.51	442.53	960.89

## Appendix E FEHB Plan Comparison Charts

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

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

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 Drug Payment Levels** Plans use terms such as Level (L I, L II) or Tier (T1, T2,) to show what you pay for generic or brand name prescription drugs. The payment levels that plans use follow: **L I or Tier 1** includes generic drugs, but may include some preferred brands. **L II or Tier 2** includes preferred brands and may include some generics. **L III or Tier 3** includes non-preferred brands, other covered drugs, and with some exceptions, specialty drugs. **L IV or Tier 4** includes mostly preferred specialty drugs. **L V or Tier 5** generally includes non-preferred specialty drugs.

*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.*

Benefits Type		Premium Contribution Self/Family	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan	In-Network	\$1200/\$2400	\$600/\$1,200	\$3,000/\$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health Plan	Out-Network	\$1200/\$2400	\$600/\$1,200	\$9,000/\$9,000	40%+diff.	None	40%+diff.	Nothing up to \$1200	Not Covered
GEHA High Deductible Health Plan	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$6,000/\$12,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA High Deductible Health Plan	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$6,000/\$12,000	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
NALC	In-Network	\$1,200/\$2,400	\$2,000/\$4,000	\$6,600/\$13,200	20%	20%	20%	Nothing	\$10/\$40/\$60
NALC	Out-Network	\$1,200/\$2,400	\$4,000/\$8,000	\$12,000/\$24,000	50%	50%	50%	50%	50%/50%/50%+

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

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

Overall Plan Satisfaction	• How would you rate your overall experience with your health plan?
Getting Needed Care	• How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
Getting Care Quickly	• When you needed care right away, how often did you get care as soon as you thought you needed? • Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you thought you needed?
How Well Doctors Communicate	• How often did your personal doctor explain things in a way that was easy to understand? • How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
Customer Service	• How often did written materials or the Internet provide the information you needed about how your health plan works? • How often did your health plan's customer service give you the information or help you needed? • How often were the forms from your health plan easy to fill out?
Claims Processing	• How often did your health plan handle your claims quickly and correctly?
Plan Information on Costs	• How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

<b>Member Survey Results</b>								
<b>High Deductible Health Plans</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HDHP National Average</b>		<b>65.43</b>	<b>90.4</b>	<b>88.06</b>	<b>94.58</b>	<b>86.94</b>	<b>87.86</b>	<b>59.88</b>
Aetna HealthFund - Nationwide	22	72.35	91.91	87.48	96.36	NR	91.42	61.43
GEHA High Deductible Health Plan - Nationwide	34	60.53	88.18	87.37	93.97	82.48	80.34	58.51
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	63.4	91.1	89.32	93.4	91.39	91.82	59.69
<b>Consumer-Driven Health Plans</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>CDHP National Average</b>		<b>64.21</b>	<b>89.86</b>	<b>84.5</b>	<b>94.72</b>	<b>84.19</b>	<b>87.08</b>	<b>66.38</b>
APWU Health Plan - Nationwide	47	62.94	90.46	84.31	94.54	84.06	81.05	66.38
Humana Coverage First - IN	MW	59.13	88	83.61	95.27	NR	88.62	NR
Humana CoverageFirst - TX	TP, TU	70.55	91.12	85.58	94.34	84.31	91.56	NR

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

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Aetna Direct -CDHP- Serving all 50 states and DC	877-459-6604	N61	N62	113.78	256.98
Aetna HealthFund -HDHP- Serving all 50 states and DC	877-459-6604	224	225	122.88	269.12	501.36	1098.00

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		<b>Alabama</b>					
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>Alaska</b>							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
<b>Arizona</b>							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
<b>Arkansas</b>							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>California</b>							
Aetna HealthFund -CDHP- Most of California	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
<b>Colorado</b>							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Aetna Direct	In-Network	\$62.50/\$125	\$3,000/\$1,500	\$5,000/\$10,000	20%	20%	20%	Nothing	5/30% up to \$600/50% up to \$600
Aetna Direct	Out-Network	\$62.50/\$125	\$3,000/\$1,500	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	50% +/50%/50% +
Aetna HealthFund HDHP	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$35/\$60
Aetna HealthFund HDHP	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
<b>Alabama</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Alaska</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Arizona</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Arkansas</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>California</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Colorado</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Connecticut</b>							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>Delaware</b>							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>District of Columbia</b>							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
CareFirst BlueChoice -HDHP- Washington, D.C. Metro Area	888-789-9065	B61	B62	145.08	323.62	591.95	1320.39
<b>Florida</b>							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
Coventry Health Plan of Florida -HDHP- Southern Florida	800-441-5501	J41	J42	106.77	264.94	435.63	1080.96
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	151.80	339.74	601.28	1337.87
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	126.32	281.06	515.40	1146.75
<b>Georgia</b>							
Aetna HealthFund -CDHP- All of Georgia	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	140.36	312.29	572.68	1274.15
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	140.36	312.29	572.68	1274.15
<b>Guam</b>							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	48.23	126.50	196.78	516.12

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Connecticut</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Delaware</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>District of Columbia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
<b>Florida</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Plan of Florida		\$83.34/\$166.67	\$2,500/\$5,000	\$5,000/\$10,000	\$10	Ded+20%	Ded+20%	Nothing	\$5/\$35/\$50/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,350/\$12,700	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Georgia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Guam</b>									
TakeCare	In-Network	\$86.66/\$222.08	\$3000/\$6000	\$5,000/\$10,000	20% after Ded	20% after Ded	20% after Ded	Nothing	\$20/\$40/\$150
TakeCare	Out-Network	\$86.66/\$222.08	\$3000/\$6000	\$10,000/\$20,000	30% after Ded	30% after Ded	30% after Ded	1st \$300/ded	30% after Ded

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Hawaii</b>							
Aetna HealthFund -CDHP- All of Hawaii	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
<b>Idaho</b>							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	91.40	189.35	372.91	772.57
<b>Illinois</b>							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
Humana CoverageFirst -CDHP- Central Illinois	888-393-6765	GB1	GB2	140.36	312.29	572.68	1274.15
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	140.36	312.29	572.68	1274.15
<b>Indiana</b>							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	140.36	312.29	572.68	1274.15
Physicians Health Plan of Northern Indiana -HDHP- Northeast In	260-432-6690	DQ4	DQ5	125.36	276.62	511.48	1128.60
<b>Iowa</b>							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	89.24	212.97	364.10	868.93
<b>Kansas</b>							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
Coventry Health Care of Kansas -HDHP Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	150.47	410.33	599.92	1409.87
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	126.32	281.06	515.40	1146.75

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Hawaii</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Idaho</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
<b>Illinois</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Indiana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Physicians Health Plan of Northern Indiana		\$41.67/\$83.33	\$2,000/\$4,000	\$5,000/\$10,000	\$20	20%	20%	Nothing	\$10/\$30/\$60
<b>Iowa</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Iowa		\$83.33/\$166.66	\$2,100/\$4,200	\$5,000/\$10,000	25%	15%	15%	Nothing	\$3/ 0/\$45/\$70/\$100
<b>Kansas</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+

# High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Kentucky</b>							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	126.32	281.06	515.40	1146.75
<b>Louisiana</b>							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>Maine</b>							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>Maryland</b>							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
CareFirst BlueChoice -HDHP- All of Maryland	888-789-9065	B61	B62	145.08	323.62	591.95	1320.39
<b>Massachusetts</b>							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>Michigan</b>							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
<b>Minnesota</b>							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
<b>Mississippi</b>							
Aetna HealthFund CDHP-Most of Mississippi	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Kentucky</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Louisiana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Maine</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Maryland</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
<b>Massachusetts</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Michigan</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Minnesota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Mississippi</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Missouri</b>							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
Coventry Health Care of Kansas-HDHPKansas City Metro Area(KS and MO)	800-969-3343	9H1	9H2	150.47	410.33	599.92	1409.87
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	126.32	281.06	515.40	1146.75
<b>Montana</b>							
Aetna HealthFund CDHP - South/Southeast/Western MT Areas	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
<b>Nebraska</b>							
Aetna HealthFund -CDHP- All of Nebraska	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
<b>Nevada</b>							
Aetna HealthFund -CDHP- Las Vegas Area	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
<b>New Hampshire</b>							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>New Jersey</b>							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>New Mexico</b>							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
<b>New York</b>							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	115.34	277.38	470.58	1131.72

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Missouri</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Montana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Nebraska</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Nevada</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Hampshire</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Jersey</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Mexico</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New York</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Independent Health Assoc	In-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	\$20	\$250	20%	Nothing	\$10/\$50/50%
Independent Health Assoc	Out-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	40%	40%	40%	Deductible/40%	N/A

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Carolina</b>							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>North Dakota</b>							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
<b>Ohio</b>							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	89.03	179.74	363.23	733.35
<b>Oklahoma</b>							
Aetna HealthFund -CDHP- All of Oklahoma	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
<b>Oregon</b>							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
<b>Pennsylvania</b>							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
HealthAmerica Pennsylvania - HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	140.61	319.37	573.70	1303.02
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	124.34	280.66	507.31	1145.09
<b>Rhode Island</b>							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>South Carolina</b>							
Aetna HealthFund -CDHP- All of South Carolina	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>North Carolina</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>North Dakota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Ohio</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
AultCare HMO	In-Network	\$83.33/\$166.66	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO	Out-Network	\$83.33/\$166.66	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	20% Plan Allow
<b>Oklahoma</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Oregon</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Pennsylvania</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
HealthAmerica Pennsylvania - HDHP		\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	Nothing	\$5/\$35/\$50
UPMC Health Plan	In-Network	\$83.33/\$166.67	\$2,000/\$4,000	\$4,000/\$8,000	10%After Deduct 30% of Deduct	10% after deduct	10%after deduct	Nothing	\$5 after deduct/ \$35 after deduct/\$75 N/A
UPMC Health Plan	Out-Network	\$83.33/\$166.67	\$2000/\$4,000	\$8,000/\$16,000		30% after deduct	30% of deduct	30%	
<b>Rhode Island</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>South Carolina</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>South Dakota</b>							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Area	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
<b>Tennessee</b>							
Aetna HealthFund CDHP- Most of Tennessee	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>Texas</b>							
Aetna HealthFund -CDHP- All of Texas	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	141.83	315.58	578.69	1287.59
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	140.29	312.15	572.39	1273.56
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	152.01	340.21	601.49	1338.35
<b>Utah</b>							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	91.40	189.35	372.91	772.57
<b>Vermont</b>							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	EP1	EP2	205.70	489.26	656.26	1490.38
<b>Virginia</b>							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
CareFirst BlueChoice -HDHP- Northern Virginia	888-789-9065	B61	B62	145.08	323.62	591.95	1320.39

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

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
<b>South Dakota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Tennessee</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Texas</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Utah</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
<b>Vermont</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Virginia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60

## High Deductible and Consumer-Driven Health Plans

See pages 66-67 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Your Maximum Monthly Premium		TCC 102% of your Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Washington</b>							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	G51	G52	189.50	452.38	639.73	1452.77
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	117.01	255.70	477.40	1043.26
<b>West Virginia</b>							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	F51	F52	151.67	366.45	601.15	1365.12
<b>Wisconsin</b>							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	JS1	JS2	300.08	703.52	752.53	1708.93
<b>Wyoming</b>							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	H41	H42	162.37	390.80	612.06	1389.95
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	91.40	189.35	372.91	772.57

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
<b>Washington</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
KPS Health Plans	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	20%	None	20%	Nothing	\$10/\$35/\$50 30 day \$100 90 day
KPS Health Plans	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	40%	None	40%	Not Covered	Not Covered
<b>West Virginia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Wisconsin</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Wyoming</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$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

## **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **[www.insurekidsnow.gov](http://www.insurekidsnow.gov)** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you **must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2014. You should contact your State for further information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>ALASKA – Medicaid</b>	<b>KENTUCKY – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>ARIZONA – CHIP</b>	<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447
<b>COLORADO – Medicaid</b>	<b>MAINE – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY: 1-800-977-6741
<b>FLORIDA – Medicaid</b>	<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="https://www.flmedicaidplrecovery.com/">https://www.flmedicaidplrecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120
<b>GEORGIA – Medicaid</b>	<b>MINNESOTA – Medicaid</b>
Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payent (HIPPP) Phone: 1-800-869-1150	Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629
<b>IDAHO – Medicaid</b>	<b>MISSOURI – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>INDIANA – Medicaid</b>	<b>MONTANA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>IOWA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-877-383-4278



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

<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEW HAMPSHIRE – Medicaid</b>	<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>TEXAS – Medicaid</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NEW YORK – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>NORTH CAROLINA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>NORTH DAKOTA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>OREGON – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-877-314-5678	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>PENNSYLVANIA – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>RHODE ISLAND – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

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