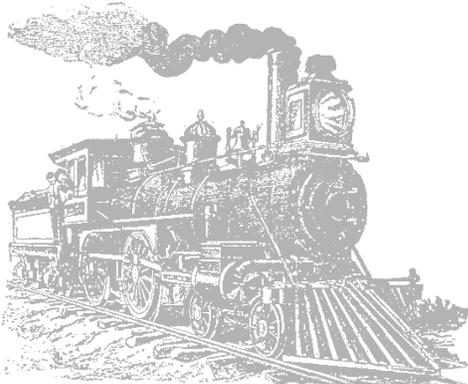


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Enrollee Survey Results and Benefit Information



*All
Aboard for
Health!*

HOW MEMBERS RATED THEIR FEHB PLANS

(With benefit information and plan accreditations)

Be sure to visit our web site at www.opm.gov/insure



UNITED STATES OFFICE OF
PERSONNEL MANAGEMENT

RETIREMENT AND INSURANCE
SERVICE

RI 70-13
Revised November 2000

P Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective.
- **A Choice of Coverage.** Choose between self only or self and family.
- **A Choice of Plans and Options.** Select from Fee-for-Service, Health Maintenance Organization, or Point of Service plans.
- **A Government Contribution.** The Government pays 72 percent of the average premium toward the total cost of your premium, but not more than 75 percent of the total premium for any plan.
- **Premium Payment Deductions** from your check.
- **Annual Opportunity to Change Plans.** Each year you can change your health plan enrollment.
- **Continued Group Coverage.** Eligible participants can continue coverage following divorce or death. See your retirement system for more information.
- **Coverage After FEHB Ends.** You or your family members may be eligible for temporary continuation of FEHB coverage or for conversion to non-group (private) coverage when FEHB coverage ends. See your retirement system for more information.



**BETTER INFORMATION
BETTER CHOICES
BETTER HEALTH**

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Things to Remember

- A number of plans withdrew from the FEHB Program. Make sure your plan will be offered in 2001.
- Be aware of benefit changes for 2001.
- Check the premium for 2001.



The information in the 2001 Guide to Federal Employees Health Benefits (FEHB) Plans gives you an overview of the FEHB Program and its participating plans. Before you make any final decisions about health plans, read the plan brochures.

FEHB and You

The Federal Employees Health Benefits (FEHB) Program began operation in July 1960. It is the nation's largest employer-sponsored health insurance program. Almost 9 million people, including 2.3 million federal employees, 1.9 million retirees, and eligible family members, are members of the Program.

Of Note for 2001

- Beginning in 2001, all FEHB plans must offer coverage for mental health and substance abuse that is identical to medical coverage deductibles, coinsurance, copays, and day and visit limitations. Check our web site at www.opm.gov/insure and your plan's brochure for details.
- Patient Safety: See page 5 for five important steps you can take to prevent medical error and improve your healthcare safety.
- In support of the Presidential initiative on plain language, OPM and the FEHB plans are committed to providing written information that is easy to understand. We worked hard to develop benefit descriptions that are clear, customer-focused, and improve plan-to-plan comparisons. You will find benefit descriptions in the plan brochures.
- Patients' Bill of Rights and Responsibilities: The President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry recommended consumer protections and quality initiatives that are now fully implemented by all FEHB plans. Our web site at www.opm.gov/insure lists the specific types of information that your health plan must make available to you. You may also contact your health plan directly for this information.

Selecting a Health Plan

Use this Guide and plan brochures to make your health plan decision. The Guide is a summary of FEHB plans; the plan brochures give specific benefit information. You can get brochures from the health plans or your human resource office. Our web site, www.opm.gov/insure, provides the Guide, brochures and other helpful information.

You should review the Fee-for-Service plans that are available nationwide as well as the plans available where you live or work.

Before selecting a plan:

- **Compare benefits in the brochures,**
- **Review costs,**
- **Consider quality, and**
- **Understand how the plan works.**

Benefits —

Check to see if the plan offers the type of services you think you might need. Does it offer a prenatal program? Can you get preventative care? If you have other insurance coverage, how does the FEHB plan coordinate benefits with the other plan? Given the trend toward reducing hospital stays, will your plan pay for home health care? Because health care is expensive, pay attention to the plan's annual out-of-pocket maximum to see how you are protected. See if there are limits on the number of visits for the services you need. Don't assume benefits will be the same as they were last year. Check the plan brochure for details.

- ✓ **Read plan brochures carefully.**
- ✓ **Know what services are covered.**
- ✓ **Know what services are not covered.**

F E H B a n d Y o u

Cost —

The premium you pay is an important consideration. When thinking about premiums, what can you afford biweekly or monthly? Should you enroll in a High Option — and pay High Option premiums — if a Standard Option would do?

You also need to consider other costs. If you need to go to the hospital, how much will you have to pay? What will you pay for an emergency room visit? If you have children, what will you pay for a well-child visit? What will you pay for a prescription?

Do you have to pay a deductible for the services you want? You share medical expenses by paying a coinsurance (a percentage of the bill) or a copayment (a fixed dollar amount). Which option do you prefer? Does the plan limit the dollar amount it will pay for certain services, making you pay the rest?

- ✓ **Review the costs summarized in this Guide.**
- ✓ **Check plan brochures for specific information.**

Quality —

Reviewing the quality data in this Guide is like reading about the repair history of different car models before buying one. The model's repair record may or may not predict what your actual experience will be. However, it gives an indication of how the models compare to one another. You can then be fairly confident that a car that requires fewer repairs is a less risky purchase. The quality information in this Guide can help you avoid an uninformed decision.

What is quality health care? Most experts agree that quality varies at every level of the health care system, from one plan to another and even from one physician's

office to another. Quality is just as much a matter of concern in fee-for-service plans as in HMOs. However, there are fewer opportunities to measure how they actually deliver care.

Poor quality can mean too much care (e.g., unnecessary surgery), too little care (e.g., not providing an indicated diagnostic test), or the wrong care (e.g., improper dose of a medication). Health plans can affect the quality of care in the ways they influence the physician's behavior and in the ways in which care is delivered.

- Say you're considering a plan that offers a list of physicians from which you must select one. What does the survey information in this Guide say about the experiences of others in that plan in "getting needed care" or "getting care quickly"?
 - ✓ **Check the customer service column to see how your plan rates.**
- Since most people aren't familiar with the technical aspects of care, they often make judgments based on the art of care, e.g., how well the doctor communicates treatment choices to patients.
 - ✓ **See what the survey information says about how well your plan's doctors communicate.**
- A recent study concluded that health plans that provide better access to care do a better job of delivering preventive services (e.g., immunizations and check-ups). Higher scores on "getting needed care" and "customer service" also were associated with higher scores on things the plan does for you and how well it treats you when you are sick.
 - ✓ **Review your plan's rating in these areas.**

FEHB and You

Accreditation is another quality indicator. It is a rigorous and comprehensive evaluation by independent organizations that assess the quality of the key systems and processes that health care organizations use. It also includes an assessment of the care and service health plans deliver in areas such as immunization rates, mammography rates, and member satisfaction. The National Committee for Quality Assurance, the Joint Commission on Accreditation of Healthcare Organizations, and the American Accreditation Healthcare Commission/URAC are independent, private, not-for-profit organizations dedicated to assessing and reporting on the quality of health care organizations. For further details, visit their web sites at www.ncqa.org, www.jcaho.org and www.urac.org.

✓ **Is your health plan accredited?**



**Call the
FEHB Fraud Hot
Line**

(202) 418-3300

**if a provider has billed you for
services you did not receive.**

Enrollee survey results in this Guide are not provided by the health plans. *They are solely based on the responses of enrolled individuals like you.* An independent company surveyed a statistically valid sample of each plans' members. A plan's ratings show how well the plan scored based on the responses of its surveyed members.

The complete questionnaire is on our web site at www.opm.gov/insure.

We have summarized the findings in these key areas:

- **Getting Needed Care.** Did you have problems getting a referral to a specialist or did you experience delays in obtaining care?
- **Getting Care Quickly.** When you called during the doctor's regular office hours, did you get the advice or help you needed? Could you get an appointment for regular or routine care as soon as you wanted?
- **How Well Doctors Communicate.** Did your doctor listen carefully to you and explain things in a way you could understand? Did he spend enough time with you?
- **Courteous and Helpful Office Staff.** Was the doctor's staff as helpful as you thought they should be?
- **Customer Service.** When you called your plan's customer service department, were they helpful? Did you have paperwork problems? Were the plan's written materials understandable?
- **Claims Processing.** Did your plan pay your claims correctly and in a reasonable time?
- **Overall plan satisfaction.** How would you rate your overall experience with your health plan?

A plan may not be rated for one of three reasons:

1. It is new to the FEHB Program,
2. It has fewer than 500 Federal enrollees, or
3. It failed to administer the survey as we asked. These plans are identified with an **X**.

Patient Safety

Medical error and patient safety aren't well understood by most Americans. When we need vital or risky health care services, we want to believe that someone else has made sure that we'll get safe care. Sadly, every hour, 10 Americans die in a hospital due to avoidable errors; another 50 are disabled. Too many patients get the wrong medicines, the wrong tests and the wrong diagnosis. By asking questions, learning more and understanding your risks, you can improve the safety of your own health care, and that of your family members. Take these simple steps:

- 1 Speak up if you have questions or concerns.** Choose a doctor who you feel comfortable talking to about your health and treatment. Take a relative or friend with you if this will help you ask questions and understand the answers. It's okay to ask questions and to expect answers you can understand.
- 2 Keep a list of all medicines you take.** Tell your doctor and pharmacist about the medicines you take, including over-the-counter medicines such as aspirin and ibuprofen, and dietary supplements such as vitamins and herbals. Tell them about any drug allergies you have. Ask the pharmacist about side effects and what foods or other things to avoid while taking the medicine. When you get your medicine, read the label, including warnings. Make sure it is what your doctor ordered, and you know how to use it. If the medicine looks different than you expected, ask the pharmacist about it.
- 3 Make sure you get the results of any test or procedure.** Ask your doctor or nurse when and how you will get the results of tests or procedures. If you do not get them when expected — in person, on the phone, or in the mail — don't assume the results are fine. Call your doctor and ask for them. Ask what the results mean for your care.
- 4 Talk with your doctor and health care team about your options if you need hospital care.** If you have more than one hospital to choose from, ask your doctor which one has the best care and results for your condition. Hospitals do a good job of treating a wide range of problems. However, for some procedures (such as heart bypass surgery), research shows results often are better at hospitals doing a lot of these procedures. Also, before you leave the hospital, be sure to ask about follow-up care, and be sure you understand the instructions.
- 5 Make sure you understand what will happen if you need surgery.** Ask your doctor and surgeon: Who will take charge of my care while I'm in the hospital? Exactly what will you be doing? How long will it take? What will happen after the surgery? How can I expect to feel during recovery? Tell the surgeon, anesthesiologist, and nurses if you have allergies or have ever had a bad reaction to anesthesia. Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.

Prescription errors occur much more frequently than they should, often with serious consequences. Keep a record of your medicines; share this information with all of your doctors.

List all prescriptions and over-the-counter drugs, such as aspirin and ibuprofen, and dietary supplements, such as vitamins and herbals. Update this form whenever you have changes.	
MEDICATION	DOSE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Cut out this card and keep it with you.

F E H B a n d Y o u

How the Plan Works

Different types of plans have different methods for getting and paying for care.

- **Fee-for-Service** — This is a traditional type of insurance in which the health plan will either pay the medical provider directly or reimburse you once you have paid the bill and filed an insurance claim for each covered medical expense. You select the doctor or hospital of your choice, but you usually must pay a deductible and coinsurance or copayment. Most fee-for-service plans have preferred provider organizations (PPO). You save money and avoid paperwork when you use preferred providers.
- **Health Maintenance Organization** — This type of health plan gives you coordinated care through a network of physicians and hospitals in particular areas. You usually must get all your care from the providers that are part of the plan. You pay copayments for most services and rarely pay a deductible or coinsurance.
- **Point of Service** — This type of plan also has rules about what benefits are covered, doctor choice, and access to specialists, but you can choose any doctor you like and see specialists without referrals if you agree to pay more.

There are things you can do to make a plan work best for you.

- When you need care, use your brochure to find out about the plan's rules and coverage for the care you need. Know what services require precertification, prior approval, or referral before you use them.
- Use your plan's mail order drug program if it has one. You get the convenience of a 90-day supply instead of a 30-day supply.
- Request generic drugs instead of brand name drugs. A generic medication is a copy of a brand name drug. It has the same active ingredients but costs less.
- Get a second or even third opinion before undergoing treatment for a serious illness or injury.
- If you're in a fee-for-service plan, use the plan's PPO if it has one. (Be aware, however, that some of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but anesthesia and radiology, for instance, will probably be covered under non-PPO benefits.)
- Ask questions. You deserve a voice in your own health care!

5 Steps to Safer Health Care:

1. Speak up if you have questions or concerns.
2. Keep a list of all the medicines you take.
3. Make sure you get the results of any test or procedure.
4. Talk with your doctor and health care team about your options if you need hospital care.
5. Make sure you understand what will happen if you need surgery.

Learn more at www.opm.gov/insure



Cut out this card and keep it with you.

WWW.OPM.GOV/INSURE

There is a new look to the FEHB web site and we've added more valuable information to help you choose a health plan and to learn more about the Program.

We now have two FEHB web pages to make your search for information easier. There is the FEHB Home Page that has information on the FEHB Program and important information on health care. We also have the Plan Comparison Page that has all the information you'll need to make an informed health insurance election.

Here's what you can find on the two pages:

FEHB Home Page

- The FEHB Handbook for Enrollees and Employing Offices — detailed and in-depth information about the FEHB Program
- The FEHB law and regulations
- Information on Disputed Claims, Patients' Bill of Rights and Mental Health Parity
- Frequently Asked Questions
- Monthly highlights about different health care issues and programs
- Information on Medicare and FEHB
- FEHB Facts — a program overview

Plan Comparison Page

- 2001 Plan Comparison — gives you general information about plans, plan quality, and information about how to choose a plan
- A link to PlanSmartChoice — an interactive decision support tool to help you select a plan
- Links to Guides and Brochures — view them on the web or download them and print them to keep
- Links to other web sites where you can find more about health care quality
- Links to on-line enrollment information — Employee Express, Annuitant Open Season Express

Learning about today's Medicare can be beneficial to your health.

Today's Medicare offers more.

- ✓ *More preventive benefits.*
- ✓ *More information.*
- ✓ *More help with your questions.*



An education program of the Department of Health and Human Services and the Health Care Financing Administration

Medicare Questions?

www.medicare.gov

1-800-MEDICARE
(1-800-633-4227)

Medicare & You Handbook



Nationwide Fee-for-Service Plans Open to All

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. An (*) in any column means an exception to the general rule for that particular plan. See the applicable column description for details. Always consult plan brochures before making your final decision.

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. Check the plan brochure for details.

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. Check the plan brochure for details.

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

The **Annual Out-of-pocket Maximum** is the amount of certain covered charges the plan will require you to pay during the year.

Plan name	Plan code	Benefit type	Medical-Surgical — You pay			
			Deductible			Annual Out-of-Pocket Maximum
			Per person		Per stay hospital inpatient	
			Calendar year	Prescription drug		
Alliance Health Plan	1R	PPO Non-PPO	\$100 \$300	\$200* \$200*	\$150 \$250	\$2,000 \$3,000
APWU Health Plan [◇]	47	PPO Non-PPO	\$250 \$250	None None	None \$200	\$4,000 \$6,000
Blue Cross and Blue Shield-High	10	PPO Non-PPO	\$150 \$150	None None	None \$100	\$1,000 \$2,700
Blue Cross and Blue Shield-Std [◇]	10	PPO Non-PPO	\$250 \$250	None None	\$100 \$300	\$3,000 \$5,000
GEHA Benefit Plan-High	31	PPO Non-PPO	\$300 \$300	None None	None None	\$2,500 \$3,500
GEHA Benefit Plan-Std	31	PPO Non-PPO	\$450 \$450	None None	None None	\$3,000 \$4,000
Mail Handlers-High	45	PPO Non-PPO	\$150 \$150	\$250* \$250*	None \$250	\$2,500 \$4,000
Mail Handlers-Std	45	PPO Non-PPO	\$200 \$200	\$600* \$600*	\$150 \$300	\$4,000 \$4,000
NALC	32	PPO Non-PPO	\$250 \$300	None \$25	None \$100	\$3,000 \$3,500
Postmasters-High	36	PPO Non-PPO	\$200 \$400	\$100 \$150	None \$150	\$3,000 \$3,500
Postmasters-Std	36	PPO Non-PPO	\$250 \$500	\$100 \$150	None \$250	\$3,500 \$5,000

◇ Offers a Point of Service product.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians' group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** (e.g., nursing, supplies, and medications) covered charges are shown, usually after any per stay deductible. Services provided and billed by the hospital for outpatient care (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand name** drugs purchased through **Mail Order** is shown. In some cases you pay the greater of either the copayment or coinsurance shown. If you pay more for non-preferred drugs, that amount is shown on the non-PPO line.

Enrollee Satisfaction Results — See page 4 for a description of these results.

Medical-Surgical — You pay							Enrollee Survey Results						
Copay (\$)/Coinsurance (%)							● above average, ● average, ○ below average						
Doctors	Outpatient tests	Hospital		Outpatient other	Mail order prescription drugs		Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing
		Inpatient			Generic	Brand Name							
		R&B	Other										
10% 30%	10% 30%	10% 30%	10% 30%	10% 30%	20% 20%	20% 20%	○	○	●	●	●	○	●
10% 30%	10% 30%	10% 30%	10% 30%	10% 30%	\$5/20% \$5/20%	\$5/20% \$5/20%	○	○	○	○	○	○	○
5% 20%	5% 20%	Nothing 30%	Nothing 30%	5% 20%	\$8 \$8	\$14 \$14	●	●	●	●	●	●	●
10% 25%	10% 25%	Nothing 30%	Nothing 30%	10% 25%	\$12 \$12	\$20 \$20	●	●	●	●	●	●	●
10% 25%	10% 25%	Nothing Nothing	10% 25%	10% 25%	\$10 \$10	\$30 \$30	●	●	●	●	●	●	●
15% 35%	15% 35%	15% 35%	15% 35%	15% 35%	\$15 \$15	50% 50%							
10% 30%	10% 30%	Nothing Nothing	Nothing Nothing	10% 30%	\$10 \$10	\$30 \$45	●	●	●	●	●	●	○
10% 30%	10% 30%	Nothing Nothing	Nothing Nothing	10% 30%	\$10 \$10	\$40 \$55	●	●	●	●	●	●	○
15% 30%	15% 30%	Nothing 20%	Nothing 20%	15% 30%	\$12 \$12	\$25 \$25	●	●	●	●	●	●	●
10% 20%	10% 20%	10% 25%	10% 25%	10% 20%	\$10/20% \$10/20%	\$25/20% \$25/20%	●	●	●	●	●	●	●
10% 30%	10% 30%	10% 30%	10% 30%	10% 30%	\$15/20% \$15/20%	\$30/20% \$30/20%	●	●	●	●	●	●	●

Nationwide Fee-for-Service Plans Open Only to Specific Groups

How to read this chart:

The table below highlights selected features that may help you narrow your choice of health plans. An (*) in any column means an exception to the general rule for that particular plan. See the applicable column description for details. Always consult plan brochures before making your final decision.

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. Check the plan brochure for details.

Some plans apply **Prescription Drug** purchases to the Calendar Year deductible (CY).

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

Plan name	Plan code	Benefit type	Medical-Surgical — You pay			
			Deductible			Annual Out-of-pocket Maximum
			Per person		Per stay hospital inpatient	
			Calendar year	Prescription drug		
Association Benefit Plan	42	PPO Non-PPO	\$250 \$250	None None	None \$100	\$2,000 \$3,000
Foreign Service	40	PPO Non-PPO	\$300 \$300	None CY	None \$200	\$3,000 \$4,000
Panama Canal Area [◇]	43	No PPO	None	\$400	\$125	\$2,500*
Rural Carrier Benefit Plan	38	PPO Non-PPO	\$250 \$250	CY CY	None \$200*	\$2,000 \$2,500
SAMBA	44	PPO Non-PPO	\$300 \$300	None None	\$300 \$300	\$2,500 \$2,500
Secret Service	Y7	No PPO	\$200	None	\$100	\$1,000

[◇] Offers a Point of Service product.

The **Annual Out-of-pocket Maximum** is the amount of certain covered charges the plan will require you to pay during the year. Some plans (*) apply the limit to inpatient charges other than room and board.

What you pay for **Doctors** inpatient visits and for surgical services is shown.

Your share of **Outpatient Tests** — provided, or ordered, and billed by a physician or physicians' group — is shown.

Your share of **Hospital Inpatient Room and Board** and **Other** (e.g., nursing, supplies, and medications) covered charges are shown, usually after any per stay deductible. Some plans require this for your first admission only (*). Services provided and billed by the hospital for outpatient care (other than surgery) are shown as **Hospital Outpatient Other** expenses.

Finally, what you pay for **Generic** and **Brand name** drugs purchased through **Mail Order** is shown. In some cases you pay the greater of either the copayment or coinsurance shown. If you pay more for non-preferred drugs, that amount is shown on the non-PPO line.

Enrollee Survey Results — See page 4 for a description.

Medical-Surgical — You pay							Enrollee Survey Results						
Copay (\$)/Coinsurance (%)							● above average, ◐ average, ○ below average						
Doctors	Outpatient tests	Hospital		Outpatient other	Mail order prescription drugs		Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing
		Inpatient			Generic	Brand Name							
		R&B	Other										
10% 25%	10% 25%	Nothing 25%	Nothing 25%	10% 25%	\$15 \$15	\$30 \$45	○	●	○	○	○	◐	◐
10% 30%	10% 30%	Nothing 20%	Nothing 20%	10% 30%	\$15 \$15	\$25 \$25	◐	◐	◐	○	○	◐	◐
50%	50%	50%	50%	50%	N/A	N/A							
15% 25%	15% 25%	Nothing \$200*	Nothing 20%	15% 25%	\$13 \$13	\$18 \$18	●	●	●	◐	●	●	●
10% 30%	10% 30%	Nothing 30%	10% 30%	10% 30%	\$15 \$15	\$20 \$25	◐	○	○	◐	○	◐	○
20%	20%	Nothing	Nothing	Nothing	\$5	\$12	◐	●	◐	◐	◐	◐	◐

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

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Alabama													
Health Partners of Alabama	DF	\$15	\$100	\$5	\$15/\$25	○	○	◐	●	●	◐	◐	
PrimeHealth of Alabama, Inc.	AA	\$10	None	\$7	\$12/\$30	◐	◐	◐	●	●	◐	◐	
Arizona													
Aetna U.S. Healthcare	WQ	\$10	None	\$5	\$10/\$25	◐	○	○	◐	◐	◐	◐	✓
CIGNA HealthCare of AZ-Phoenix	16	\$10	None	\$5	\$15	○	○	○	○	○	◐	◐	✓
Intergroup of Arizona, Inc.	A7	\$10	None	\$5	\$10	○	○	○	○	○	◐	◐	✓
PacifiCare Health Plans	A3	\$10	None	\$5	\$15	○	○	○	○	○	◐	◐	✓
California													
Aetna U.S. Healthcare	2X	\$10	None	\$5	\$10/\$25	◐	○	○	○	○	◐	◐	✓
Aetna U.S. Healthcare	BU	\$10	None	\$5	\$10/\$25	○	○	○	◐	○	○	○	✓
Blue Cross- HMO	M5	\$10	None	\$5	\$10	◐	○	○	○	○	◐	◐	✓
Blue Shield of CA Access+	SJ	\$10	None	\$6	\$6	○	◐	○	○	○	◐	◐	✓
CIGNA HealthCare of California	9T	\$10	None	\$5	\$10	○	○	○	○	○	○	○	✓
Health Net	LB	\$10	None	\$5	\$10/\$15	◐	○	◐	◐	◐	◐	◐	
Kaiser Permanente	59	\$10	None	\$10	\$10	●	◐	○	○	○	●	◐	✓
Kaiser Permanente	62	\$10	None	\$10	\$10	◐	◐	○	○	○	●	◐	✓
Maxicare Southern California	CM	\$10	None	\$5	\$10/\$25	◐	○	○	◐	○	◐	○	✓
National HMO Health Plan	MN	\$10	\$25	\$5	\$10/50%	●	○	○	◐	◐	◐	●	✓
PacifiCare Health Plans	CY	\$10	None	\$5	\$15	◐	○	○	○	○	◐	◐	✓
UHP HEALTHCARE	C4	\$10	None	\$5	\$5								
Universal Care	6Q	\$10	None	\$5	\$5								✓
Western Health Advantage	5Z	\$10	None	\$5	\$10/\$20								✓

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Colorado													
Aetna U.S. Healthcare	6F	\$10	None	\$5	\$10/\$25	○	○	◐	◐	◐	○	○	
Kaiser Permanente	65	\$10	None	\$5	\$15	◐	◐	○	○	○	●	◐	✓
PacifiCare of Colorado-High	D6	\$10	None	\$5	\$10/\$20	○	○	◐	◐	◐	○	○	✓
PacifiCare of Colorado-Std	D6	\$15	\$300	\$10	\$20/\$30	○	○	◐	◐	◐	○	○	✓
Rocky Mountain HMO	XJ	\$10	None	\$10	\$15	◐	●	●	●	●	◐	●	✓
Connecticut													
Blue Cross and Blue Shield-Std	10	\$15 25%	None \$300	\$10 45%	\$20 45%	◐	●	●	◐	◐	◐	●	✓
Aetna U.S. Healthcare	H1	\$10	None	\$5	\$10/\$25	○	◐	●	◐	◐	○	○	✓
ConnectiCare	TE	\$10	None	\$10	\$20/\$35	◐	●	◐	◐	◐	○	●	✓
Health New England	DJ	\$10	None	\$7	\$15	◐	●	○	◐	◐	◐	●	✓
Physicians Health Services/CT	DP	\$10	None	\$10	\$20/\$35	●	●	●	●	●	◐	●	✓
Delaware													
Aetna U.S. Healthcare-High	SU	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare-Std	SU	\$15	\$240	\$10	\$15/\$30								

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

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/copay	Prescription drugs		Enrollee Survey Results ● above average, ○ average, ◐ below average							Accredited	
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
District of Columbia														
Free State Health Plan - In-Network	LD	\$10	None	\$10	\$20/\$35	◐	◐	◐	◐	◐	◐	◐	◐	✓
Free State Health Plan - Out-of-Network		20%	\$200#	\$10	\$20/\$35	◐	◐	◐	◐	◐	◐	◐	◐	✓
Aetna U.S. Healthcare-High	JN	\$10	None	\$5	\$10/\$25	○	○	◐	◐	◐	○	○	✓	
Aetna U.S. Healthcare-Std	JN	\$15	\$240	\$10	\$15/\$30	○	○	◐	◐	◐	○	○	✓	
CapitalCare	2G	\$10	None	\$8	\$15/\$30	◐	◐	○	◐	○	◐	◐	✓	
George Washington Univ HP	E5	\$10	None	\$5	\$15/\$25	○	◐	○	◐	○	○	○	✓	
Kaiser Permanente	E3	\$10	None	\$7	\$7	◐	◐	○	○	○	●	◐	✓	
MD-IPA	JP	\$10	None	\$5	\$10/\$25	●	●	◐	◐	◐	●	◐	✓	
Florida														
Av-Med Health Plan	EM	\$10	None	\$5	\$5	◐	○	○	◐	◐	●	◐	✓	
Av-Med Health Plan	GP	\$10	None	\$5	\$5	◐	○	○	◐	◐	●	◐	✓	
Av-Med Health Plan	H5	\$10	None	\$5	\$5	◐	○	○	◐	◐	●	◐	✓	
Av-Med Health Plan	HW	\$10	None	\$5	\$5	◐	○	○	◐	◐	●	◐	✓	
Av-Med Health Plan	JF	\$10	None	\$5	\$5	◐	○	○	◐	◐	●	◐	✓	
Beacon Health Plans	4K	\$10	None	\$5	\$15									
Capital Health Plan	EA	\$10	\$100	\$7	\$20/\$35	●	●	◐	◐	◐	●	●	✓	
Foundation Health	5D	\$10	None	\$5	\$15/\$30	○	○	○	○	○	◐	◐	✓	
Foundation Health	5E	\$10	None	\$5	\$15/\$30	○	○	○	○	○	◐	◐	✓	
HIP Health Plan of FL	3N	\$10	\$100	\$5	\$10	○	◐	○	○	◐	◐	○	✓	
HIP Health Plan of FL	K7	\$10	\$100	\$5	\$10	○	◐	○	○	◐	◐	○	✓	
Humana Medical Plan	EE	\$10	None	\$5	\$10/\$25	◐	○	○	○	○	◐	◐	✓	
Prudential HealthCare HMO	EC	\$10	None	\$5	\$10/\$20	◐	◐	○	◐	◐	◐	◐	✓	
Prudential HealthCare HMO	EH	\$10	None	\$5	\$10/\$20	◐	○	○	○	○	◐	◐	✓	
Total Health Choice	4A	\$10	\$100	\$5	\$15									

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Georgia													
Blue Cross and Blue Shield-Std	10	\$15	None	\$10	\$20	◐	○	○	◐	◐	◐	●	✓
- In-Network													
- Out-of-Network		25%	\$300	45%	45%								
Aetna U.S. Healthcare	2U	\$10	None	\$5	\$10/\$25	○	○	◐	◐	◐	○	○	
Kaiser Permanente	F8	\$10	None	\$11	\$11	●	●	●	◐	●	●	◐	✓
Guam													
PacifiCare Asia Pacific-High	JK	\$10	None	\$5	\$5/\$20	●	◐	○	◐	○	●	◐	
PacifiCare Asia Pacific-Std	JK	\$15	\$150	\$5	\$5/\$20	●	◐	○	◐	○	●	◐	
Hawaii													
HMSA	87	20%	None	\$5	\$10/50%**	●	●	●	●	●	●	●	
- In-Network													
- Out-of-Network		30%	30%	\$5***	\$10***								
Kaiser Permanente-High	63	\$10	None	\$7	\$7	●	●	◐	◐	◐	●	●	✓
Kaiser Permanente-Std	63	\$15	None#	\$7	\$7	●	●	◐	◐	◐	●	●	✓
Idaho													
Group Health Cooperative	VR	\$10	\$100/day*	\$10	\$10	●	◐	●	●	●	●	●	✓
Premera HealthPlus	8F	\$10	\$100	\$10	\$20/\$30	○	◐	◐	◐	◐	○	◐	✓

* For up to 3 days

** Based on fee schedule

*** Plan pays non-plan pharmacy only what it would have paid a plan pharmacy; you pay the difference.

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

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/copay	Prescription drugs		Enrollee Survey Results ● above average, ○ average, ◐ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Illinois													
Mercy Health - In-Network Plans/Premier - Out-of-Network	7M	\$10	None	\$7	\$12	●	●	●	◐	◐	●	●	
		30%	None#	\$7	\$12								
Aetna U.S. Healthcare	D4	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare	XC	\$10	None	\$5	\$10/\$25	○	○	◐	◐	○	○	○	✓
Group Health Plan	MM	\$10	None	\$8	\$15/\$30	◐	◐	○	◐	○	◐	◐	✓
Health Alliance HMO	FX	\$10	\$100	\$7	\$14	●	●	●	●	●	●	●	
Health Partners of the Midwest	RN	\$10	None	\$7	\$12/\$25	◐	◐	◐	◐	◐	◐	◐	
Humana Health Plan Inc.	75	\$10	None	\$3	\$7/\$20	○	◐	○	◐	○	◐	○	✓
John Deere Health Plan	YH	\$10	\$100	\$5	\$15/\$30	●	●	●	◐	●	◐	●	✓
OSF HealthPlans	9F	\$10	\$100*	\$7	\$15/\$25	●	●	●	●	●	●	●	
PersonalCare's HMO	GE	\$10	\$100	\$5	\$15/\$35	●	●	●	◐	●	●	●	✓
Prudential HealthCare HMO	VZ	\$10	None	\$5	\$15/\$25	○	○	◐	◐	◐	○	○	✓
UNICARE Health Plans of the Mid-West	17	\$10	None	\$5	\$10	○	◐	◐	○	◐	◐	○	✓
Union Health Service	76	\$10	None	\$5	\$5								
Indiana													
Aetna U.S. Healthcare	7L	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare	RD	\$10	None	\$5	\$10/\$25	○	◐	●	●	●	○	○	
Aetna U.S. Healthcare	XC	\$10	None	\$5	\$10/\$25	○	○	◐	◐	○	○	○	✓
Arnett HMO	G2	\$10	None	\$5	\$15/\$30	●	●	●	◐	●	●	●	✓
Health Alliance HMO	FX	\$10	\$100	\$7	\$14	●	●	●	●	●	●	●	
Humana Health Plan	D2	\$10	None	\$5	\$10/\$25	◐	◐	◐	◐	◐	○	◐	
Humana Health Plan Inc.	75	\$10	None	\$3	\$7/\$20	○	◐	○	◐	○	◐	○	
M*Plan	IN	\$10	None	\$5	\$10/\$30	●	●	●	◐	●	◐	◐	✓
Maxicare Indiana	GK	\$10	None	\$5	\$10/\$25	◐	◐	◐	◐	◐	○	○	✓
Physicians HP of N. Indiana	DQ	\$10	20%**	\$10	\$10/\$25	●	●	●	●	●	●	●	
Sagamore Advantage HMO, Inc.	6Y	\$10	\$100	\$5	\$10/\$25								
UNICARE Health Plans of the Mid-West	17	\$10	None	\$5	\$10	○	◐	◐	○	◐	◐	○	✓
Welborn HMO	H3	\$10	None	\$5	\$15	●	●	●	◐	●	●	●	✓

* For up to 3 days

** Of the first \$2,500

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ○ average, ○ below average							Accredited	
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
Iowa														
Coventry Health Care of Iowa	SV	\$10	None	\$5 or 25%*	\$5 or 25%*	●	●	●	●	●	●	●	●	✓
Health Alliance HMO	7X	\$10	\$100	\$7	\$14	●	●	●	●	●	●	●	●	
John Deere Health Plan	YH	\$10	\$100	\$5	\$15/\$30	●	●	●	●	●	●	●	●	✓
SecureCare of Iowa	3Q	\$10	\$100	25%	25%									
Kansas														
Blue Cross and Blue Shield-Std	10	\$15	None	\$10	\$20	●	●	●	●	●	●	●	●	
- In-Network - Out-of-Network		25%	\$300	45%	45%									
Aetna U.S. Healthcare	7K	\$10	None	\$5	\$10/\$25									
Coventry Health Care of Kansas	7W	\$10	None	\$5	\$10/\$20	○	○	●	●	●	●	●	●	✓
Humana Kansas City, Inc.-High	MS	\$10	None	\$5	\$10/\$25	○	●	●	●	○	●	●	●	✓
Humana Kansas City, Inc.-Std	MS	\$15	\$100	\$10	\$20/\$35	○	●	●	●	○	●	●	●	✓
Kaiser Permanente	HA	\$10	None	\$5	\$5	●	●	●	○	●	●	●	●	✓
Preferred Plus of Kansas	VA	\$10	None	\$5	\$15									
Kentucky														
Bluegrass Family Health	2B	\$10	\$100	\$5	\$10/\$25	●	●	●	●	●	●	●	●	
- In-Network - Out-of-Network		30%	30%	30%	30%									
Bluegrass Family Health	BD	\$10	\$100	\$5	\$10/\$25									
- In-Network - Out-of-Network		30%	30%	30%	30%									
Bluegrass Family Health	BH	\$10	\$100	\$5	\$10/\$25									
- In-Network - Out-of-Network		30%	30%	30%	30%									
Advantage Care, Inc.	XW	\$10	\$100	\$7	\$14/\$30	●	●	●	●	●	●	●	●	✓
Aetna U.S. Healthcare	7L	\$10	None	\$5	\$10/\$25									
Aetna U.S. Healthcare	RD	\$10	None	\$5	\$10/\$25	○	●	●	●	●	○	○	○	
Humana Health Plan	D2	\$10	None	\$5	\$10/\$25	●	●	●	●	●	○	●	●	
United Health Care of Ohio, Inc.	3U	\$10	\$100	\$10	\$15	●	●	●	●	●	●	●	●	✓

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

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Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/copay	Prescription drugs		Enrollee Survey Results ● above average, ○ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Louisiana													
Blue Cross and Blue Shield-Std - In-Network - Out-of-Network	10	\$15 25%	None \$300	\$10 45%	\$20 45%	●	○	○	○	○	●	●	✓
Maxicare Louisiana - In-Network - Out-of-Network	JA	\$10 20%	None 20%	\$7 N/A	\$15/\$25 N/A	○	○	○	○	○	○	○	
Aetna U.S. Healthcare	NG	\$10	None	\$5	\$10/\$25	○	○	○	○	○	●	○	
Amcare Health Plans	ZH	\$10	None	\$5	\$15/50%								
Amcare Health Plans	ZQ	\$10	None	\$5	\$15/50%								
Maryland													
Free State Health Plan - In-Network - Out-of-Network	LD	\$10 20%	None \$200#	\$10 \$10	\$20/\$35 \$20/\$35	○	○	○	○	○	○	○	✓
Aetna U.S. Healthcare-High	JN	\$10	None	\$5	\$10/\$25	○	○	○	○	○	○	○	✓
Aetna U.S. Healthcare-Std	JN	\$15	\$240	\$10	\$15/\$30	○	○	○	○	○	○	○	✓
CapitalCare	2G	\$10	None	\$8	\$15/\$30	○	○	○	○	○	○	○	✓
George Washington Univ HP	E5	\$10	None	\$5	\$15/\$25	○	○	○	○	○	○	○	✓
Kaiser Permanente	E3	\$10	None	\$7	\$7	○	○	○	○	○	●	○	✓
MD-IPA	JP	\$10	None	\$5	\$10/\$25	●	●	○	○	○	●	○	✓
Massachusetts													
Blue Chip, Coord Hlth Partner - In-Network - Out-of-Network	DA	\$10 20%	None None#	\$5 \$5	\$15/\$30 \$15/\$30	○	●	●	●	●	○	○	✓
Blue Cross and Blue Shield-Std - In-Network - Out-of-Network	10	\$15 25%	None \$300	\$10 45%	\$20 45%	●	●	●	○	○	●	●	✓
Aetna U.S. Healthcare	NE	\$10	None	\$5	\$10/\$25	○	○	●	●	●	○	○	✓
Fallon Community Health Plan	JV	\$10	None	\$5	\$10	●	●	●	●	●	○	○	✓
Health New England	DJ	\$10	None	\$7	\$15	○	●	○	○	○	○	●	✓

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results							Accredited
						● above average, ○ average, ○ below average							
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Michigan													
Aetna U.S. Healthcare	8Z	\$10	None	\$5	\$10/\$25								
Blue Care Network West MI	G7	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	K5	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	KF	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	KN	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	KR	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	LN	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Blue Care Network West MI	LX	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
Grand Valley Health Plan	RL	\$10	None	\$5	\$5								✓
Health Alliance	52	\$10	None	\$2	\$2	●	●	●	●	●	●	●	✓
HealthPlus MI	X5	\$10	None	\$5	\$5	●	○	●	●	●	●	●	✓
M-Care	EG	\$10	None	\$5	\$10	●	●	●	●	●	●	●	✓
OmniCare	KA	\$10	None	\$2	\$2	○	○	○	○	○	○	○	✓
SelectCare HMO	K6	\$10	None	\$2	\$2	○	○	○	○	○	●	○	✓
SelectCare HMO	KP	\$10	None	\$2	\$2								
The Wellness Plan	K3	\$10	None	\$5	\$5	○	○	○	●	○	○	○	✓
Total Health Care	N2	\$10	None	Nothing	Nothing								
Minnesota													
APWU Health Plan - In-Network	47	\$10	None	\$5 or 25%*	\$5 or 25%*								
- Out-of-Network		30%	\$200	\$5 or 45%*	\$5 or 45%*								
Blue Cross and Blue Shield-Std - In-Network	10	\$15	None	\$10	\$20	●	●	●	●	●	●	●	
- Out-of-Network		25%	\$300	45%	45%								
HealthPartners Classic-High	53	\$10	None	\$8	\$8	●	●	●	●	●	●	●	✓
HealthPartners Classic-Std	53	\$15	\$200	\$10	\$10	●	●	●	●	●	●	●	✓
HealthPartners Health Plan	HQ	\$10	None	\$8	\$8	●	●	●	●	●	●	●	✓

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				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Mississippi													
Prudential HealthCare HMO	UB	\$10	None	\$5	\$15/\$25	◐	○	○	◐	◐	○	○	✓
Missouri													
Mercy Health - In-Network Plans/Premier - Out-of-Network	7M	\$10 30%	None None#	\$7 \$7	\$12 \$12	●	●	●	◐	◐	●	●	
Aetna U.S. Healthcare	7K	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare	D4	\$10	None	\$5	\$10/\$25								
BlueCHOICE	9G	\$10	None	\$5	\$10/\$15	○	●	◐	◐	◐	○	◐	✓
Group Health Plan	MM	\$10	None	\$8	\$15/\$30	◐	◐	○	◐	○	◐	◐	✓
Health Partners of the Midwest	RN	\$10	None	\$7	\$12/\$25	◐	◐	◐	◐	◐	◐	◐	
Humana Kansas City, Inc.-High	MS	\$10	None	\$5	\$10/\$25	○	◐	◐	◐	○	◐	◐	✓
Humana Kansas City, Inc.-Std	MS	\$15	\$100	\$10	\$20/\$35	○	◐	◐	◐	○	◐	◐	✓
Kaiser Permanente	HA	\$10	None	\$5	\$5	◐	◐	◐	○	◐	●	◐	✓
Prudential HealthCare HMO	VZ	\$10	None	\$5	\$15/\$25	○	○	◐	◐	◐	○	○	✓
Nevada													
Health Plan of Nevada - In-Network	NM	\$10	\$100/day*	\$5	\$20/\$35	○	○	○	○	○	○	○	✓
- Out-of-Network		20%	CY#**	\$5	\$20/\$35								✓
Aetna U.S. Healthcare	8L	\$10	None	\$5	\$10/\$25								✓
PacifiCare Health Plans	K9	\$10	None	\$5	\$15	○	○	○	○	○	◐	◐	✓

* Up to the annual out-of-pocket maximum

** Applied to calendar year deductible

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited	
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
New Jersey														
Blue Cross and Blue Shield-Std	10	\$15	None	\$10	\$20	○	◐	○	◐	○	○	○	○	✓
- In-Network														
- Out-of-Network		25%	\$300	45%	45%									
GHI Health Plan	80	\$10	None	\$5	\$15/\$30	◐	●	◐	◐	◐	◐	◐	◐	
- In-Network														
- Out-of-Network		50%*	50%*	N/A	N/A									
Aetna U.S. Healthcare-High	P3	\$10	None	\$5	\$10/\$25	●	●	●	●	●	◐	◐	✓	
Aetna U.S. Healthcare-Std	P3	\$15	\$240	\$10	\$15/\$30	●	●	●	●	●	◐	◐	✓	
AmeriHealth HMO	FK	\$10	None	\$5	\$5	○	◐	◐	●	◐	○	○	✓	
CIGNA CoMED HealthCare	P4	\$10	None	\$10	\$20	○	○	○	○	○	○	○	✓	
Physicians Health Services of NJ	2F	\$10	None	\$10	\$20/\$35	◐	◐	◐	◐	◐	◐	○		
PHS Health Plans	27	\$10	None	\$4	\$4	○	○	●	◐	◐	○	○	✓	
New Mexico														
Lovelace Health Plan	Q1	\$10	None	\$5	\$10	◐	◐	○	○	○	○	○	✓	
Presbyterian Health Plan	P2	\$10	None	\$5	\$15	○	○	○	◐	○	◐	◐		
Cimarron Health Plan	PX	\$10	None	\$5	\$8	◐	◐	○	◐	◐	◐	●		

* Non-plan doctors and hospitals paid based on fee schedule

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

Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
New York													
Blue Cross and Blue Shield-Std - In-Network - Out-of-Network	10	\$15 25%	None \$300	\$10 45%	\$20 45%	◐	◐	◐	◐	◐	◐	○	✓
GHI Health Plan - In-Network - Out-of-Network	80	\$10 50%*	None 50%*	\$5 N/A	\$15/\$30 N/A	◐	●	◐	◐	◐	◐	◐	✓
Aetna U.S. Healthcare	JC	\$10	None	\$5	\$10/\$25	○	◐	○	◐	◐	◐	○	✓
Aetna U.S. Healthcare	TG	\$10	None	\$5	\$10/\$25								
Blue Choice	MK	\$10	None	\$8	\$8	●	●	●	●	●	●	●	✓
C.D.P.H.P.	PW	\$10	None	\$5	\$20								✓
C.D.P.H.P.	QB	\$10	None	\$5	\$20								✓
C.D.P.H.P.	SG	\$10	None	\$5	\$20	●	●	●	●	●	●	●	✓
CIGNA HealthCare of NY	HU	\$10	None	\$7	\$14	○	○	○	○	○	○	○	✓
GHI HMO Select	6V	\$10	None	\$10	\$10								✓
GHI HMO Select	X4	\$10	None	\$10	\$10								✓
Health First New York	7N	\$10	\$100	\$5	\$10								
HealthCarePlan	Q8	\$10	None	\$5	\$15/\$35	●	●	●	●	●	●	●	✓
HIP of Greater New York	51	\$10	None	\$10	\$10	◐	◐	○	○	○	◐	○	✓
HMO Blue	AH	\$10	None	\$5	\$20/\$35	◐	●	●	●	●	◐	◐	✓
HMO-CNY	EB	\$10	None	\$5	\$20/\$35	◐	●	●	◐	◐	◐	◐	✓
Independent Health Assoc	QA	\$10	None	\$5	\$10/\$25	●	●	●	●	●	●	●	✓
MVP Health Plan	GA	\$10	None	\$5	\$20	●	●	●	●	●	●	●	✓
MVP Health Plan	M9	\$10	None	\$5	\$20	●	●	●	●	●	●	●	✓
MVP Health Plan	MX	\$10	None	\$5	\$20	●	●	●	●	●	●	●	✓
PHP/Mohawk Valley Region	SH	\$10	None	\$5	\$15/\$35								
Physicians Health Svcs of NY	PD	\$10	None	\$10	\$20/\$35	●	●	◐	◐	◐	●	◐	✓
Preferred Care	GV	\$10	None	\$10	\$20/\$35	●	●	●	●	●	●	●	✓
Prepaid Health Plan	QE	\$10	None	\$5	\$15/\$35	●	●	●	◐	●	●	●	
Vytra Health Plans	J6	\$10	None	\$5	\$5	◐	●	◐	◐	○	◐	○	

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Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ○ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
North Carolina													
QualChoice of North Carolina - In-Network	7Q	\$10	None	\$6	\$12	○	●	○	●	○	○	○	
- Out-of-Network		\$10	None	\$6	\$12	○	●	○	●	○	○	○	
Aetna U.S. Healthcare	3G	\$10	None	\$5	\$10/\$25	○	○	○	○	○	○	○	
Doctors Health Plan, Inc.	6D	\$10	\$100	\$10	\$20/\$30	○	○	○	●	○	○	○	
PARTNERS NHP of NC	EQ	\$10	\$250	\$10	\$10	●	○	○	○	○	●	●	✓
UHC of North Carolina	XM	\$10	None	\$10	\$15/\$25	●	●	●	●	●	●	●	✓
North Dakota													
Blue Cross and Blue Shield-Std - In-Network	10	\$15	None	\$10	\$20	○	●	●	○	●	●	●	
- Out-of-Network		25%	\$300	45%	45%	○	●	●	○	●	●	●	
Heart of America HMO	RU	\$10	None	50%	50%								
Ohio													
Aetna U.S. Healthcare	7D	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare	7J	\$10	None	\$5	\$10/\$25								
Aetna U.S. Healthcare	RD	\$10	None	\$5	\$10/\$25	○	○	●	●	●	○	○	✓
AultCare HMO	3A	\$10	None	\$5	\$10	●	●	●	●	●	●	●	
CHP of Ohio	MG	\$10	\$50/day*	\$10	\$15	●	○	●	○	●	●	●	
Health Maintenance Plan(HMP)	R5	\$10	None	\$5	\$12	○	○	●	○	○	○	○	✓
Health Plan Upper OH Valley	U4	\$10	None	\$5	\$10	●	●	●	●	●	●	●	✓
HMO Health Ohio	L4	\$10	None	\$5	\$5	○	○	○	○	○	○	○	✓
Kaiser Permanente	64	\$10	None	\$5	\$5	○	●	○	○	●	●	○	✓
Paramount Health Care	U2	\$10	None	\$5	\$10	●	●	●	○	○	●	●	✓
SummaCare Health Plan	5W	\$10	None	\$5	\$10								
SuperMed HMO	5M	\$10	None	\$5	\$5	○	○	○	○	○	○	○	✓
United Health Care of Ohio, Inc.	3U	\$10	\$100	\$10	\$15/\$30	○	●	●	○	●	●	○	✓
Vantage Health Plan	6A	\$10	\$100	\$10	30%**								

* For up to 5 days

**Up to \$30; minimum of lesser of \$15 or total cost

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

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Primary Care Doctor Office shows what you pay for each office visit to your primary care doctor.

Hospital per Stay Deductible/Copay is the amount you pay when you are admitted into a hospital. A (#) means you also pay a share of the room and board charges; check with the plan.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Oklahoma													
Blue Cross and Blue Shield-Std	10	\$15	None	\$10	\$20	◐	◐	●	●	●	○	◐	
- In-Network													
- Out-of-Network		25%	\$300	45%	45%								
Aetna U.S. Healthcare	8V	\$10	None	\$5	\$10/\$25								✓
Amcare Health Plans	ZX	\$10	None	\$5	\$15/50%								
Healthcare Oklahoma	6W	\$10	None	\$5	\$10	◐	○	◐	◐	◐	◐	◐	✓
PacifiCare Health Plans	2N	\$10	None	\$5	\$15	○	○	○	◐	◐	◐	●	✓
Prudential HealthCare HMO	RR	\$10	None	\$5	\$15/\$25	X	X	X	X	X	X	X	✓
Prudential HealthCare HMO	RS	\$10	None	\$5	\$15/\$25	X	X	X	X	X	X	X	✓
Oregon													
Kaiser Permanente-High	57	\$10	None	\$10	\$10	◐	●	○	○	◐	●	●	✓
Kaiser Permanente-Std	57	\$12	None	\$15	\$15	◐	●	○	○	◐	●	●	✓
PacifiCare Health Plans	7Z	\$10	None	\$5	\$15	○	○	◐	○	◐	◐	●	
Panama													
Panama Canal Area	43	\$10	\$75	50%	50%								
- In-Network													
- Out-of-Network		50%	\$125	50%	50%								

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

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Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ● average, ○ below average							Accredited
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Pennsylvania													
Free State Health Plan - In-Network	LD	\$10	None	\$10	\$20/\$35	●	●	●	●	●	●	●	✓
Free State Health Plan - Out-of-Network		20%	\$200#	\$10	\$20/\$35	●	●	●	●	●	●	●	✓
Geisinger Health Plan - In-Network	N9	\$10	None	\$8	\$8	●	●	●	●	●	●	●	✓
Geisinger Health Plan - Out-of-Network		20%	20%	N/A	N/A	●	●	●	●	●	●	●	✓
Aetna U.S. Healthcare-High	KL	\$10	None	\$5	\$10/\$25	●	●	●	●	●	●	●	✓
Aetna U.S. Healthcare-Std	KL	\$15	\$240	\$10	\$15/\$30	●	●	●	●	●	●	●	✓
Aetna U.S. Healthcare-High	SU	\$10	None	\$5	\$10/\$25	●	●	●	●	●	●	●	✓
Aetna U.S. Healthcare-Std	SU	\$15	\$240	\$10	\$15/\$30	●	●	●	●	●	●	●	✓
HealthAmerica Pennsylvania	26	\$10	None	\$8	\$14/\$35	●	●	●	●	●	●	●	✓
HealthAmerica Pennsylvania	SW	\$10	None	\$8	\$14/\$35	●	●	●	●	●	●	●	✓
HealthGuard	NQ	\$10	None	\$10	\$20	●	●	●	●	●	●	●	✓
Keystone Health Plan Central	S4	\$10	None	\$10	\$10	●	●	●	●	●	●	●	✓
Keystone Health Plan East	ED	\$10	None	\$5	\$5	●	●	●	●	●	●	●	✓
KeystoneBlue	EF	\$10	\$100	\$8	\$14	●	●	●	●	●	●	●	✓
PHS Health Plans	27	\$10	None	\$4	\$4	○	○	●	●	●	○	○	✓
PHS Health Plans	2K	\$10	None	\$4	\$4								✓
UPMC Health Plan	8W	\$10	None	\$5	\$15								
Puerto Rico													
Triple-S - In-Network	89	\$7.50	None	\$2	\$5/\$10**	●	●	○	●	●	●	●	
Triple-S - Out-of-Network		\$7.50*	None#	\$2	\$5/\$10**								

* Plus 10%; see plan brochure for details

** See plan brochure for details

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				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Rhode Island													
Blue Chip, Coord - In-Network	DA	\$10	None	\$5	\$15/\$30	◐	●	●	●	●	◐	◐	✓
Hlth Partners - Out-of-Network		20%	None#	\$5	\$15/\$30	◐	●	●	●	●	◐	◐	
Aetna U.S. Healthcare	5U	\$10	None	\$5	\$10/\$25	○	○	●	◐	◐	○	○	
South Carolina													
Doctors Health Plan, Inc.	6D	\$10	\$100	\$10	\$20/\$30	◐	○	◐	●	◐	○	○	
PARTNERS NHP of NC	EQ	\$10	\$250	\$10	\$10	●	◐	◐	◐	◐	●	●	✓
Tennessee													
Aetna U.S. Healthcare	6J	\$10	None	\$5	\$10/\$25	○	○	◐	●	◐	○	○	
Prudential HealthCare HMO	UA	\$10	None	\$5	\$15/\$25	○	◐	◐	●	●	○	◐	✓
Prudential HealthCare HMO	UB	\$10	None	\$5	\$15/\$25	◐	○	○	◐	◐	○	○	✓

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				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	
Texas													
APWU Health Plan - In-Network	47	\$10	None	\$5 or 25%*	\$5 or 25%*								
- Out-of-Network		30%	\$200	\$5 or 45%*	\$5 or 45%*								
Aetna U.S. Healthcare	5B	\$10	None	\$5	\$10/\$25	●	○	○	●	●	●	●	
Aetna U.S. Healthcare	8X	\$10	None	\$5	\$10/\$25	●	○	●	●	●	●	○	
Amcare Health Plans	2V	\$10	None	\$5	\$15/50%								
Amcare Health Plans	ZG	\$10	None	\$5	\$15/50%								
FIRSTCARE	6U	\$10	None	\$10	\$20/\$30	●	●	●	●	●	●	●	
FIRSTCARE	CK	\$10	None	\$10	\$20/\$30	●	●	●	●	●	●	●	
Humana Health Plan of Texas	UR	\$10	None	\$5	\$10/\$25	●	○	○	●	●	●	●	✓
Mercy Health - In-Network	HM	\$10	None	\$7	\$12								
Plans/Premier - Out-of-Network		30%	None#	\$7	\$12								
HMO Blue Texas	YX	\$10	\$100	\$5	\$10/\$25	○	○	○	●	●	●	○	✓
HMO Blue Texas	YM	\$10	\$100	\$5	\$10/\$25	○	○	○	●	●	○	○	✓
PacifiCare Health Plans	GF	\$10	None	\$5	\$15	○	○	○	●	●	○	○	
Texas Health Choice, L. C.	UK	\$10	None	\$6	\$12/50%	○	○	○	○	○	○	○	✓
Utah													
Altius Health Plans	9K	\$10	None	\$10	\$15/\$30	○	○	●	●	●	○	○	✓
Vermont													
MVP Health Plan	VW	\$10	None	\$5	\$20	●	●	●	●	●	●	●	✓

* You pay the greater amount. See plan brochure for details.

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				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
Virginia														
Piedmont Community - In-Network Healthcare	2C	\$10	None#	\$5	\$15									
- Out-of-Network		30%	None#	\$5	\$15									
Aetna U.S. Healthcare-High	JN	\$10	None	\$5	\$10/\$25	○	○	◐	◐	◐	○	○	✓	
Aetna U.S. Healthcare-Std	JN	\$15	\$240	\$10	\$15/\$30	○	○	◐	◐	◐	○	○	✓	
Aetna U.S. Healthcare-High	XE	\$10	None	\$5	\$10/\$25									
Aetna U.S. Healthcare-Std	XE	\$15	\$240	\$10	\$15/\$30									
CapitalCare	2G	\$10	None	\$8	\$15/\$30	◐	◐	○	◐	○	◐	◐	✓	
CIGNA HealthCare of VA	W2	\$10	None	\$5	\$15/\$35	◐	◐	◐	○	○	◐	◐	✓	
CIGNA HealthCare of VA	W3	\$10	None	\$5	\$15/\$35	◐	◐	◐	○	○	◐	◐	✓	
George Washington Univ HP	E5	\$10	None	\$5	\$15/\$25	○	◐	○	◐	○	○	○	✓	
HealthKeepers	X8	\$10	\$100	\$5	\$10/\$25	◐	◐	◐	◐	○	●	●	✓	
Kaiser Permanente	E3	\$10	None	\$7	\$7	◐	◐	○	○	○	●	◐	✓	
MD-IPA	JP	\$10	None	\$5	\$10/\$25	●	●	◐	◐	◐	●	◐	✓	
OPTIMA Health Plan	9R	\$10	None	\$10	\$15/\$40	●	●	◐	●	●	●	●	✓	
PARTNERS NHP of NC	EQ	\$10	\$250	\$10	\$10	●	◐	◐	◐	◐	●	●	✓	
Washington														
Aetna U.S. Healthcare	8J	\$10	None	\$5	\$10/\$25	○	◐	◐	◐	◐	○	○		
First Choice Health Plan	5G	\$10	None	\$5	\$10/\$25									
Group Health Cooperative	54	\$10	\$100/day*	\$10	\$10	●	●	●	◐	◐	●	●	✓	
Group Health Cooperative	VR	\$10	\$100/day*	\$10	\$10	●	◐	●	●	●	●	●	✓	
Kaiser Permanente-High	57	\$10	None	\$10	\$10	◐	●	○	○	◐	●	●	✓	
Kaiser Permanente-Std	57	\$12	None	\$15	\$15	◐	●	○	○	◐	●	●	✓	
Kitsap Physicians Service-High	VT	\$10	\$200	50%	50%	●	●	●	●	●	●	●		
Kitsap Physicians Service-Std	VT	20%	None#	20%	20%	●	●	●	●	●	●	●		
PacifiCare Health Plans	7Z	\$10	None	\$5	\$15	○	○	◐	○	◐	◐	●	✓	
PacifiCare Health Plans	WB	\$10	None	\$5	\$15	○	○	◐	◐	◐	◐	○		
Premera HealthPlus	8F	\$10	\$100	\$10	\$20/\$30	○	◐	◐	◐	◐	○	◐	✓	

* For up to 3 days

Prescription Drugs, Generic, Brand Name shows what you pay for prescriptions when you use a plan pharmacy. If two brand name amounts are listed, the first is what you pay for “formulary” drugs (drugs on the plan’s preferred list); the second is what you pay for non-formulary drugs. Some plans charge different amounts for some drugs and for mail orders. In many plans, if you get the brand name instead of the generic drug, you also pay the difference between the two.

Enrollee Survey Results — See page 4 for a description. An (X) means the plan did not conduct the survey as we asked. **Accredited** — A (✓) means the plan is accredited by the National Committee for Quality Assurance; the Joint Commission on Accreditation of Healthcare Organizations; and/or the American Accreditation Healthcare Commission/URAC.

Plan name	Plan code	Primary care doctor office copay	Hospital per stay deductible/ copay	Prescription drugs		Enrollee Survey Results ● above average, ◐ average, ○ below average							Accredited	
				Generic	Brand name	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing		
West Virginia														
Free State Health Plan - In-Network	LD	\$10	None	\$10	\$20/\$35	◐	◐	◐	◐	◐	◐	◐	◐	✓
Free State Health Plan - Out-of-Network		20%	\$200#	\$10	\$20/\$35									
Carelink Health Plans	4C	\$10	\$100	\$10	\$20									
Health Plan Upper OH Valley	U4	\$10	None	\$5	\$10	●	●	●	●	●	●	●	●	✓
Wisconsin														
Compcare Blue	69	\$10	\$100/day*	\$7	\$12	○	●	●	◐	◐	○	○	○	✓
Compcare Blue	6X	\$10	\$100/day*	\$7	\$12	○	●	●	◐	◐	○	○	○	✓
Dean Health Plan	WD	\$10	None	\$6	\$10	●	●	●	◐	●	●	●	●	✓
Group Health Coop	WJ	\$10	None	Nothing	Nothing	●	●	●	●	●	●	●	●	✓
Group Hlth Coop/Eau Claire	WT	\$10	None	\$7.50	\$7.50									
HealthPartners Classic-High	53	\$10	None	\$8	\$8	◐	◐	◐	◐	◐	●	◐	◐	✓
HealthPartners Classic-Std	53	\$15	\$200	\$10	\$10	◐	◐	◐	◐	◐	●	◐	◐	✓
HealthPartners Health Plan	HQ	\$10	None	\$8	\$8	◐	◐	◐	◐	◐	●	◐	◐	✓
Unity Health Plans	W4	\$10	None	\$6	\$12/\$24	●	●	●	◐	◐	●	●	●	
Valley Health Plan	VH	\$10	None	\$5	\$10	●	●	●	●	●	●	●	●	

* For up to 2 days

**See page 5
for a message
that can save
your life!**

