
The **1999** Guide to
Federal
Employees
Health Benefits Plans

for
Certain Temporary
United States Postal Service
Employees

Those eligible to enroll in the FEHB Program under 5 U.S.C. 8906a



United States
Office of
Personnel
Management

Retirement and
Insurance
Service

RI 70-8PS
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FEHB Commitment to Our Customers

- Your choice of health benefits plans will compare favorably for value and selection with the private sector.
- When you use the FEHB Guide and plan benefit brochures, you will find they are clear, factual and give you the information you need.
- When you change plans or options, your new plan will issue your identification card within 15 days after it gets your enrollment form from your agency.
- Your fee-for-service plan should pay your claims within 20 work days; if more information is needed, it should pay within 60 days.
- If you ask OPM, Office of Insurance Programs, to review a claim dispute with your plan, the decision will be fair and easy to understand, and will be sent to you within 60 days. If you need to do more before the review of a claim dispute, OPM will tell you within 14 work days what you still need to do.
- When you write to OPM about other matters, you will have a response within 30 days after receipt of your letter. If more time is needed to give a complete response, you will be notified.



Better Information
Better Choices
Better Health

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Things to Remember

- The list of qualified life status changes has been expanded — the new list is found on page 8 of this Guide.
- A number of plans withdrew from the FEHB Program. Make sure your plan will be offered in 1999.
 - Be aware of 1999 benefit changes.
 - Check the 1999 premium.

About This Guide

Overview

The purpose of this 1999 Guide to Federal Employees Health Benefits Plans (FEHB Guide) is to provide information about enrollment and premium features that United States Postal Service (USPS) non-career employees must consider when selecting a health insurance plan under the Federal Employees Health Benefits (FEHB) Program.

Also provided are the results of a customer satisfaction survey conducted by the Office of Personnel Management and an accreditation of plans evaluated by the National Committee for Quality Assurance (NCQA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), nationally-recognized leaders in evaluating managed care plans.

All plans available under FEHB are listed in this booklet. The following categories of plans and services are available for 1999: (1) managed fee-for-service; (2) plans with a point of service product; and (3) health maintenance organizations.

FEHB eligibility, enrollment requirements, premium costs and the plans available for 1999 are the same for

NOTE

Non-career Rural Carriers and Transitional Employees who are represented by the American Postal Workers Union (APWU) may elect to have premium costs withheld from pay on a pre-tax basis. If you are an employee, in either category, be sure to read pages 8 and 9, the section on pre-tax payment. There are advantages and disadvantages to the pre-tax payment of premium contributions that you need to understand. Certain restrictions may affect your ability to cancel coverage outside of FEHB Open Season.

USPS temporary (non-career) employees as for federal (non-postal) temporary employees. However, there is an important difference in withholding of premium contributions for certain categories of non-career Postal employees only.

This FEHB Guide (RI 70-8 PS), links to plan brochures, plan websites and other information are available on USPS's Intranet website at <http://blue.usps.gov/hrisp/> comp. or the Office of Personnel Management's Internet website at <http://www.opm.gov/insure>.

The information in the 1999 Guide to Federal Employees Health Benefits (FEHB) Plans gives you an overview of the FEHB Program and its participating plans. Before making any final decisions about health plans, be sure to check the plans' brochure.

NOTE

Information you provide by enrolling in the Federal Employees Health Benefits Program may also be used for computer matching with Federal, State or local agencies' files to determine whether you qualify for benefits, payments, or eligibility in the Federal Employees Health Benefits Program, Medicare, or other Government benefits programs.

FEHB Program Information

Definitions and Explanations

The following definitions are provided to help you understand the terms used in this Guide.

Brochure—A plan’s description of benefits, limitations, exclusions and definitions under the FEHB Program. OPM assigns a number to each brochure. Use the assigned number when you ask your personnel office to see a particular plan’s brochure. They are also available at OPM’s Internet website at <http://www.opm.gov/insure> or from USPS’s Intranet website at <http://blue.usps.gov/hrisp/comp>.

Catastrophic limit—The maximum amount of certain covered expenses you have to pay out of your own pocket during the year.

Coinsurance—The ratio you and your FEHB plan share for the cost of covered medical expenses. For example, a 20% coinsurance means you pay 20% of most covered charges. The plan pays 80%.

Copayment—A fixed dollar amount you pay as your share of a service or benefit (sometimes call a copay).

Covered charges—The charges for medical care or supplies your plan is responsible for before deductibles, coinsurance and copayments are applied. Information about covered benefits expenses and services are included in each plan’s brochure.

Deductible—The amount of covered charges you must pay before the plan begins to pay.

Health Maintenance Organization (HMO)—A health plan that provides care through a network of physicians and hospitals located in particular geographic or service areas. HMOs coordinate the health care services you receive. Your eligibility to enroll in an HMO is determined by where you live or, for some plans, where you work. Some HMOs have agreements with providers in other service areas for non-emergency care if you travel and are away from home for extended periods.

- The HMO provides a comprehensive set of services—as long as you use the doctors and providers in the HMO network. You may have to pay something when you get care, for example, a \$10 copayment per office visit.
- Most HMOs ask you to choose a doctor or medical group to be your primary care provider (PCP). Your PCP takes care of most of your medical needs. In many HMOs, you must get permission

or a “referral” from your PCP in order to see other providers in the network.

- Care received from a non-network provider, other than emergency care, is generally not covered.

See pages 28-55 for a list of participating HMOs.

Managed Fee-for-Service (FFS)—A traditional type of insurance that lets you use any doctor or hospital, but you usually must pay a deductible and coinsurance. These plans are called FFS because doctors and other providers are paid for each service, such as an office visit, or test. They help control costs by managing some aspects of patient care. Most also provide access to PPOs. See pages 14-16 for managed fee-for-service plans.

Preferred Provider Organization (PPO)—A managed fee-for-service option where you can choose plan-selected providers who have agreements with the plan. When you use a PPO provider, you pay less money out-of-pocket for medical services than when you use a non-PPO provider.

Point of Service (POS) Product—A product offered by an HMO or FFS plan that has features of both. In an HMO, the POS product lets you use providers who are not part of the HMO network. However, there is a greater cost associated with choosing these non-network providers. You usually pay deductibles and coinsurances that are substantially higher than the payments when you use a plan provider. You will also need to file a claim for reimbursement, like in an FFS plan. The HMO plan wants you to use its network of providers, but recognizes that sometimes enrollees want to choose their own provider.

In an FFS plan, the plan’s regular benefits include deductibles and coinsurance. But in some locations, the plan has set up a POS network of providers similar to what you would find in an HMO. The plan encourages you to use these providers, usually by waiving the deductibles and applying a copayment that is smaller than the normal coinsurance. Generally, there is no paperwork when you use a network provider. See pages 18-26 for POS choices.

Provider—As used in this Guide and plan brochures, a provider means an individual or institution that provides medical or health services, such as doctors, hospitals, nurse-midwives, or therapists. “Covered” providers are those the plan will reimburse.

FEHB Program Information

Coverage

The USPS provides health benefits to its employees by participating in the FEHB Program which is administered by the U.S. Office of Personnel Management (OPM), Office of Insurance Programs. FEHB is the largest employer-sponsored health insurance program in the world. OPM interprets health insurance laws and writes regulations for the FEHB Program. It gives advice and guidance to the USPS and other participating agencies to process your enrollment changes and to deduct your premiums. OPM also contracts with and monitors your plan—and almost 300 other health plans—that pay claims and provide care to covered members.

To be eligible for FEHB enrollment, non-career employees must meet three requirements: 1) complete one full year (365 calendar days) of continuous employment with no breaks in service of more than five days; 2) have a regular tour of duty, arranged in advance and expected to last for at least six months; and 3) maintain sufficient earnings each biweekly pay period to have the total cost of premiums withheld from pay after mandatory deductions for Social Security, retirement, Medicare and federal tax. Newly eligible non-career employees may select a health plan within 31 days of becoming eligible. After meeting the eligibility requirements, non-career employees may elect to enroll. During an open season that occurs each fall, those who do not enroll during the initial eligibility period and those already enrolled will have the opportunity to select or change plans. These elections are made without requiring a medical examination or restrictions because of your age or physical condition.

Your choice of plans and options includes self only coverage just for you, or self and family coverage for you, your spouse and unmarried dependent children under age 22 (and in some cases, a disabled child 22 years old or older who is incapable of self-support). Further information for determining family members eligibility appears on page 2 of the Health Benefits Registration Form (SF 2809).

On the occurrence of certain life events, the FEHB Program offers a continuation of coverage, either temporarily or permanent conversion to a private plan. Such events include but are not limited to separation from service, retirement, divorce, death, relocation and leave without pay. It is your responsibility to understand and report life events that may cause you or your family member to lose eligibility. Certain rules about coverage and premium amounts apply. If you have questions, see your personnel office.

FEHB Open Season

The 1998 Open Season is from **November 9 through close of business December 14**. Employees may make any one—or a combination—of the following changes:

- enroll if not enrolled
- change from one plan to another plan
- change from one option to another option
- change from self only to self and family
- change from self and family to self only
- cancel enrollment

If you decide to enroll or to change your enrollment, you must submit a registration form (Standard Form 2809) to your personnel services office by close of business on **December 14, 1998**.

Your new enrollment or any changes that you make to your existing coverage will take effect on January 2, 1999. If you decide **NOT** to change your enrollment, **DO NOTHING**, and your present enrollment will continue automatically unless your plan will not participate in 1999. In that event you must choose another plan. Ask your personnel office for a list of the plans that will terminate on January 1, 1999, the last day of the 1998 plan year.

If you decide to cancel your coverage, you must submit a Standard Form 2809 that clearly reflects your acceptance of the consequences of cancellation. A cancellation generally is effective at the end of the pay period in which it is received by the personnel services office. However, if cancellation is elected during open season, it will become effective on January 1, 1999.

Should you cancel coverage, you may not enroll again until the next open season unless an event occurs that permits enrollment, for example, a change in marital status.

In deciding whether to enroll in or to cancel FEHB insurance, remember that you will not be eligible for FEHB coverage when you retire if you have not been continuously covered, either as an enrollee or eligible family member, for the 5 years preceding retirement, or, if less than 5 years, for the entire period since your first opportunity to enroll.

NOTE

Falsifying or misrepresenting family member eligibility or enrollment is a violation of federal law and may subject an employee to fine, imprisonment and/or disciplinary action.

FEHB Program Information

Selecting a Plan

You are fortunate to be able to choose from among many different health plans competing for your business. Reading the information contained in this Guide will help you compare the costs, benefits and features of different plans to select the health care plan best suited to your needs. The FEHB Program offers a variety of health plans and products to enhance your choices and to make your health care dollar go further.

Type of Plan. You can choose from among Managed Fee-for-Service plans, regardless of where you live, or plans offering a Point of Service Product and Health Maintenance Organizations, if you live (or sometimes if you work) within the area serviced by the plan.

❑ Managed fee-for-service (FFS) plans reimburse you or your health care provider for covered services (generally on a percentage basis) and allow you to choose your own doctors, hospitals, and allow you to see specialists without a referral. Managed care is an important part of the FEHB Program. It is a system of health care that integrates the financing, delivery, and prospective review of health services. Common features of managed care are pre-approval of hospital stays, the use of primary care physicians as “gatekeepers” to coordinate your medical care, and physicians and other providers working in organized networks.

A comparison chart of managed fee-for-service plans begins on page 14. These plans are “nationwide” in the sense that they are available to employees regardless of where they live, and “managed” in that all contain common managed care features. If you are willing to pay a little more in total costs for the widest choice of doctors, a FFS plan might be for you. Most FFS plans have a Preferred Provider Organization (PPO) feature.

The general information shown in the FFS chart can help you to compare plan benefits, your share of plan premiums, and other factors that may influence your decision about which plan to select for the coming year. Some employee organization plans require you to become full or associate members in the organizations that sponsor the plans. Membership requirements and/or limitations also apply to any Point of Service (POS) product the FFS plan may be offering. “Restricted” plans enroll only employees in certain occupational groups or agencies.

❑ Prepaid plans (HMOs) provide health care from designated physicians and hospitals located in particular geographic or service areas. Your eligibility to enroll in a prepaid plan is determined by where you live, or in some plans, where you work. Some prepaid plans have “reciprocity agreements” with providers in other service areas for providing non-emergency care, if you travel and are away from home for extended periods. A listing of prepaid plans begins on page 28. When you look at the chart of prepaid plans, the first thing you should do is to make sure that you live or work within the general area of any plan that you are interested in joining.

❑ Due to changes in the health insurance industry, the two types of plans are beginning to blend their features. In many geographical locations, Point of Service (POS) and Preferred Provider Organization (PPO) plan features are offered to provide enhanced health care services through selected providers. PPO is a product of fee-for-service plans, while POS is offered by fee-for-service and prepaid plans (see page 18). In an HMO, the POS product functions like a FFS plan. The HMO’s enrollees may use non-affiliated (out of network) providers if they wish, but the services will cost them more—in terms of deductibles and coinsurance—than if they used plan providers. In FFS plans, the POS product acts like an HMO. If they agree to let their medical care be managed by a plan-affiliated gatekeeper physician (in network), plan enrollees will get a better benefit, usually in the form of richer benefits and lower copays or coinsurance.

Cost. Certainly the premium you pay is an important consideration, but there are some other things you should consider. When thinking about premiums, what can you afford biweekly? Should you enroll in a High Option — and pay High Option premiums — if a Standard Option would do?

If you need to go to the hospital, how much will you have to pay? Do you know how much you will pay for an emergency room visit? If you have children, what will it cost for you for a well-child care visit?

Do you have to pay a deductible for the services you might use? Your share of medical expenses is either a coinsurance (a percentage of the bill) or a copayment (a fixed dollar amount). Which option do you prefer and what does the plan require? Does the plan limit the dollar amount it will pay for certain services?

FEHB Program Information

Within any plan, there are things you can do to minimize your out-of-pocket costs and make the plan work best for you.

An easy way to save money is to use a plan's mail order drug program, if it has one. Request generic drugs instead of brand name drugs. Almost all FFS Plans have PPOs. Using a PPO will reduce out-of-pocket expenses. If you do not use a PPO provider, your plan will base its payment on a "usual and customary" allowance which may be less than the actual billed charge. This means you might have to pay the difference. You can reduce the chance of this happening by discussing fees in advance with your provider. Remember that plans set their own allowances.

Plan Services. Check to see if the plan offers the services you think you might need. If you're 65 or over, how does the plan coordinate coverage with Medicare? If you regularly see an allergist, do you pay extra for the allergy serum? Does the plan offer a prenatal program? 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 catastrophic coverage to see how you are protected. See if there are limits on the number of visits for the services you need.

It is also important to note that all of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but the anesthesia and radiology services may not be. The only way to find out is to ask in advance.

More Information

While this guide gives a general overview of health benefits, the official brochure for each plan explains the contractual terms of coverage that determine how claims are paid or services are provided for each plan.

Check your bulletin board or contact your personnel services office for guidance about obtaining brochures of the health plans that interest you. You may also get brochures by contacting the plans directly at the phone numbers listed in the "Plan Report Cards" section of this Guide starting on page 14 or on the World Wide Web. Plans that have a  in the column labeled "Website" have their own website. You may visit the USPS Intranet website at <http://blue.usps.gov/hrisp/comp> to link to plan brochures and plan websites from OPM's Internet website at <http://www.opm.gov/insure>.

Look over the brochures carefully, especially the "Changes" page of your current plan to see how benefits have changed from last year. No one has a greater stake in your health than you. Understand how a plan works and don't be shy about asking questions. An informed consumer is a better decision maker. If you have specific questions on plan benefits and coverage after reviewing a plan's brochure, contact the health plan.

It is your responsibility to be informed about your health benefits. You should thoroughly read this Guide, the brochures of plans that interest you, and the bulletin board notices on health benefits topics. These include family member eligibility, the option to continue or terminate an enrollment during periods of nonpay status or insufficient pay, dual enrollment prohibition, coverage for former spouses, and discontinued health insurance plans. Be sure to read the section on the pre-tax payment of health insurance premium contributions, which begins on page 8.

After referring to these sources, if you still have questions regarding eligibility, enrollment criteria, continued coverage after certain life events, or if you need a registration form (SF 2809), contact your personnel services office.

FEHB Plan Information

Details of 1998 Customer Satisfaction Survey

The results of the 1998 Customer Satisfaction Survey show how enrollees in the FEHB Program rate their health plan. If you're considering joining a FFS plan, chances are you'll file a claim. How quickly does the plan process claims? Will the plan be responsive to your questions? As an HMO enrollee, you might be most interested in how the plan is rated in access to care and choice of doctors.

If a plan is not rated in this Guide, it is because the plan is new to the FEHB Program or the number of respondents was too small to reliably include their opinions.

The Ratings. Enrollees were surveyed and asked to rate various aspects of their health plan on a five-point scale of *poor*, *fair*, *good*, *very good*, and *excellent*. Plans that enrollees rated significantly better than average in any category have a ●, average ratings get a ◐, and significantly below average get a ○. The average rating for all plans of the same type is shown in the column heading. For more detailed information about ratings, visit OPM's Internet web site at www.opm.gov/insure.

The categories shown in this Guide were chosen because of their importance to most people in selecting a plan (some categories apply only to POS and HMO plans or only to FFS plans):

- Ability to see the same doctor on most visits,
- Access to medical care (arranging for and getting care),
- Access to medical care in an emergency (POS and HMO only),
- Choice of doctors available through the plan (being able to find doctors you are satisfied with),
- Costs you personally have to pay (FFS only),
- Coverage (range of services covered),
- Explanation of care (what is wrong, what is being done, and what to expect),
- Getting appointments when sick,
- Getting claims processed quickly (FFS only),
- Quality of care (from doctors and other medical professionals), and
- Results of care.

Overall Satisfaction. Enrollees were also asked about their overall satisfaction with their health plan:

All things considered, how satisfied are you with your current health plan?

A bar graph for each plan shows the percentage of plan enrollees who indicated they were *extremely satisfied*, *very satisfied* or *satisfied*.

Example:

19	45	22
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In the example, 19% of respondents are *extremely satisfied*, 45% are *very satisfied*, and 22% are *satisfied*.

The numbers in the bar add to 86, meaning 86% of respondents were at least satisfied with the plan. The remainder were less than satisfied with the plan overall.

Plans with an overall satisfaction score that is significantly higher than the average overall score are identified with a ✓ in the column labeled "Top rated plans".

FEHB Plan Information

Accreditation

HMO accreditations reflect the independent evaluations of nationally-recognized organizations. These organizations evaluate health plans and health care organizations and confer accreditation, much like educational accrediting organizations confer accreditation on schools. OPM encourages all FEHB plans to get accreditation from national accrediting organizations. We have listed the accreditation status of the FEHB plans that requested review from two large, nationally-recognized accrediting organizations — NCQA and JCAHO. Plans willing to go through an accreditation review show a commitment to continuous quality improvement and accountability. Plans willing to go through an accreditation review show a commitment to continuous quality improvement and accountability.

National Committee for Quality Assurance

(NCQA) The NCQA accreditation process evaluates how well an HMO manages all parts of its delivery system including physicians, hospitals, other providers, and administrative services. NCQA evaluations are used to assess the quality of a plan's operations.

- ★ **Full Accreditation** is granted for a period of three years to those plans that have excellent programs for continuous quality improvement and meet NCQA's rigorous standards.
- **One-Year Accreditation** is granted to plans that have well-established quality improvement programs and meet most NCQA standards. NCQA reviews the plans again after a year to determine if their accreditation status should be changed.
- ◐ **Provisional Accreditation** is granted for one year to plans that have adequate quality improvement programs and meet some NCQA standards. When these plans demonstrate progress, they can qualify for a higher level of accreditation.
- ⊗ **Denial** indicates that a plan was reviewed but did not qualify for any of the above categories.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

The JCAHO accreditation process evaluates an HMO's level of performance in key functional areas, such as care and treatment of patients, patient rights, improving organizational performance, and organizational ethics. JCAHO standards set performance expectations about the quality of patient care.

- ★ **Accreditation With Commendation** is granted to those plans that have demonstrated exemplary performance in complying with JCAHO standards.
- **Accreditation** is granted when a plan has demonstrated acceptable compliance with JCAHO standards.
- ◐ **Accreditation With Recommendations For Improvement** is granted when a plan receives at least one recommendation addressing insufficient or unsatisfactory compliance in a specific performance area.
- ⊗ **Not Accredited** indicates a plan has been denied accreditation because of significant noncompliance with JCAHO standards, or a plan's accreditation is withdrawn by JCAHO, or the plan voluntarily withdrew from the accreditation process.

NOTE

This Guide does not show an accreditation status for every plan. There may be various reasons why you won't find an accreditation symbol for a plan; check with the plan for specific information.

You may call a plan for more information about their accreditation status or call NCQA toll free at 888/275-7585 or JCAHO at 630/792-5800. You may also visit NCQA's web site at www.ncqa.org or JCAHO's web site at www.jcaho.org. You can link to either site from OPM's Internet web site at <http://www.opm.gov/insure>.

Pre-Tax Payment of Premium Contributions

The Postal Service has established the pre-tax payment of health insurance premium contributions as a tax-saving benefit feature for its employees. This feature is sponsored by the Postal Service—it is not a provision of the FEHB Program. As a result, forms and handbooks published by OPM do not address how payment on a pre-tax basis prohibits Postal enrollees from reducing coverage at anytime. Read the “Reducing Coverage” section for details.

Pre-tax Withholding

If you are a Rural Carrier or a Transitional Employee (TE) who is represented by the American Postal Workers Union (APWU) you may elect to have premium payments withheld from pay as “pre-tax money” when you enroll in the FEHB Program. Pre-tax payment means the premium amount is not subject to income, Social Security, or Medicare taxes. All other non-career USPS employees who enroll in the FEHB Program do not have the option of pre-tax payment and will pay premiums with “after-tax money”.

To begin paying premiums on a pre-tax basis, an election must be made by completing PS Form 8202, Pre-Tax Health Insurance Premium Election/Waiver Form for Non-career Employees, and submitting it to the personnel office. Once premiums begin to be paid with pre-tax money, this method continues each year, unless it is later waived to begin “after-tax” payment.

There are two possible disadvantages of paying your premiums with pre-tax money that you should balance against the tax savings you receive.

✓ First, when you retire, if you begin to collect Social Security (normally this occurs at age 62), you may receive a slightly lower Social Security benefit. Paying your FEHB premiums with pre-tax money reduces the earnings reported to the Social Security Administration. (Your Medicare, life insurance, retirement plan, and Thrift Savings Plan benefits will not be affected.)

✓ Second, there are some restrictions on reducing your coverage outside FEHB Open Season that apply if you pay your premium contributions with pre-tax money. These are explained below.

Most employees prefer paying their premiums with pre-tax money because they save on taxes.

Nevertheless, if for any reason you do not want this method of payment, and instead wish to have premiums paid with after-tax money, you must submit a form to waive the pre-tax treatment. For more information, see the section, How to Waive Pre-Tax Payment on page 9.

Reducing Coverage

When your premium contributions are withheld on a pre-tax basis, certain Internal Revenue Service (IRS) guidelines affect your ability to change coverage. You may elect to reduce your coverage, that is, to cancel your FEHB enrollment, or to go from family to self only coverage, only during an FEHB Open Season, unless one of the following qualified life status changes occurs:

Qualified Life Status Changes

1. you marry, divorce, legally separate, or your marriage is annulled
2. you add a qualified dependent (for example, birth or adoption of a child)
3. you lose a qualified dependent (for example, death of your child or spouse)
4. you become subject to a court order, judgment or decree (resulting from a change in marital status or in legal custody) that requires you to begin or stop providing health benefits for your child
5. your spouse starts or ends employment or an unpaid leave of absence, or changes employment from full-time to part-time or the reverse
6. you, your spouse or your qualified dependent becomes eligible for Medicare or Medicaid
7. your qualified dependent has a change in eligibility for health benefits
8. you or your spouse has a change in eligibility for health benefits because you, your spouse, or your qualified dependent changes residence, workplace or work hours
9. you or your spouse has a significant change in health benefits because of your spouse’s employment
10. you complete a full pay period in non-pay status (for example, leave without pay)

Pre-Tax Payment of Premium Contributions

Also, reducing your FEHB coverage outside of FEHB Open Season must be in keeping with your qualified life status change. For example, if you have a new baby, you usually would not change from a self and family to a self only enrollment.

To reduce your FEHB coverage outside of FEHB Open Season, submit Standard Form (SF)2809, Health Benefits Registration Form, to your personnel services office no later than 60 days after a qualified life status change has occurred. You must provide any supporting documentation requested by your personnel services office. The effective date of a change from self and family to self only will be the first day of the pay period that follows the pay period in which your SF 2809 is received. The effective date of a cancellation will be the last day of the pay period in which your SF 2809 is received.

If you are the only person left in your self and family enrollment as a result of a change in marital or family status (divorce, death of a child or spouse, child marries or reaches age 22), you must elect to reduce the enrollment (elect self only coverage, or cancel coverage) within 60 days of the qualified life status change. Otherwise, your self and family enrollment will continue until another event (that is, a qualified life status change or FEHB Open Season) occurs that allows you to elect to reduce coverage. The election cannot become effective retroactively, therefore there will be no retroactive premium adjustment.

Retirement is not a qualified life status change that allows cancellation prior to separation. If you wish to cancel an enrollment at retirement, the personnel services office will accept your completed SF2809 and forward it to OPM for processing after separation from the Postal Service.

During periods of non-pay status or insufficient pay, you may terminate your FEHB enrollment. The effective date of a termination is retroactive to the end of the last pay period in which a premium contribution was withheld from pay. Contact your personnel office for more information about how termination during periods of non-pay status or insufficient pay affects FEHB enrollment.

How to Elect or Waive Pre-tax Payments

If you are a Rural Carrier or an APWU-represented TE and wish to begin paying premiums with pre-tax money, you should contact your personnel services office and ask for PS Form 8202, Pre-tax Health Insurance Premium Election/Waiver Form for Non-career Employees. Complete Parts A, B, and D of the form and return it to your personnel services office by close of business **December 14, 1998**.

When you elect pre-tax treatment, your premiums will continue to be paid in that manner in future years, unless you later submit another PS 8202 to waive the election that began pre-tax payment.

If you have previously submitted a waiver in order to stop a pre-tax election, but now want to begin paying your premiums with pre-tax money, you may submit PS 8202 to restore pre-tax payment of your premium contributions. The only time of year that you may change the method of payment from pre-tax to after-tax, or the reverse, is during the annual FEHB Open Season.

If you pay premiums with after-tax money you will not be affected by the IRS guidelines described above that restrict reductions in coverage. You may reduce your level of FEHB coverage at any time of year without having a qualified life status change.

Your Right to More Information

This section of the FEHB Guide serves as your summary plan description of the USPS Plan for the Pretax Payment of Health Insurance Premiums. There is also a legal plan document containing the full legal plan provisions, which you may arrange to view by contacting the:

PRETAX PAYMENT OF HEALTH INSURANCE
PREMIUMS
PLAN ADMINISTRATOR
475 L'ENFANT PLAZA SW-ROOM 9670
WASHINGTON DC 20260-4210

Patient Bill of Rights and Responsibilities

The Patient Bill of Rights and Responsibilities spells out recommendations made by the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry. These recommendations promote and ensure health care quality and protect health care consumers. The President signed an Executive memorandum directing the Office of Personnel Management to take steps to bring the FEHB Program into contractual compliance with these recommendations.

OPM is pleased to report that most FEHB plans already comply with the Commission's Patient Bill of Rights and Responsibilities. For 1999, you can expect all of the following from your FEHB plan:

- Direct access to women's health care providers for routine and preventative women's health care services.
- Coverage of emergency department services for screening and stabilizations without authorization if you have reason to believe your life is endangered or you would be seriously injured or disabled.
- Direct access to a qualified specialist within your network of providers if you have complex or seri-

ous medical conditions that need frequent specialty care. Authorizations, when required by a plan, will be for an adequate number of direct visits under an approved treatment plan.

- Extensive information about plan characteristics and performance, provider network characteristics, and care management.
- The elimination of "gag rules" in provider contracts that could limit communication about medically necessary treatment.

The health care system works best when enrollees take the time to become informed. As responsible consumers, you should:

- Read and understand your health benefits coverage, limitations, and exclusions, health plan processes, and procedures to follow when seeking care.
- Work with your physician in developing and carrying out a treatment plan.
- Practice healthy habits.

Call the FEHB Fraud Hotline

202/418-3300

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

A Word About Medicare

Most Postal and Federal employees aren't yet eligible for Medicare, but many of us have friends or relatives who are. The Balanced Budget Act of 1997 (P.L. 105-33) expanded Medicare's health plan options with the creation of Medicare+Choice. Beginning in 1999, Medicare beneficiaries can remain in the original Medicare plan or choose to get their Medicare benefits from an array of other Medicare+Choice options. These options include managed care plans such as HMOs and PPOs, as well as Private FFS plans and Medical Savings Accounts (MSAs).

Medicare beneficiaries will receive information about these new choices this fall, or can check Medicare's web site at www.medicare.gov. If a friend or relative asks you about these new choices, they need to know that they don't have to make any change. If they want to change and have an employer-sponsored health care policy, they should first talk with their former employing office. Former Postal and Federal employees should call their retirement system before making any change, especially if they are considering suspending their FEHB coverage.

Your Links to 1999 FEHB Information

OPM Internet Web Site – www.opm.gov/insure

**U.S. Postal Service Intranet Web Site –
<http://blue.usps.gov/hrisp/comp>.**

You may obtain current and valuable information to help you choose a health plan by visiting OPM's Internet web site at <http://www.opm.gov/insure> and USPS's Intranet web site at <http://blue.usps.gov/hrisp/comp>.

You will find more information and new features on the sites for 1999. The new Health Plan Profiler (HPP) lets you view and print summary information about health plans. Enrollees in some states can use a new interactive decision tool to narrow the health plan search.

You can download and print plan brochures and other materials, access definitions by clicking hyperlinks, and use automated links to navigate to other sites. When you visit the sites you will see these choices and more:

- **1999 Plan Information** — gives you access to general information about plans, plan quality indicators (including detailed survey results which are not printed in this Guide), plan brochures, and information about how to choose a plan. You can link to other web sites with valuable information

about health plans, including those plans participating in the FEHB Program. You can also view, download and print the **Guides to Federal Employees Health Benefits Plans**.

- **Patient Bill of Rights** — gives you information about the three objectives of the Patient Bill of Rights and the eight principle areas of rights and responsibilities. You can also link to the full text of the Patient Bill of Rights and related background information.
- **Frequently Asked Questions** — gives you answers to questions about premiums, enrollment, family members, temporary continuation of coverage (TCC), switching plans, retirement and other topics of interest.

The Health Plan Profiler is an easy-to-use web tool that lets you create plan profiles and summaries. You also can link to FEHB plan web sites from the Health Plan Profiler. Plans that have a  in the column labeled "Web site" in this Guide have their own web site.

Plan Report Cards

1999 Plan Listing with Biweekly Premium Rates for Certain Temporary (Non-career) Employees

Nationwide Managed Fee-for-Service Plans
(Pages 14 through 16)

Plans Offering a Point of Service Product
(Pages 18 through 26)

Health Maintenance Organization Plans
(Pages 28 through 55)

The premium listings in this booklet show the total biweekly premium costs—that is, the amount that you must pay—which will be withheld from your salary biweekly during the 1999 plan year. The USPS does not pay any portion of the premium.

Important: Some FFS plans also offer a POS product.
Check the POS section.

<i>Nationwide Managed Fee-for-Service Plans</i>	Telephone number	Web- site	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
			Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name								
Plans open to all								
Alliance Health Plan	202/939-6325		YQ1	YQ2	291.24	617.44	134.42	284.97
APWU Health Plan	800/222-2798		471	472	235.65	517.14	108.76	238.68
Blue Cross and Blue Shield Service Benefit Plan-High	local phone #		101	102	293.87	628.36	135.63	290.01
Blue Cross and Blue Shield Service Benefit Plan-Std*	local phone #		104	105	216.41	482.54	99.88	222.71
GEHA Benefit Plan*	800/821-6136		311	312	234.67	506.13	108.31	233.60
Mail Handlers-High	800/410-7778		451	452	240.39	507.04	110.95	234.02
Mail Handlers-Std	800/410-7778		454	455	166.12	360.53	76.67	166.40
NALC	703/729-4677		321	322	249.60	533.39	115.20	246.18
Postmasters-High	703/683-5585		361	362	406.97	878.09	187.83	405.27
Postmasters-Std*	703/683-5585		364	365	246.78	533.82	113.90	246.38
Plans open only to specific groups								
Association Benefit Plan	800/634-0069		421	422	†	†	†	†
Foreign Service	202/833-4910		401	402	220.63	536.47	101.83	247.60
Panama Canal Area	504/566-3501		431	432	199.46	432.58	92.06	199.65
Rural Carrier Benefit Plan	800/638-8432		381	382	229.93	468.74	106.12	216.34
SAMBA	301/984-1440		441	442	242.19	570.35	111.78	263.24
Secret Service	800/424-7474		Y71	Y72	191.56	453.96	88.41	209.52

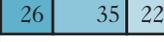
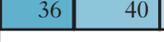
*Offers a Point of Service product.

† See your Personnel Office.

Nationwide Managed Fee-for-Service Plans	Benefit type	Medical-surgical											
		You pay				Plan pays							
		Deductible		Catastrophic limit		Inpatient care				Outpatient care			
		Calendar year	Inpatient hospital	Per person	Per family	Hospital		Doctor		Hospital		Doctor	
Plan name						Room & board	Other	Surgeon	Other	Surgeon	Other	Tests	Accidental injuries
Plans open to all													
Alliance Health Plan	Non-PPO PPO	\$300 \$100	\$250 \$150	\$3,000 \$2,000	\$3,000 \$2,000	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	100% 100%
APWU Health Plan	Non-PPO PPO	\$250 \$250	\$200 None	\$3,500 \$2,000	\$3,500 \$2,000	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	70% 90%	100% 100%
Blue Cross and Blue Shield Service Benefit Plan-High	Non-PPO PPO	\$150 \$150	\$100 None	\$2,700 \$1,000	\$2,700 \$1,000	100% 100%	100% 100%	80% 95%	80% 95%	80% 95%	* *	80% 95%	100% 100%
Blue Cross and Blue Shield Service Benefit Plan-Std	Non-PPO PPO	\$200 \$200	\$250 None	\$3,750 \$2,000	\$3,750 \$2,000	100% 100%	100% 100%	75% 95%	75% 95%	75% 95%	* *	75% 95%	100% 100%
GEHA Benefit Plan	Non-PPO PPO	\$250 \$250	None None	\$3,500 \$2,500	\$4,000 \$3,000	100% 100%	80% 90%	80% 90%	80% 90%	80% 90%	80% 90%	80% *	100% 100%
Mail Handlers-High	Non-PPO PPO	None None	\$250 None	\$3,000 \$2,000	\$3,000 \$2,000	100% 100%	100% 100%	70%* *	70% *	70%* *	70% *	70% *	100% 100%
Mail Handlers-Std	Non-PPO PPO	\$100 None	\$300 \$150	\$3,000 \$3,000	\$3,000 \$3,000	100% 100%	100% 100%	70%* 95%*	70% *	70%* 95%*	70% *	70% *	100% 100%
NALC	Non-PPO PPO	\$275 \$275	\$100 None	\$3,500 \$3,000	\$3,500 \$3,000	80% 100%	80% 100%	70% 85%	70% 80%	70% 85%	70% 80%	70% 80%	100% 100%
Postmasters-High	Non-PPO PPO	\$275 \$200	\$150 None	\$2,500 \$2,500	\$2,500 \$2,500	100% 100%	85% 100%	85% 95%	80% 95%	85% 95%	80% 95%	80% 95%	100% 100%
Postmasters-Std	Non-PPO PPO	\$300 \$200	\$600 \$350	\$6,700 \$3,000	\$6,700 \$3,000	70% 100%	70% 95%	70% 95%	70% 95%	70% 95%	70% 95%	70% 95%	100% 100%
Plans open only to specific groups													
Association Benefit Plan	Non-PPO PPO	\$250 \$250	\$100 None	\$2,000 \$2,000	\$2,000 \$2,000	80% 100%	80% 100%	80% 90%	80% 90%	80% 90%	80% 90%	80% 90%	100% 100%
Foreign Service	Non-PPO PPO	\$250 \$250	\$175 None	\$2,500 \$2,500	\$3,000 \$3,000	80% 100%	85% 85%	90% 90%	80% 90%	100% 100%	80% 90%	80% 90%	100% 100%
Panama Canal Area	Non-PPO	None	\$125	\$1,000	-	100%	80%	100%	SA**	100%	75%	75%	100%
Rural Carrier Benefit Plan	Non-PPO	\$250	\$200	\$2,500	\$3,000	100%	80%	85%	75%	85%	75%	75%	SA**
SAMBA	Non-PPO PPO	\$300 \$200	\$200 \$200	\$1,500 \$1,500	\$2,000 \$2,000	70% 100%	70% 95%	70% 95%	70% 95%	70% 95%	70% 100%	70% 95%	100% 100%
Secret Service	Non-PPO	\$200	\$100	\$1,000	\$2,000	100%	100%	80%	80%	80%	80%	80%	100%

*Copayment applies. See brochure for details.

** Scheduled Allowance.

Plan name	Plan code	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all Fee-for-Service plans in heading)												Top rated plans		
		% satisfied with plan			Coverage (93%)	Access to care (92%)	Choice of doctors (72%)	When sick, can get appointment (83%)	Quality of care (88%)	Provider thorough and competent (88%)	Explanation of care (85%)	Results of care (84%)	Plan handles your questions well (80%)		Process claims quickly (97%)	Costs you pay (85%)
		 % Extremely satisfied	 % Very satisfied	 % Somewhat satisfied												
Plans open to all																
Alliance Health Plan*	YQ		○	●	●	●	●	●	●	●	●	●	●	○		
APWU Health Plan	47		●	●	●	●	●	●	●	●	●	●	●	●		
Blue Cross and Blue Shield-High	10		●	●	●	●	●	●	●	●	●	●	●	●		
Blue Cross and Blue Shield-Std	10		●	●	●	●	●	●	●	●	●	●	●	●	✓	
GEHA Benefit Plan	31		●	●	●	●	●	●	●	●	●	●	●	●	✓	
Mail Handlers-High	45		●	●	●	●	●	●	●	●	●	●	○	○		
Mail Handlers-Std	45		○	●	●	●	●	●	●	●	●	●	○	○		
NALC	32		○	●	○	●	●	●	●	●	●	●	●	○		
Postmasters-High	36		●	●	●	●	●	●	●	●	●	●	●	○		
Postmasters-Std	36		●	●	●	●	●	●	●	●	●	●	○	○		
Plans open only to specific groups																
Association Benefit Plan	42		●	●	●	●	●	●	●	●	●	●	●	●	✓	
Foreign Service	40		●	●	●	●	●	●	●	●	●	●	●	●		
Panama Canal Area	43															
Rural Carrier Benefit Plan	38		●	●	●	●	●	●	●	●	●	●	●	●		
SAMBA	44		●	●	○	●	●	●	●	●	●	●	●	●		
Secret Service	Y7		○	●	●	●	●	●	●	●	●	●	●	●		

*1997 Survey data

Plan Report Cards

Plans Offering a Point of Service Product

(Pages 18 through 26)

Important: Some plans have been redesignated as HMOs.
If you do not find your plan in this section,
check the HMO section.

Plans Offering a Point of Service Product Nationwide and by State (Also check HMO Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Nationwide							
Postmasters-Std - All states	703/683-5585	364	365	246.78	533.82	113.90	246.38
Arizona							
Health Plan of Nevada - Mohave County	702/871-0999	NM1	NM2	160.23	368.42	73.95	170.04
Arkansas							
American HMO - Most of Arkansas	800/333-3534	RB1	RB2	159.75	391.37	73.73	180.63
QCA Health Plan - Most of Arkansas	800/235-7111	8Q1	8Q2	195.52	477.36	90.24	220.32
Colorado							
HMO Colorado/Nevada - Most of Colorado	800/533-5643	L21	L22	180.77	451.92	83.43	208.58
Connecticut							
Blue Cross and Blue Shield-Std - All of Connecticut	800/438-5356	104	105	216.41	482.54	99.88	222.71
Physicians Health Services/CT - All of Connecticut	800/848-4747	DP1	DP2	244.10	682.15	112.66	314.84
District of Columbia							
Free State Health Plan - Washington, DC area	800/445-6036	LD1	LD2	206.87	534.06	95.48	246.49
Prudential HealthCare HMO - Washington, DC area	800/888-5447	JB1	JB2	199.90	439.99	92.26	203.07
United HealthCare Mid-Atlantic - Washington, DC/most of Maryland	410/277-9300	BL1	BL2	185.14	444.38	85.45	205.10
Georgia							
Blue Cross and Blue Shield-Std - Athens/Atl/Augusta/Col/Macon/Savannah	800/282-2473	104	105	216.41	482.54	99.88	222.71
Hawaii							
HMSA - All of Hawaii	808/948-6499	871	872	187.07	434.96	86.34	200.75
Illinois							
American HMO - Chicago area/Central/South/Western IL	800/242-7460	AC1	AC2	186.72	448.15	86.18	206.84
Indiana							
American HMO - Northwest Indiana	800/242-7460	AC1	AC2	186.72	448.15	86.18	206.84
Kansas							
Blue Cross and Blue Shield-Std - Most of Kansas	800/432-0379	104	105	216.41	482.54	99.88	222.71
Louisiana							
Blue Cross and Blue Shield-Std - New Orleans area	800/272-3029	104	105	216.41	482.54	99.88	222.71
Maxicare Louisiana - Baton Rouge/New Orleans areas	800/933-6294	JA1	JA2	162.61	378.43	75.05	174.66
Maryland							
Free State Health Plan - All of Maryland	800/445-6036	LD1	LD2	206.87	534.06	95.48	246.49
Prudential HealthCare HMO - Most of Maryland	800/888-5447	JB1	JB2	199.90	439.99	92.26	203.07
United HealthCare Mid-Atlantic - Most of Maryland/Washington, DC	410/277-9300	BL1	BL2	185.14	444.38	85.45	205.10
Massachusetts							
Blue Chip, Coord Hlth Partners - Southeastern Massachusetts	401/459-5500	DA1	DA2	192.08	491.75	88.65	226.96

Plans Offering a Point of Service Product Nationwide and by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all plans offering a Point of Service product in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (87%)	Access to care (91%)	Access to care in an emergency (87%)	Choice of doctor (84%)	When sick, can get appointment (82%)	Seeing same doctor on most visits (89%)	Quality of care (91%)	Provider thorough and competent (94%)	Explanation of care (90%)	Results of care (90%)				
		% Extremely satisfied	% Very satisfied														
Plan name		% Somewhat satisfied															
Nationwide																	
Postmasters-Std																	
Arizona																	
Health Plan of Nevada	9	32	31	●	○	○	○	○	○	○	○	○	○			●	
Arkansas																	
American HMO	19	32	27	○	●	●	○	●	●	●	●	●	●				
QCA Health Plan																	
Colorado																	
HMO Colorado/Nevada*	19	36	34	●	●	●	●	●	●	●	●	●	●			●	
Connecticut																	
Blue Cross and Blue Shield-Std																★	
Physicians Health Services/CT	24	41	26	●	●	●	●	●	●	●	●	●	●	✓		●	
District of Columbia																	
Free State Health Plan	16	50	24	●	●	●	●	●	●	●	●	●	●	✓		●	
Prudential HealthCare HMO	8	37	29	●	○	○	○	●	●	○	●	○	○			●	
United HealthCare Mid-Atlantic*	16	38	28	●	○	○	○	●	●	●	○	○					
Georgia																	
Blue Cross and Blue Shield-Std																★	
Hawaii																	
HMSA	20	43	29	●	●	●	●	●	●	●	●	●	●	✓			
Illinois																	
American HMO	4	32	30	○	○	○	○	○	○	○	○	○	○				
Indiana																	
American HMO	4	32	30	○	○	○	○	○	○	○	○	○	○				
Kansas																	
Blue Cross and Blue Shield-Std																	
Louisiana																	
Blue Cross and Blue Shield-Std																	
Maxicare Louisiana	18	41	28	●	○	●	●	○	●	●	●	●	●				
Maryland																	
Free State Health Plan	16	50	24	●	●	●	●	●	●	●	●	●	●	✓		●	
Prudential HealthCare HMO	8	37	29	●	○	○	○	●	●	○	●	○	○			●	
United HealthCare Mid-Atlantic*	16	38	28	●	○	○	○	●	●	●	○	○					
Massachusetts																	
Blue Chip, Coord Hlth Partners	14	41	34	●	●	●	●	●	●	●	●	●	●			●	

*1997 Survey data

Plans Offering a Point of Service Product Nationwide and by State (Also check HMO Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Massachusetts (continued)							
Blue Cross and Blue Shield-Std - All of Massachusetts	800/433-7766	104	105	216.41	482.54	99.88	222.71
United HealthCare New England - All of Massachusetts	800/422-1404	VF1	VF2	222.02	532.81	102.47	245.91
Minnesota							
Blue Cross and Blue Shield-Std - All of Minnesota	800/859-2128	104	105	216.41	482.54	99.88	222.71
Nebraska							
GEHA Benefit Plan - Omaha area	800/821-6136	311	312	234.67	506.13	108.31	233.60
Nevada							
Health Plan of Nevada - Las Vegas/Reno areas	702/871-0999	NM1	NM2	160.23	368.42	73.95	170.04
HMO Colorado/Nevada - Most of Nevada	800/438-5270	VS1	VS2	203.95	487.18	94.13	224.85
New Jersey							
Blue Cross and Blue Shield-Std - All of New Jersey	800/624-5078	104	105	216.41	482.54	99.88	222.71
GHI Health Plan - Northern New Jersey	201/623-6000	801	802	201.07	502.65	92.80	231.99
New York							
Blue Cross and Blue Shield-Std - NYC/LI/Rocklnd/Wstchstr/Mid-Hudson	800/522-5566	104	105	216.41	482.54	99.88	222.71
GHI Health Plan - All of New York	212/501-4444	801	802	201.07	502.65	92.80	231.99
Physicians Health Svcs of NY - NYC/LI/Dtchs/Orng/Putnm/Rklnd/Wschs	800/848-4747	PD1	PD2	285.57	746.18	131.80	344.39
North Carolina							
QualChoice of North Carolina - Northwestern North Carolina	800/816-0911	7Q1	7Q2	183.69	447.16	84.78	206.38
North Dakota							
Blue Cross and Blue Shield-Std - Fargo/Moorehead area	800/548-4026	104	105	216.41	482.54	99.88	222.71
Ohio							
Blue Cross and Blue Shield-Std - Cincinnati area	888/818-4767	104	105	216.41	482.54	99.88	222.71
HealthFirst, Inc. - North Central Ohio	800/858-1472	RF1	RF2	198.94	508.02	91.82	234.47
Oklahoma							
Blue Cross and Blue Shield-Std - Lawton/OK City/Tulsa/Other areas	800/722-3130	104	105	216.41	482.54	99.88	222.71
Pennsylvania							
Free State Health Plan - Southern Pennsylvania	800/445-6036	LD1	LD2	206.87	534.06	95.48	246.49
Penn State Geisinger HlthPlan - Central/Northeastern Pennsylvania	717/271-8760	N91	N92	146.58	447.05	67.65	206.33
Puerto Rico							
PCA Health Plans/Puerto Rico - All of Puerto Rico	787/282-7900	5P1	5P2	150.00	400.57	69.23	184.88
Triple-S - All of Puerto Rico	787/749-4777	891	892	184.58	396.41	85.19	182.96
United HealthCare Puerto Rico - All of Puerto Rico	787/782-5792	7U1	7U2	157.47	339.63	72.68	156.75
Rhode Island							
Blue Chip, Coord Hlth Partners - All of Rhode Island	401/459-5500	DA1	DA2	192.08	491.75	88.65	226.96

Plans Offering a Point of Service Product Nationwide and by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all plans offering a Point of Service product in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (87%)	Access to care (91%)	Access to care in an emergency (87%)	Choice of doctor (84%)	When sick, can get appointment (82%)	Seeing same doctor on most visits (89%)	Quality of care (91%)	Provider thorough and competent (94%)	Explanation of care (90%)	Results of care (90%)				
Plan name																	
Massachusetts (continued)																	
Blue Cross and Blue Shield-Std																	
United HealthCare New England*	25	40	27	●	●	●	●	●	●	●	●	●	●	✓	★		
Minnesota																	
Blue Cross and Blue Shield-Std																	
Nebraska																	
GEHA Benefit Plan																	
Nevada																	
Health Plan of Nevada	9	32	31	●	○	○	○	○	○	○	○	○	○		●		
HMO Colorado/Nevada	21	49	23	●	●	●	●	●	●	●	●	●	●	✓	●		
New Jersey																	
Blue Cross and Blue Shield-Std																	
GHI Health Plan	16	36	34	○	●	●	○	●	●	●	●	●	●				
New York																	
Blue Cross and Blue Shield-Std															●		
GHI Health Plan	16	36	34	○	●	●	○	●	●	●	●	●	●				
Physicians Health Svcs of NY															●		
North Carolina																	
QualChoice of North Carolina																	
North Dakota																	
Blue Cross and Blue Shield-Std																	
Ohio																	
Blue Cross and Blue Shield-Std															★		
HealthFirst, Inc.															★		
Oklahoma																	
Blue Cross and Blue Shield-Std																	
Pennsylvania																	
Free State Health Plan	16	50	24	●	●	●	●	●	●	●	●	●	●	✓	●		
Penn State Geisinger HlthPlan	24	44	20	●	●	●	●	●	●	●	●	●	●		★		
Puerto Rico																	
PCA Health Plans/Puerto Rico																	
Triple-S	20	59	16	●	●	●	●	●	●	●	●	●	●	✓			
United HealthCare Puerto Rico																	
Rhode Island																	
Blue Chip, Coord Hlth Partners	14	41	34	●	●	●	●	●	●	●	●	●	●		●		

*1997 Survey data

Plans Offering a Point of Service Product Nationwide and by State (Also check HMO Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Rhode Island (continued)							
United HealthCare New England - All of Rhode Island	800/422-1404	VF1	VF2	222.02	532.81	102.47	245.91
Texas							
HMO Texas, L.C. - Houston/Beaumont areas	713/952-6868	2T1	2T2	159.94	399.10	73.82	184.20
Virginia							
Prudential HealthCare HMO - Washington, DC area/Northern Virginia	800/888-5447	JB1	JB2	199.90	439.99	92.26	203.07
West Virginia							
Free State Health Plan - Northeastern West Virginia	800/445-6036	LD1	LD2	206.87	534.06	95.48	246.49

Plans Offering a Point of Service Product Nationwide and by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all plans offering a Point of Service product in heading)												Top rated plans	Accreditation status NCQA JCAHO	Web site		
	% satisfied with plan			Coverage (87%)	Access to care (91%)	Access to care in an emergency (87%)	Choice of doctor (84%)	When sick, can get appointment (82%)	Seeing same doctor on most visits (89%)	Quality of care (91%)	Provider thorough and competent (94%)	Explanation of care (90%)				Results of care (90%)	
																	% Extremely satisfied
Plan name																	
Rhode Island (continued)																	
United HealthCare New England*	25	40	27	●	●	●	●	●	●	●	●	●	●	✓	★		
Texas																	
HMO Texas, L.C.																	
Virginia																	
Prudential HealthCare HMO	8	37	29	●	○	○	○	●	●	○	●	○	○		●		
West Virginia																	
Free State Health Plan	16	50	24	●	●	●	●	●	●	●	●	●	●	✓	●		

*1997 Survey data

Plans Offering a Point of Service Product Nationwide and by State	Plan code	In Network You Pay				Out of Network You Pay			
		Outpatient visits		In-hospital care		Calendar year deductible (per person/family)	Out-patient visits	In-hospital care	
		Copay/coinsurance	Deductible	Copay/coinsurance	Per admission deductible		Copay/coinsurance	Copay/coinsurance	Per admission deductible
Plan name									
Nationwide									
Postmasters-Std	36	\$10	None	None	\$350	\$300/\$600	30%	30%	\$600
Arizona									
Health Plan of Nevada	NM	\$5	None	\$100	None	\$250/\$750	20%	20%	None
Arkansas									
American HMO	RB	\$5	None	None	None	\$200/\$600	30%	30%	None
QCA Health Plan	8Q	\$10	None	None	None	\$300/NA	20%	20%	None
Colorado									
HMO Colorado/Nevada	L2	\$10	None	\$200	None	\$250/\$500	30%	30%	None
Connecticut									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Physicians Health Services/CT	DP	\$10	None	None	None	\$300/\$750	20%	20%	None
District of Columbia									
Free State Health Plan	LD	\$5	None	None	None	\$200/\$400	20%	20%	None
Prudential HealthCare HMO	JB	\$5	None	None	None	\$150/\$300	20%	20%	None
United HealthCare Mid-Atlantic	BL	\$5	None	None	None	\$250/\$750	20%	20%	None
Georgia									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Hawaii									
HMSA	87	20%	None	None	None	\$250/NA	30%	30%	None
Illinois									
American HMO	AC	None	None	None	None	\$200/\$600	30%	None	None
Indiana									
American HMO	AC	None	None	None	None	\$200/\$600	30%	None	None
Kansas									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Louisiana									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Maxicare Louisiana	JA	\$5	None	None	None	\$200/\$600	20%	20%	None
Maryland									
Free State Health Plan	LD	\$5	None	None	None	\$200/\$400	20%	20%	None
Prudential HealthCare HMO	JB	\$5	None	None	None	\$150/\$300	20%	20%	None
United HealthCare Mid-Atlantic	BL	\$5	None	None	None	\$250/\$750	20%	20%	None
Massachusetts									
Blue Chip, Coord Hlth Partners	DA	\$5	None	None	None	\$250/\$500	20%	20%	None

Plans Offering a Point of Service Product Nationwide and by State	Plan code	In Network You Pay				Out of Network You Pay			
		Outpatient visits		In-hospital care		Calendar year deductible (per person/family)	Out-patient visits	In-hospital care	
		Copay/coinsurance	Deductible	Copay/coinsurance	Per admission deductible		Copay/coinsurance	Copay/coinsurance	Per admission deductible
Plan name									
Massachusetts (continued)									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
United HealthCare New England	VF	\$10	None	None	None	\$200/\$400	20%	20%	None
Minnesota									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Nebraska									
GEHA Benefit Plan	31	\$5	None	\$75	None	\$175/\$350	20%	20%	None
Nevada									
Health Plan of Nevada	NM	\$5	None	\$100	None	\$250/\$750	20%	20%	None
HMO Colorado/Nevada	VS	\$10	None	\$200	None	\$250/\$500	30%	30%	None
New Jersey									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
GHI Health Plan	80	\$10	None	None	None	None	50%	50%	None
New York									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
GHI Health Plan	80	\$10	None	None	None	None	50%	50%	None
Physicians Health Svcs of NY	PD	\$10	None	None	None	\$300/\$750	20%	20%	None
North Carolina									
QualChoice of North Carolina	7Q	\$10	None	None	None	\$300/\$750	30%	30%	None
North Dakota									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Ohio									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
HealthFirst, Inc.	RF	\$5	None	None	None	\$250/\$500	20%	20%	None
Oklahoma									
Blue Cross and Blue Shield-Std	10	\$5	None	None	None	\$200/\$400	25%	None	\$250
Pennsylvania									
Free State Health Plan	LD	\$5	None	None	None	\$200/\$400	20%	20%	None
Penn State Geisinger HlthPlan	N9	\$10	None	None	None	\$250/\$750	20%	20%	None
Puerto Rico									
PCA Health Plans/Puerto Rico	5P	\$5	None	None	None	\$100/\$300	\$8	None	\$50
Triple-S	89	None	None	None	None	None	10%	10%	None
United HealthCare Puerto Rico	7U	\$5	None	None	None	\$200/\$400	20%	20%	None
Rhode Island									
Blue Chip, Coord Hlth Partners	DA	\$5	None	None	None	\$250/\$500	20%	20%	None

Plans Offering a Point of Service Product Nationwide and by State	Plan code	In Network You Pay				Out of Network You Pay			
		Outpatient visits		In-hospital care		Calendar year deductible (per person/family)	Out-patient visits	In-hospital care	
		Copay/coinsurance	Deductible	Copay/coinsurance	Per admission deductible		Copay/coinsurance	Copay/coinsurance	Per admission deductible
Plan name									
Rhode Island (continued)									
United HealthCare New England	VF	\$10	None	None	None	\$200/\$400	20%	20%	None
Texas									
HMO Texas, L.C.	2T	\$5	None	None	None	\$500/\$1500	30%	30%	None
Virginia									
Prudential HealthCare HMO	JB	\$5	None	None	None	\$150/\$300	20%	20%	None
West Virginia									
Free State Health Plan	LD	\$5	None	None	None	\$200/\$400	20%	20%	None

Plan Report Cards

Health Maintenance Organization Plans

(Pages 28 through 55)

Important: Some plans have been redesignated as POS products.
If you do not find your plan in this section,
check the POS section.

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Alabama							
Health Partners of Alabama - Birmingham/Other areas	800/888-7647	DF1	DF2	195.41	500.22	90.19	230.87
PrimeHealth of Alabama, Inc. - Central/Southern Alabama	800/236-9421	AA1	AA2	196.06	483.86	90.49	223.32
VIVA Health Plan - Northern/Central and Southern Cos	205/558-7474	4B1	4B2	209.63	492.61	96.75	227.36
Arizona							
Aetna U.S. Healthcare - Phoenix/Tucson areas	800/537-9384	WQ1	WQ2	165.51	465.01	76.39	214.62
CIGNA HC of AZ-Phoenix - Phoenix area	800/572-9990	161	162	193.14	482.82	89.14	222.84
HealthPartners Health Plans - Central Arizona	602/664-2612	2S1	2S2	142.57	428.76	65.80	197.89
HealthPartners Health Plans - Tucson/Southern Arizona	602/664-2612	TD1	TD2	154.31	432.10	71.22	199.43
Humana Health Plan of AZ - Phoenix/Tucson/Southern Arizona	888/393-6765	DY1	DY2	165.51	450.15	76.39	207.76
Intergroup of Arizona, Inc. - Maricopa/Pima/Other AZ counties	800/289-2818	A71	A72	159.45	430.34	73.59	198.62
PacifiCare of Arizona - Counties surrounding Phoenix/Tucson	800/346-8600	7R1	7R2	180.46	505.31	83.29	233.22
PacifiCare of Arizona - Maricopa/Pima/Pinal Counties	800/347-8600	A31	A32	139.17	389.70	64.23	179.86
Premier HealthCare of Arizona - Graham/Greenlee/Maricopa/Pima/Pinal	800/914-4474	9A1	9A2	131.39	361.62	60.64	166.90
Premier HealthCare of Arizona - Yavapai/Mohave/Coconino/Yuma/Gila	800/914-4474	9B1	9B2	164.43	459.25	75.89	211.96
Arkansas							
Prudential HealthCare HMO - Central and Northwest Arkansas	800/821-8787	VY1	VY2	217.47	484.81	100.37	223.76
California							
Aetna U.S. Healthcare - Southern California	800/537-9384	2X1	2X2	181.81	425.45	83.91	196.36
Aetna U.S. Healthcare - Northern California area	800/537-9384	BU1	BU2	217.49	488.02	100.38	225.24
Blue Shield of CA Access+HMO - Most of California	800/334-5847	SJ1	SJ2	159.68	396.18	73.70	182.85
Blue Cross CaliforniaCare - Most of California	800/235-8631	M51	M52	160.59	409.76	74.12	189.12
CIGNA HealthCare of California - Northern/Southern California	800/832-3211	9T1	9T2	198.60	425.73	91.66	196.49
Health Net - Most of California	800/522-0088	LB1	LB2	174.07	412.01	80.34	190.16
Kaiser Permanente - Northern California	800/464-4000	591	592	173.98	415.31	80.30	191.68
Kaiser Permanente - Southern California	800/464-4000	621	622	192.18	444.21	88.70	205.02
Maxicare Southern California - Southern California	800/234-6294	CM1	CM2	144.28	365.15	66.59	168.53
National HMO Health Plan - Northern/Central/Southern California	800/468-8600	MN1	MN2	154.33	408.20	71.23	188.40
Omni Healthcare - Central Valley and Sacramento areas	800/342-8462	HN1	HN2	193.07	485.68	89.11	224.16
PacifiCare of California - Most of California	800/624-8822	CY1	CY2	161.98	419.79	74.76	193.75
United Health Plan - LA/Orange/San Bernardino Counties	800/544-0088	C41	C42	141.22	305.74	65.18	141.11
Western Health Advantage - Northern California	888-563-2250	5Z1	5Z2	167.05	400.88	77.10	185.02
Colorado							
Aetna U.S. Healthcare - The Front Range	800/537-9384	6F1	6F2	159.88	425.69	73.79	196.47
Antero HealthPlans - Central Colorado	800/456-9292	9X1	9X2	138.62	376.18	63.98	173.62

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (8%)	Explanation of care (80%)	Results of care (74%)				
	20	48	22														
Plan name	11	36	28														
Alabama																	
Health Partners of Alabama	20	48	22	●	●	●	●	●	●	●	●	●	●	✓			
PrimeHealth of Alabama, Inc.	11	36	28	○	●	●	●	○	●	●	●	●					📄
VIVA Health Plan																	
Arizona																	
Aetna U.S. Healthcare	13	35	21	●	●	●	●	○	●	●	●	●					📄
CIGNA HC of AZ-Phoenix	21	43	21	●	●	●	●	○	○	●	●	●		★			📄
HealthPartners Health Plans	12	38	25	○	○	●	●	●	●	●	●	●		★			📄
HealthPartners Health Plans	16	42	23	●	●	●	●	○	○	○	○	○		★			📄
Humana Health Plan of AZ	17	30	23	●	○	●	●	○	○	○	○	○					📄
Intergroup of Arizona, Inc.	13	39	28	●	○	○	○	○	○	○	○	○		★			
PacifiCare of Arizona															★		📄
PacifiCare of Arizona	14	30	26	○	○	○	○	○	○	○	○	○		★			📄
Premier HealthCare of Arizona																	
Premier HealthCare of Arizona																	
Arkansas																	
Prudential HealthCare HMO															★		📄
California																	
Aetna U.S. Healthcare	10	31	29	●	○	●	●	○	○	○	○	○					📄
Aetna U.S. Healthcare	11	38	28	●	●	●	●	●	●	●	●	●		★			📄
Blue Shield of CA Access+HMO	14	33	33	●	○	○	○	●	●	○	○	○		●			📄
Blue Cross CaliforniaCare	16	39	27	●	●	●	○	●	●	○	○	●		★			📄
CIGNA HealthCare of California	11	37	26	○	○	○	○	●	●	○	○	○		★			📄
Health Net	14	40	32	●	●	●	●	●	●	●	●	●		●			📄
Kaiser Permanente	15	44	27	●	○	○	●	●	○	●	○	●		●			📄
Kaiser Permanente	19	47	20	●	●	●	●	○	○	●	○	●		★			📄
Maxicare Southern California	14	29	30	○	○	○	○	○	○	○	○	○					
National HMO Health Plan*	11	48	20	○	●	○	●	●	●	●	●	●					📄
Omni Healthcare	21	32	31	●	●	●	●	●	●	●	●	●					📄
PacifiCare of California*	18	35	27	●	○	●	●	○	●	○	○	○		★			📄
United Health Plan															⊗	●	
Western Health Advantage																	📄
Colorado																	
Aetna U.S. Healthcare																	📄
Antero HealthPlans																	📄

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Colorado (continued)							
CIGNA HealthCare of CO - Front Range area	800/832-3211	1C1	1C2	182.54	438.06	84.25	202.18
Kaiser Permanente - Denver/Colorado Springs areas	303/338-3800	651	652	172.77	441.03	79.74	203.55
PacifiCare of Colorado-High - Denver/Pueblo/Col.Springs/Fort Collins	800/877-9777	D61	D62	169.33	438.14	78.15	202.22
PacifiCare of Colorado-Std - Denver/Pueblo/Col.Springs/Fort Collins	800/877-9777	D64	D65	134.79	349.29	62.21	161.21
QualMed of Colorado - Denver/Boulder/Colorado Springs/Pueblo	800/847-3990	2D1	2D2	179.44	455.35	82.82	210.16
Rocky Mountain HMO - Most of Colorado	800/346-4643	881	882	235.73	551.33	108.80	254.46
Connecticut							
Aetna U.S. Healthcare - All of Connecticut	800/537-9384	H11	H12	237.12	637.61	109.44	294.28
ConnectiCare - All of Connecticut	800/251-7722	TE1	TE2	199.36	443.02	92.01	204.47
Harvard Community Hlth Plan - Northwest Connecticut	888/333-4742	681	682	226.68	600.73	104.62	277.26
Health New England - Northern Connecticut	413/787-4004	DJ1	DJ2	220.50	487.31	101.77	224.91
Kaiser Permanente - Most of Connecticut	800/597-3872	DM1	DM2	217.90	523.42	100.57	241.58
Prudential HealthCare HMO - Fairfield/Litchfield/New Haven Cos.	800/422-7399	8C1	8C2	265.24	656.70	122.42	303.09
Delaware							
Aetna U.S. Healthcare - All of Delaware	800/537-9384	NK1	NK2	259.31	719.62	119.68	332.13
AmeriHealth HMO, Inc. - All of Delaware	800/444-6282	SP1	SP2	209.91	551.05	96.88	254.33
District of Columbia							
Aetna U.S. Healthcare - Washington, DC area	800/537-9384	V81	V82	230.34	563.01	106.31	259.85
CapitalCare - Washington, DC area	800/680-9495	2G1	2G2	212.96	585.67	98.29	270.31
George Washington Univ HP-High - Washington, DC area	301/941-2000	E51	E52	229.88	502.84	106.10	232.08
George Washington Univ HP-Std - Washington, DC area	301/941-2000	E54	E55	169.07	368.20	78.03	169.94
Kaiser Permanente - Washington, DC area	301/468-6000	E31	E32	189.22	467.26	87.33	215.66
MD-IPA - Washington, DC area	800/331-2102	JP1	JP2	201.83	484.42	93.15	223.58
NYLCare/Mid-Atlantic-High - Washington, DC area	800/635-3121	JN1	JN2	201.89	474.48	93.18	218.99
NYLCare/Mid-Atlantic-Std - Washington, DC area	800/635-3121	JN4	JN5	142.68	335.29	65.85	154.75
Florida							
Aetna U.S. Healthcare - Central and South Florida areas	800/537-9384	8A1	8A2	213.96	593.45	98.75	273.90
Av-Med Health Plan - Broward/Dade/Palm Beach Counties	800/882-8633	EM1	EM2	171.99	472.98	79.38	218.30
Av-Med Health Plan - Orlando area	800/882-8633	GP1	GP2	167.81	461.39	77.45	212.95
Av-Med Health Plan - Tampa Bay area	800/882-8633	H51	H52	167.68	461.07	77.39	212.80
Av-Med Health Plan - Jacksonville area	800/882-8633	HW1	HW2	171.75	472.29	79.27	217.98
Av-Med Health Plan - Gainesville area	800/882-8633	JF1	JF2	184.69	507.95	85.24	234.44
Beacon Health Plan - Dade/Broward/Palm Beach Counties	800/850-0979	4K1	4K2	147.38	412.79	68.02	190.52
Capital Health Plan - Tallahassee area	850/383-3311	EA1	EA2	162.96	435.13	75.21	200.83

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)												Top rated plans	Accreditation status NCOA JCAHO	Web site		
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)				Results of care (74%)	
	■	■	■														
Plan name																	
Colorado (continued)																	
CIGNA HealthCare of CO															★		
Kaiser Permanente	25	46	19	●	●	●	●	●	○	●	●	●	●	✓	★		
PacifiCare of Colorado-High	14	43	25	●	●	●	●	●	●	●	●	●	●		★		
PacifiCare of Colorado-Std	10	35	31	○	●	●	○	●	●	○	○	○	●		★		
QualMed of Colorado															●		
Rocky Mountain HMO	14	54	20	●	●	●	●	●	●	●	●	●	●	✓	●		
Connecticut																	
Aetna U.S. Healthcare	11	37	28	●	●	●	●	●	●	●	●	●	●		●		
ConnectiCare	25	46	21	●	●	●	●	●	●	●	●	●	●	✓	●		
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★		
Health New England	13	53	24	●	●	●	●	●	●	●	●	●	●	✓	●		
Kaiser Permanente	18	41	29	●	●	●	●	●	●	●	●	●	●	✓	★		
Prudential HealthCare HMO															★		
Delaware																	
Aetna U.S. Healthcare	15	33	31	●	●	●	●	●	●	●	●	●	●				
AmeriHealth HMO, Inc.	15	31	29	●	●	●	●	●	●	●	●	●	●		●		
District of Columbia																	
Aetna U.S. Healthcare	11	36	31	●	●	●	●	●	●	●	●	●	●		★		
CapitalCare	20	36	29	●	●	●	●	●	●	●	●	●	●				
George Washington Univ HP-High	18	40	25	●	●	●	●	●	○	●	●	●	●		●		
George Washington Univ HP-Std	13	31	33	●	●	○	●	●	○	●	●	●	●		●		
Kaiser Permanente*	23	39	24	●	●	○	●	●	○	○	○	○	●		★		
MD-IPA	15	45	30	●	●	●	●	●	●	●	●	●	●	✓	★		
NYLCare/Mid-Atlantic-High	17	42	23	●	●	●	●	●	●	●	●	●	●		★		
NYLCare/Mid-Atlantic-Std	11	41	31	●	●	●	●	●	●	●	●	●	●		★		
Florida																	
Aetna U.S. Healthcare															★		
Av-Med Health Plan	25	42	21	●	●	●	●	●	●	●	●	●	●	✓	★		
Av-Med Health Plan	24	35	23	●	●	●	●	●	●	●	●	●	●		★		
Av-Med Health Plan	19	37	27	●	●	●	○	●	●	○	○	○	●		★		
Av-Med Health Plan	27	43	16	●	●	●	●	●	●	●	●	●	●		★		
Av-Med Health Plan	26	45	17	●	●	●	●	●	●	●	●	●	●	✓	★		
Beacon Health Plan																	
Capital Health Plan	39	37	13	●	●	●	●	●	●	●	●	●	●		●		

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Florida (continued)							
Foundation Health - Northern Florida	800/441-5501	5C1	5C2	158.69	447.98	73.24	206.76
Foundation Health - Central Florida	800/441-5501	5D1	5D2	173.62	489.00	80.13	225.69
Foundation Health - Southern Florida	800/441-5501	5E1	5E2	149.87	412.10	69.17	190.20
Health Options - Tampa Bay area	800/583-9072	D71	D72	190.78	506.24	88.05	233.65
Health Options - Palm Beach/Martin Counties	800/964-6595	FN1	FN2	169.33	453.25	78.15	209.19
Health Options - Broward/Dade Counties	800/964-6595	FR1	FR2	149.93	404.73	69.20	186.80
HIP Health Plan of FL - South Florida/Tampa Bay areas	800/385-4447	K71	K72	170.32	475.87	78.61	219.63
Humana Medical Plan - Orlando/Gainesville areas	888/393-6765	7F1	7F2	158.43	443.65	73.12	204.76
Humana Medical Plan - Southeast/Southcentral/Southwest Florida	888/393-6765	EE1	EE2	181.22	453.03	83.64	209.09
Humana Medical Plan - Tampa Bay area	888/393-6765	JH1	JH2	183.71	459.31	84.79	211.99
Humana Medical Plan - Jacksonville area	888/393-6765	P51	P52	201.59	503.92	93.04	232.58
Humana Medical Plan - Daytona area	888/393-6765	P71	P72	201.35	503.45	92.93	232.36
PCA Family Health Plan of FL - Most of Florida	888/393-6765	FQ1	FQ2	134.14	402.46	61.91	185.75
PCA Health Plans of Florida - Most of Florida	888/393-6765	PJ1	PJ2	134.14	402.46	61.91	185.75
Prudential HealthCare HMO - Jacksonville area	904/351-8386	EC1	EC2	143.26	393.92	66.12	181.81
Prudential HealthCare HMO - Central Florida area	800/628-3801	EH1	EH2	160.01	447.89	73.85	206.72
Prudential HealthCare HMO - Broward/Dade/Palm Beach Counties	800/457-3885	HE1	HE2	185.75	520.00	85.73	240.00
United HealthCare of Florida - South Florida/Tampa areas	800/543-3145	QK1	QK2	195.54	518.18	90.25	239.16
Georgia							
Aetna U.S. Healthcare - Atlanta/Augusta/Athens/Macon areas	800/537-9384	2U1	2U2	181.00	466.64	83.54	215.37
Athens Area Health Plan Select - Athens metro area	706-549-0549	8Y1	8Y2	169.04	433.75	78.02	200.19
Kaiser Permanente - Atlanta area	800/255-0568	F81	F82	182.43	463.13	84.20	213.75
Prudential HealthCare HMO - Atlanta/Macon areas	800/738-1728	EZ1	EZ2	150.63	412.17	69.52	190.23
Guam							
Guam Memorial Health Plan-High - Guam/Palau/N. Mariana Islands	671/646-4647	ZA1	ZA2	220.03	557.74	101.55	257.42
Guam Memorial Health Plan-Std - Guam/Palau/N. Mariana Islands	671/646-4647	ZA4	ZA5	161.42	459.57	74.50	212.11
Health Maintenance Life - Guam	671/646-7826	281	282	133.19	397.80	61.47	183.60
PacifiCare Asia Pacific - Guam	671/647-3471	JK1	JK2	185.81	489.78	85.76	226.05
Hawaii							
Kaiser Permanente-High - Islands of Hawaii/Maui/Oahu/Kauai	808/597-5955	631	632	241.71	519.70	111.56	239.86
Kaiser Permanente-Std - Islands of Hawaii/Maui/Oahu/Kauai	808/597-5955	634	635	204.06	438.73	94.18	202.49
Idaho							
Group Health Cooperative - Benewah/Bonner/Kootenai/Latah/Shoshone	800/497-2210	VR1	VR2	219.51	565.11	101.31	260.82
HealthPlus - Washington border counties	800/527-6675	8F1	8F2	193.18	482.06	89.16	222.49

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCQA JCAHO	Web site
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)			
Plan name																
Florida (continued)																
Foundation Health															★	
Foundation Health															★	
Foundation Health															★	
Health Options	13	34	33	●	●	●	●	●	●	●	●	●	●		★	
Health Options															★	
Health Options	10	35	34	●	●	●	●	○	●	○	○	○	○		★	
HIP Health Plan of FL	14	34	25	●	●	●	●	○	○	○	○	○	○		★	
Humana Medical Plan	10	34	33	●	○	○	○	○	○	○	○	○	○		★	
Humana Medical Plan	14	30	33	○	○	○	○	○	○	○	○	○	○		★	
Humana Medical Plan	14	37	26	●	○	●	○	○	○	○	○	○	○		★	
Humana Medical Plan	13	37	30	●	●	●	○	○	●	●	●	●	●		★	
Humana Medical Plan	12	31	30	●	●	●	○	○	●	○	○	○	○		★	
PCA Family Health Plan of FL															●	
PCA Health Plans of Florida	10	25	27	○	○	●	○	○	●	○	○	○	○		●	
Prudential HealthCare HMO	30	35	21	●	●	●	●	●	●	●	●	●	●		★	
Prudential HealthCare HMO	19	42	23	●	●	●	●	●	○	●	●	●	●		★	
Prudential HealthCare HMO	16	28	34	●	○	●	●	○	●	○	○	○	○		★	
United HealthCare of Florida																
Georgia																
Aetna U.S. Healthcare	15	35	27	●	●	●	●	●	●	●	●	●	●			
Athens Area Health Plan Select																
Kaiser Permanente	22	40	25	●	●	●	●	●	○	●	●	●	●	✓	★	
Prudential HealthCare HMO	11	34	32	●	○	○	○	○	○	○	○	○	○		●	
Guam																
Guam Memorial Health Plan-High	7	32	43	○	○	○	●	○	○	○	○	○	○			
Guam Memorial Health Plan-Std																
Health Maintenance Life*	15	47	25	○	○	○	●	●	○	●	●	●	●			
PacifiCare Asia Pacific*	12	33	35	○	○	○	○	○	○	○	○	○	○			
Hawaii																
Kaiser Permanente-High	26	40	22	●	●	●	●	●	●	●	●	●	●	✓	★	
Kaiser Permanente-Std	16	36	35	●	●	●	●	●	●	●	●	●	●		★	
Idaho																
Group Health Cooperative	15	33	31	●	●	●	●	●	●	●	●	●	●		★	
HealthPlus																

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Illinois							
Aetna U.S. Healthcare - Chicago area	800/537-9384	XC1	XC2	154.94	489.04	71.51	225.71
BCI HMO, Inc. - Chicago/Rockford/Springfld/Downstate Cos	800/772-6897	3B1	3B2	227.89	574.84	105.18	265.31
Group Health Plan - Southern/Metro East/Central	800/743-3901	MM1	MM2	213.24	533.02	98.42	246.01
Health Alliance HMO - Central/E.Central/N.West/South/West IL	800/851-3379	FX1	FX2	220.11	513.76	101.59	237.12
Health Partners of the Midwest - St. Louis area	800/338-4123	RN1	RN2	228.04	494.80	105.25	228.37
Heritage National Healthplan - Bloomingt/Joliet/Moline/Peoria/RockIsld	800/247-9110	3J1	3J2	197.06	532.00	90.95	245.54
Humana Health Plan Inc. - Chicago area	888/393-6765	751	752	208.37	500.09	96.17	230.81
John Deere Family Healthplan - Quad Cities	800/247-9110	1J1	1J2	175.72	474.44	81.10	218.97
Mercy Health Plans/Premier - Southwest Illinois	800/327-0763	7M1	7M2	191.04	444.36	88.17	205.09
OSF HealthPlans - Central/Northern Illinois	800/673-5222	9F1	9F2	176.50	464.14	81.46	214.22
PersonalCare's HMO - East Central Illinois	800/431-1211	GE1	GE2	167.16	429.85	77.15	198.39
Principal St.Louis - St. Louis area	800/966-3938	121	122	236.49	515.52	109.15	237.93
Prudential HealthCare HMO - Southern Illinois	800/298-7625	VZ1	VZ2	151.80	383.41	70.06	176.96
Rush Prudential HMO - Chicago area	312/234-7747	171	172	185.84	447.07	85.77	206.34
Union Health Service - Chicago area	312/829-4224	761	762	173.55	430.43	80.10	198.66
United HealthCare Select - St. Louis and Metro East	800/627-0607	H81	H82	205.29	472.33	94.75	218.00
Indiana							
Aetna U.S. Healthcare - Southern Indiana	800/537-9384	RD1	RD2	208.02	509.15	96.01	234.99
Aetna U.S. Healthcare - Lake/Porter Counties	800/537-9384	XC1	XC2	154.94	489.04	71.51	225.71
Arnett HMO - Lafayette area	765/448-7440	G21	G22	219.68	571.18	101.39	263.62
BCI HMO, Inc. - Lake County	800/772-6897	3B1	3B2	227.89	574.84	105.18	265.31
Health Alliance HMO - Fountain/Vermillion/Warren Counties	800/851-3379	FX1	FX2	220.11	513.76	101.59	237.12
Humana Care Plan - Southern Indiana	888/393-6765	181	182	210.23	525.61	97.03	242.59
Humana Health Plan Inc. - Lake and Porter Counties	888/393-6765	751	752	208.37	500.09	96.17	230.81
Humana Health Plan - Southern Indiana	888/393-6765	D21	D22	211.14	527.84	97.45	243.62
Maxicare Indiana - Most of Indiana	800/441-3355	GK1	GK2	186.94	440.07	86.28	203.11
PARTNERS Nat'l HPs of IN - Northern Indiana	800/967-5439	MC1	MC2	174.46	455.20	80.52	210.09
Physicians HP of N. Indiana - Northern Indiana	219/432-6690	DQ1	DQ2	219.51	495.13	101.31	228.52
Prudential HealthCare Midwest - Dearborn County	800/932-7478	S31	S32	166.81	433.16	76.99	199.92
Rush Prudential HMO - Lake/Porter Counties	888/234-7747	171	172	185.84	447.07	85.77	206.34
The M*Plan - Central/Northeast/Southwest Indiana	800/816-7526	IN1	IN2	199.44	430.21	92.05	198.56
United HealthCare of Kentucky - Clark/Floyd/Harrison Counties	800/495-5283	DU1	DU2	200.35	496.54	92.47	229.17
Welborn HMO - Evansville area	812/426-6600	H31	H32	181.65	469.56	83.84	216.72

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCQA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	5	30	32														% Extremely satisfied
Plan name																	
Illinois																	
Aetna U.S. Healthcare	5	30	32	●	●	○	○	●	●	●	○	○		★			
BCI HMO, Inc.	13	36	31	●	●	●	●	●	●	●	●	●					
Group Health Plan*	15	48	25	●	●	●	●	●	●	●	●	●		●			
Health Alliance HMO	25	46	15	●	●	●	●	●	●	●	●	●					
Health Partners of the Midwest	18	43	23	●	●	●	●	●	●	●	●	●					
Heritage National Healthplan																	
Humana Health Plan Inc.	13	29	37	○	○	○	○	○	○	○	○	○		★			
John Deere Family Healthplan																	
Mercy Health Plans/Premier																	
OSF HealthPlans																	
PersonalCare's HMO	17	40	34	●	●	●	●	●	●	●	●	●	✓				
Principal St.Louis	20	45	25	●	●	●	●	●	●	●	●	●	✓	●			
Prudential HealthCare HMO														★			
Rush Prudential HMO	17	37	26	●	●	○	●	○	●	●	●	●		★			
Union Health Service																	
United HealthCare Select	17	41	27	●	●	●	●	●	●	●	●	●					
Indiana																	
Aetna U.S. Healthcare	11	29	30	●	●	●	●	●	●	●	●	●					
Aetna U.S. Healthcare	5	30	32	●	●	○	○	●	●	●	○	○					
Arnett HMO																	
BCI HMO, Inc.	13	36	31	●	●	●	●	●	●	●	●	●					
Health Alliance HMO	25	46	15	●	●	●	●	●	●	●	●	●					
Humana Care Plan	15	37	28	●	●	●	○	●	●	●	●	●					
Humana Health Plan Inc.	13	29	37	○	○	○	○	○	○	○	○	○		★			
Humana Health Plan	15	42	28	●	●	●	●	●	●	●	●	●					
Maxicare Indiana	16	41	23	●	●	●	●	●	●	●	●	●		⊗			
PARTNERS Nat'l HPs of IN														●			
Physicians HP of N. Indiana																	
Prudential HealthCare Midwest	12	46	27	●	●	●	●	●	●	●	●	●		★			
Rush Prudential HMO	17	37	26	●	●	○	●	○	●	●	●	●		★			
The M*Plan	22	47	19	●	●	●	●	●	●	●	●	●	✓	★			
United HealthCare of Kentucky																	
Welborn HMO	34	39	20	●	●	●	●	●	●	●	●	●	✓	●			

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Iowa							
Care Choices - Northwest Iowa	800/535-6252	FA1	FA2	193.92	521.65	89.50	240.76
Exclusive Healthcare - Council Bluffs/Sioux City areas	800/456-9292	9Y1	9Y2	192.31	522.51	88.76	241.16
Health Alliance HMO - Central Iowa	888/536-5300	7X1	7X2	178.49	432.90	82.38	199.80
Heritage National Healthplan - Central/Eastern Iowa	800/247-9110	3J1	3J2	197.06	532.00	90.95	245.54
John Deere Family Healthplan - Des Moines/Waterloo/Quad Cities areas	800/247-9110	1J1	1J2	175.72	474.44	81.10	218.97
Principal Health Care of Iowa - Des Moines/Central Iowa/Waterloo	800/257-4692	SV1	SV2	174.98	472.49	80.76	218.07
SecureCare of Iowa - Central and Eastern Iowa areas	888/881-8820	3Q1	3Q2	149.18	390.78	68.85	180.36
United HealthCare/Midlands - Western Iowa	402/445-5700	NF1	NF2	192.18	434.85	88.70	200.70
Kansas							
Humana Kansas City, Inc.-High - Kansas City area	888/393-6765	MS1	MS2	199.98	479.98	92.30	221.53
Humana Kansas City, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	186.27	447.03	85.97	206.32
Kaiser Permanente - Kansas City area	913/642-2662	HA1	HA2	151.88	391.82	70.10	180.84
Preferred Plus of Kansas - S. Central & Jefferson/Shawnee Counties	800/660-8114	VA1	VA2	201.20	535.19	92.86	247.01
Principal Health Care of KC - Wichita/Salinas areas	800/969-3343	7W1	7W2	197.51	503.69	91.16	232.47
Prudential HealthCare HMO - Kansas City/Topeka areas	800/441-5588	1K1	1K2	195.28	467.81	90.13	215.91
United HealthCare MidWest - Kansas City/Topeka areas	800/357-0975	4M1	4M2	218.75	550.36	100.96	254.01
Kentucky							
Advantage Care, Inc. - Central/Eastern Kentucky	800/850-8585	XW1	XW2	219.77	570.90	101.43	263.49
Aetna U.S. Healthcare - Lexington/Louisville areas	800/537-9384	RD1	RD2	208.02	509.15	96.01	234.99
Bluegrass Family Health - Central/Eastern Kentucky	606/269-4475	2B1	2B2	186.51	443.17	86.08	204.54
Humana Care Plan - Louisville area	888/393-6765	181	182	210.23	525.61	97.03	242.59
Humana Care Plan - Lexington area	888/393-6765	HR1	HR2	192.68	481.67	88.93	222.31
Humana Health Plan - Lexington/Louisville	888/393-6765	D21	D22	211.14	527.84	97.45	243.62
PacifiCare of Ohio, Inc. - Northern Kentucky	800/824-0428	R81	R82	192.51	452.42	88.85	208.81
Prudential HealthCare Midwest - Northern Kentucky	800/932-7478	S31	S32	166.81	433.16	76.99	199.92
United Health Care of Ohio - Northern Kentucky	800/231-2918	3U1	3U2	220.65	507.43	101.84	234.20
United HealthCare of Kentucky - Most of Kentucky	800/495-5283	DU1	DU2	200.35	496.54	92.47	229.17
Louisiana							
Aetna U.S. Healthcare - New Orleans area	800/537-9384	NG1	NG2	175.07	455.15	80.80	210.07
Aetna U.S. Healthcare - Baton Rouge/Lafayette areas	800/537-9384	TK1	TK2	144.65	470.02	66.76	216.93
Gulf South Health Plan, Inc. - Baton Rouge/New Orleans/Lafayette area	504/237-1700	LY1	LY2	191.62	483.77	88.44	223.28
Smartplan - All of Louisiana	800/259-7370	8D1	8D2	173.44	453.22	80.05	209.18
Vantage Health Plan - Monroe/North Louisiana	318/323-9779	7V1	7V2	194.87	493.24	89.94	227.65

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)												Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)				Results of care (74%)
Plan name																
Iowa																
Care Choices																
Exclusive Healthcare	15	40	29	●	●	●	●	●	●	●	●	●				
Health Alliance HMO																
Heritage National Healthplan																
John Deere Family Healthplan																
Principal Health Care of Iowa*	17	36	30	●	●	●	●	●	●	●	●	●	●			
SecureCare of Iowa																
United HealthCare/Midlands	20	33	28	●	●	●	●	●	●	●	●	●	★			
Kansas																
Humana Kansas City, Inc.-High	22	37	24	●	●	●	●	●	●	●	●	●	★			
Humana Kansas City, Inc.-Std													★			
Kaiser Permanente	18	35	25	●	●	○	○	●	○	○	○	○	★			
Preferred Plus of Kansas																
Principal Health Care of KC													●			
Prudential HealthCare HMO	11	42	24	●	●	●	●	●	●	●	●	●	★			
United HealthCare MidWest*	13	46	24	●	●	●	●	●	●	●	●	●				
Kentucky																
Advantage Care, Inc.													★			
Aetna U.S. Healthcare	11	29	30	●	●	●	●	●	●	●	●	●				
Bluegrass Family Health	21	39	26	●	●	●	●	●	●	●	●	●				
Humana Care Plan	15	37	28	●	●	●	○	●	●	●	●	●				
Humana Care Plan	20	36	26	●	●	●	●	●	○	●	●	●				
Humana Health Plan	15	42	28	●	●	●	●	●	●	●	●	●				
PacifiCare of Ohio, Inc.	9	37	28	○	●	●	●	●	●	●	●	●				
Prudential HealthCare Midwest	12	46	27	●	●	●	●	●	●	●	●	●	★			
United Health Care of Ohio	12	40	30	●	●	●	●	●	●	●	●	●	★			
United HealthCare of Kentucky																
Louisiana																
Aetna U.S. Healthcare	14	42	27	●	●	●	●	○	●	●	●	●				
Aetna U.S. Healthcare																
Gulf South Health Plan, Inc.													★			
Smartplan																
Vantage Health Plan																

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Maine							
Harvard Community Hlth Plan - Southeastern Maine	888/333-4742	681	682	226.68	600.73	104.62	277.26
NYLCare Health Plans of Maine - All of Maine	800/895-6667	9M1	9M2	218.16	486.50	100.69	224.54
Maryland							
Aetna U.S. Healthcare - North/Central MD & Washington, DC area	800/537-9384	V81	V82	230.34	563.01	106.31	259.85
CapitalCare - South/Central Maryland	800/680-9495	2G1	2G2	212.96	585.67	98.29	270.31
George Washington Univ HP-High - Central/Southern Maryland	301/941-2000	E51	E52	229.88	502.84	106.10	232.08
George Washington Univ HP-Std - Central/Southern Maryland	301/941-2000	E54	E55	169.07	368.20	78.03	169.94
Kaiser Permanente - Baltimore/Washington, DC areas	301/468-6000	E31	E32	189.22	467.26	87.33	215.66
MD-IPA - All of Maryland	800/331-2102	JP1	JP2	201.83	484.42	93.15	223.58
NYLCare/Mid-Atlantic-High - North/Central/Southern Maryland	800/635-3121	JN1	JN2	201.89	474.48	93.18	218.99
NYLCare/Mid-Atlantic-Std - North/Central/Southern Maryland	800/635-3121	JN4	JN5	142.68	335.29	65.85	154.75
Massachusetts							
Aetna U.S. Healthcare - Central/Eastern MA/Hampden	800/537-9384	NE1	NE2	229.78	620.69	106.05	286.47
Fallon Community Health Plan - Central/Eastern Massachusetts	800/868-5200	JV1	JV2	173.40	447.37	80.03	206.48
Harvard Community Hlth Plan - Eastern/Western Massachusetts	888/333-4742	681	682	226.68	600.73	104.62	277.26
Harvard Pilgrim Hlth Care-NE - Southeastern Massachusetts	888/333-4742	701	702	188.05	451.27	86.79	208.28
Health New England - Western Massachusetts	413/787-4004	DJ1	DJ2	220.50	487.31	101.77	224.91
Kaiser Permanente - Western Massachusetts	800/597-3872	K11	K12	181.29	471.36	83.67	217.55
Michigan							
Aetna U.S. Healthcare - Greater Detroit Metro area	800/537-9384	8Z1	8Z2	179.18	467.46	82.70	215.75
Blue Care Network - East MI - East Michigan Region	800/890-0871	K51	K52	189.69	475.37	87.55	219.40
Blue Care Network - East MI - East Michigan Region	800/890-0871	KN1	KN2	176.06	526.74	81.26	243.11
Blue Care Network Mid MI Reg - Mid Michigan	888/227-2345	LN1	LN2	198.60	478.29	91.66	220.75
Blue Care Network SE Michigan - Southeast MI	800/662-6667	LX1	LX2	133.49	441.59	61.61	203.81
Blue Care Network West MI - Western Michigan	800/775-2583	G71	G72	245.48	620.99	113.30	286.61
Blue Care Network West MI - Western Michigan	800/775-2583	KF1	KF2	173.29	477.75	79.98	220.50
Blue Care Network West Region - Western Michigan	800/775-2583	KR1	KR2	170.04	492.01	78.48	227.08
Grand Valley Health Plan - Grand Rapids area	616/949-2410	RL1	RL2	187.27	473.53	86.43	218.55
Health Alliance - Southeastern Michigan/Flint area	313/872-8100	521	522	174.05	461.13	80.33	212.83
HealthPlus MI - Flint/Saginaw areas	800/332-9161	X51	X52	226.66	555.64	104.61	256.45
M-Care - Mid/Southeastern Michigan	800/658-8878	EG1	EG2	165.49	438.92	76.38	202.58
Medical Value Plan - Lenawee/Monroe Counties	419/245-5135	EV1	EV2	211.19	557.53	97.47	257.32
OmniCare - Southeastern Michigan	313/259-4000	KA1	KA2	159.73	399.27	73.72	184.28
Physicians Health Plan - Lansing/Mid-Michigan	517/349-1976	U51	U52	200.14	480.33	92.37	221.69

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	■	■	■														
Plan name																	
Maine																	
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★		
NYLCare Health Plans of Maine																	
Maryland																	
Aetna U.S. Healthcare	11	36	31	●	●	●	●	●	●	●	●	●	●		★		
CapitalCare	20	36	29	●	●	●	●	●	●	●	●	●	●				
George Washington Univ HP-High	18	40	25	●	●	●	●	●	○	●	●	●	●		●		
George Washington Univ HP-Std	13	31	33	●	●	○	●	●	○	●	●	●	●		●		
Kaiser Permanente*	23	39	24	●	●	○	●	●	○	○	●	○	●		★		
MD-IPA	15	45	30	●	●	●	●	●	●	●	●	●	●	✓	★		
NYLCare/Mid-Atlantic-High	17	42	23	●	●	●	●	●	●	●	●	●	●		★		
NYLCare/Mid-Atlantic-Std	11	41	31	●	●	●	●	●	●	●	●	●	●		★		
Massachusetts																	
Aetna U.S. Healthcare	12	36	27	●	●	●	●	●	●	●	●	●	●		★		
Fallon Community Health Plan	29	49	13	●	●	●	●	●	●	●	●	●	●	✓	★		
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★		
Harvard Pilgrim Hlth Care-NE	25	40	20	●	●	●	●	●	●	●	●	●	●		★		
Health New England	13	53	24	●	●	●	●	●	●	●	●	●	●	✓	●		
Kaiser Permanente	15	40	30	●	●	●	●	●	●	●	●	●	●		★		
Michigan																	
Aetna U.S. Healthcare																	
Blue Care Network - East MI	13	39	26	●	●	●	○	●	●	●	○	●	○		★		
Blue Care Network - East MI															★		
Blue Care Network Mid MI Reg	15	41	22	●	●	●	●	●	●	●	●	●	●		★		
Blue Care Network SE Michigan	15	38	29	○	●	●	●	●	●	○	●	○	●		★		
Blue Care Network West MI															★		
Blue Care Network West MI	20	43	26	●	●	●	●	●	●	●	●	●	●	✓	★		
Blue Care Network West Region	15	49	27	●	●	●	●	●	●	●	●	●	●	✓	★		
Grand Valley Health Plan																	
Health Alliance	18	48	22	●	●	●	●	●	●	●	●	●	●	✓	★		
HealthPlus MI															★		
M-Care	32	40	17	●	●	●	●	●	●	●	●	●	●	✓	●		
Medical Value Plan															★		
OmniCare	15	32	29	○	○	○	○	○	○	○	○	○	○		●		
Physicians Health Plan	20	45	26	●	●	●	●	●	●	●	●	●	●	✓			

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Michigan (continued)							
Physicians Health Plan - Jackson/South Michigan	517/787-6865	U61	U62	205.81	493.98	94.99	227.99
Physicians Health Plan - Kalamazoo/Southwest Michigan	616/341-7250	U71	U72	178.45	428.26	82.36	197.66
Physicians Health Plan - Muskegon/Western Michigan	616/728-6333	U81	U82	188.93	453.53	87.20	209.32
Priority Health - West Michigan	616/942-1221	BQ1	BQ2	177.49	501.50	81.92	231.46
SelectCare - Southeast Michigan	800/332-2365	K61	K62	159.60	446.92	73.66	206.27
The Wellness Plan - Southeastern Michigan	800/875-9355	K31	K32	161.46	440.74	74.52	203.42
Total Health Care - Greater Detroit/Flint areas	800/826-2862	N21	N22	169.02	425.58	78.01	196.42
Minnesota							
Altru Health Plan - Northwest Minnesota	701/780-1600	2R1	2R2	142.26	409.48	65.66	188.99
HealthPartners Classic-High - Minneapolis/St. Paul areas	612/883-5000	531	532	212.96	511.07	98.29	235.88
HealthPartners Classic-Std - Minneapolis/St. Paul areas	612/883-5000	534	535	180.20	432.45	83.17	199.59
HealthPartners Health Plan - Minneapolis/St. Paul/St. Cloud areas	612/883-5000	HQ1	HQ2	224.27	538.29	103.51	248.44
Mississippi							
PrimeHealth of Alabama, Inc. - Southern Mississippi	800/236-9421	AA1	AA2	196.06	483.86	90.49	223.32
Prudential HealthCare HMO - Desoto/Marshall/Tate/Tunica Cos.	901/541-9400	UB1	UB2	148.33	452.10	68.46	208.66
Missouri							
BlueCHOICE - StLouis/Central/SW/Poplar Bluff area	800/634-4395	9G1	9G2	223.02	482.80	102.93	222.83
Group Health Plan - St. Louis area	800/743-3901	MM1	MM2	213.24	533.02	98.42	246.01
Health Partners of the Midwest - St. Louis/Columbia/Jefferson City areas	800/338-4123	RN1	RN2	228.04	494.80	105.25	228.37
Humana Kansas City, Inc.-High - Central Missouri/Springfield area	888/393-6765	7S1	7S2	204.38	490.53	94.33	226.40
Humana Kansas City, Inc.-Std - Central Missouri/Springfield area	888/393-6765	7S4	7S5	188.05	451.38	86.79	208.33
Humana Kansas City, Inc.-High - Kansas City area	888/393-6765	MS1	MS2	199.98	479.98	92.30	221.53
Humana Kansas City, Inc.-Std - Kansas City area	888/393-6765	MS4	MS5	186.27	447.03	85.97	206.32
Kaiser Permanente - Kansas City area	913/642-2662	HA1	HA2	151.88	391.82	70.10	180.84
Mercy Health Plans/Premier - East/Central/Southwest Missouri	800/327-0763	7M1	7M2	191.04	444.36	88.17	205.09
Principal St.Louis - St. Louis area	800/966-3938	121	122	236.49	515.52	109.15	237.93
Prudential HealthCare HMO - Kansas City area	800/441-5588	1K1	1K2	195.28	467.81	90.13	215.91
Prudential HealthCare HMO - St. Louis area	800/298-7625	VZ1	VZ2	151.80	383.41	70.06	176.96
United HealthCare MidWest - Kansas City area	800/357-0975	4M1	4M2	218.75	550.36	100.96	254.01
United HealthCare Select - St. Louis/Central/Northeast/Southeast	800/627-0607	H81	H82	205.29	472.33	94.75	218.00
Montana							
Yellowstone Community Health - Billings area	406/238-6868	2Y1	2Y2	172.16	446.36	79.46	206.01
Nebraska							
Care Choices - Northeastern Nebraska	800/535-6252	FA1	FA2	193.92	521.65	89.50	240.76

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	■	% Extremely satisfied	% Very satisfied														% Somewhat satisfied
Plan name																	
Michigan (continued)																	
Physicians Health Plan																	
Physicians Health Plan																	
Physicians Health Plan																	
Priority Health	22	54	16	●	●	●	●	●	●	●	●	●	●	✓	★	🌐	
SelectCare	7	39	29	●	○	○	○	●	○	○	○	○	○		●		
The Wellness Plan																	
Total Health Care																	
Minnesota																	
Altru Health Plan																	🌐
HealthPartners Classic-High	11	44	23	●	●	●	●	●	○	●	●	●	●		★		
HealthPartners Classic-Std*	25	45	16	●	●	●	●	●	●	●	●	●	●		★		
HealthPartners Health Plan	14	39	27	●	●	●	●	●	○	●	●	●	●		★		
Mississippi																	
PrimeHealth of Alabama, Inc.	11	36	28	○	●	●	●	○	●	●	●	●	●				🌐
Prudential HealthCare HMO	10	37	34	○	○	○	○	○	○	○	●	○	○		●		🌐
Missouri																	
BlueCHOICE	13	31	38	●	●	●	●	●	●	●	●	●	●				
Group Health Plan*	15	48	25	●	●	●	●	●	●	●	●	●	●		●		🌐
Health Partners of the Midwest	18	43	23	●	●	●	●	●	●	●	●	●	●				
Humana Kansas City, Inc.-High	16	39	29	●	●	●	●	●	●	●	●	●	●		★		🌐
Humana Kansas City, Inc.-Std															★		🌐
Humana Kansas City, Inc.-High	22	37	24	●	●	●	●	●	●	●	●	●	●		★		🌐
Humana Kansas City, Inc.-Std															★		🌐
Kaiser Permanente	18	35	25	●	●	○	○	●	○	○	○	○	○		★		🌐
Mercy Health Plans/Premier																	
Principal St.Louis	20	45	25	●	●	●	●	●	●	●	●	●	●	✓	●		
Prudential HealthCare HMO	11	42	24	●	●	●	●	●	●	●	●	●	●		★		🌐
Prudential HealthCare HMO															★		🌐
United HealthCare MidWest*	13	46	24	●	●	●	●	●	●	●	●	●	●				
United HealthCare Select	17	41	27	●	●	●	●	●	●	●	●	●	●				🌐
Montana																	
Yellowstone Community Health																	
Nebraska																	
Care Choices																	🌐

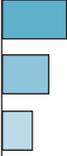
*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Nebraska (continued)							
Exclusive Healthcare - Omaha/Lincoln areas	800/456-9292	9Y1	9Y2	192.31	522.51	88.76	241.16
United HealthCare/Midlands - Lincoln/Omaha/Northeast areas	402/445-5700	NF1	NF2	192.18	434.85	88.70	200.70
Nevada							
Aetna U.S. Healthcare - Southern Nevada/Las Vegas area	800/537-9384	8L1	8L2	163.50	428.16	75.46	197.61
Hometown Health Plan - Northern Nevada	702/325-3000	4H1	4H2	179.34	427.64	82.77	197.37
Humana Health Plan, Inc. - Las Vegas areas	888/393-6765	TL1	TL2	136.37	392.45	62.94	181.13
PacifiCare of Nevada - LasVegas/Carson City/Reno	800/811-7305	K91	K92	157.17	397.91	72.54	183.65
New Hampshire							
Aetna U.S. Healthcare - Chshre/Hllsbrgh/Rcknghm/Stafford Cos.	800/537-9384	UJ1	UJ2	203.43	543.49	93.89	250.84
Harvard Community Hlth Plan - Southern New Hampshire	888/333-4742	681	682	226.68	600.73	104.62	277.26
Kaiser Permanente - Southwestern New Hampshire	800/597-3872	K11	K12	181.29	471.36	83.67	217.55
New Jersey							
Aetna U.S. Healthcare-High - All of New Jersey	800/537-9384	P31	P32	286.37	711.64	132.17	328.45
Aetna U.S. Healthcare-Std - All of New Jersey	800/537-9384	P34	P35	188.93	494.43	87.20	228.20
AmeriHealth HMO, Inc. - All of New Jersey	800/454-7651	FK1	FK2	231.64	594.47	106.91	274.37
CIGNA CoMED HealthCare - All of New Jersey	800/462-6633	P41	P42	264.03	554.45	121.86	255.90
First Option Hlth Plan of NJ - All of New Jersey	800/555-2605	2F1	2F2	249.97	604.87	115.37	279.17
HIP Health Plan of NJ - Most of New Jersey	732/937-7600	P91	P92	209.58	521.91	96.73	240.88
Prudential HealthCare HMO - All of New Jersey	800/422-7399	8P1	8P2	200.14	504.79	92.37	232.98
QualMed Plans for Health - Burlington/Camden/Gloucester Counties	800/998-2840	271	272	229.65	533.95	105.99	246.44
New Mexico							
HMO New Mexico - Most of New Mexico	800/423-1630	5H1	5H2	151.52	390.91	69.93	180.42
Lovelace Health Plan - All of New Mexico	505/262-7363	Q11	Q12	180.57	469.45	83.34	216.67
Presbyterian Health Plan - All NM counties except Otero & S. Eddy	505/923-5678	P21	P22	147.44	384.54	68.05	177.48
QualMed Plans for Health - Albuquerque/Santa Fe areas	800/365-0009	PX1	PX2	150.32	396.54	69.38	183.02
New York							
Aetna U.S. Healthcare - NYC area and Dutchess/Sullivan/Ulster	800/537-9384	JC1	JC2	200.07	506.63	92.34	233.83
Blue Choice - Rochester area	716/238-4300	MK1	MK2	170.34	425.51	78.62	196.39
BlueChoice HMO - MidHudson area	800/453-0113	5K1	5K2	156.30	408.61	72.14	188.59
BlueChoice HMO - Albany area	800/453-0113	5L1	5L2	177.67	464.32	82.00	214.30
BlueChoice HMO - Downstate area	800/453-0113	S71	S72	201.07	525.44	92.80	242.51
C.D.P.H.P. - Capital District area	518/862-3750	SG1	SG2	163.11	417.69	75.28	192.78
CIGNA HealthCare of NY - New York City area	800/345-9458	HU1	HU2	197.88	528.39	91.33	243.87
Harvard Community Hlth Plan - New York adjacent to Massachusetts	888/333-4742	681	682	226.68	600.73	104.62	277.26

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	15	40	29														
Plan name																	
Nebraska (continued)																	
Exclusive Healthcare	15	40	29	●	●	●	●	●	●	●	●	●	●				
United HealthCare/Midlands	20	33	28	●	●	●	●	●	●	●	●	●	●		★		
Nevada																	
Aetna U.S. Healthcare																	
Hometown Health Plan	16	39	21	●	○	●	○	○	●	○	○	●	●				
Humana Health Plan, Inc.																	
PacifiCare of Nevada	8	24	31	○	○	○	○	○	○	○	○	○	○		★		
New Hampshire																	
Aetna U.S. Healthcare																	
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★		
Kaiser Permanente	15	40	30	●	●	●	●	●	●	●	●	●	●		★		
New Jersey																	
Aetna U.S. Healthcare-High	14	38	28	●	●	●	●	●	●	●	●	●	●		★		
Aetna U.S. Healthcare-Std	9	42	34	●	●	●	●	●	●	●	●	●	●		★		
AmeriHealth HMO, Inc.	10	37	30	●	●	●	●	●	●	●	●	●	●		●		
CIGNA CoMED HealthCare	10	34	34	●	●	●	●	●	●	●	●	●	●		★		
First Option Hlth Plan of NJ	14	30	32	●	●	●	●	●	●	●	●	●	●				
HIP Health Plan of NJ	13	30	35	●	○	●	○	●	○	○	○	●	●		●		
Prudential HealthCare HMO															★		
QualMed Plans for Health*	12	33	32	●	○	○	○	○	●	○	○	○	○		●		
New Mexico																	
HMO New Mexico																	
Lovelace Health Plan*	24	38	29	●	●	●	●	●	○	●	●	●	●	✓	★★		
Presbyterian Health Plan	8	29	32	○	○	○	○	○	○	○	○	○	○				
QualMed Plans for Health	20	46	22	●	●	●	●	○	●	●	●	●	●	✓			
New York																	
Aetna U.S. Healthcare	17	35	32	●	●	●	●	●	●	●	●	●	●		★		
Blue Choice	22	45	21	●	●	●	●	●	●	●	●	●	●	✓	★		
BlueChoice HMO															●		
BlueChoice HMO															●		
BlueChoice HMO*	17	33	25	●	●	●	●	●	●	●	●	●	●		●		
C.D.P.H.P.	25	47	21	●	●	●	●	●	●	●	●	●	●	✓	★		
CIGNA HealthCare of NY																	
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★		

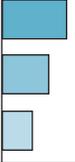
*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
New York (continued)							
HealthCarePlan - Western New York	716/847-0881	Q81	Q82	141.09	400.03	65.12	184.63
Healthsource HMO of NY - Syracuse/Central NY area	315/449-1100	XL1	XL2	198.14	532.00	91.45	245.54
HIP of Greater New York - New York City area	800/HIP-TALK	511	512	182.15	445.79	84.07	205.75
HMO Blue - Utica/Rome/Central New York areas	315/731-2547	AH1	AH2	184.73	470.04	85.26	216.94
HMO-CNY - Syracuse/Binghamton/Elmira areas	800/447-6269	EB1	EB2	190.52	504.64	87.93	232.91
Independent Health Assoc - Metro Hudson	800/486-5840	C11	C12	216.00	574.45	99.69	265.13
Independent Health Assoc - Western New York	800/453-1910	QA1	QA2	123.41	346.88	56.96	160.10
Kaiser Permanente - Albany/Cooperstown areas	800/597-3872	PW1	PW2	179.75	457.77	82.96	211.28
Kaiser Permanente - Hudson Valley area	800/597-3872	QB1	QB2	190.08	494.26	87.73	228.12
Kaiser Permanente - Westchester County	800/597-3872	QH1	QH2	182.43	445.34	84.20	205.54
MDNY Healthcare, Inc. - Nassau/Suffolk Counties	516-454-1900	5Y1	5Y2	218.75	550.53	100.96	254.09
MVP Health Plan - Eastern Region	888/687-6277	GA1	GA2	174.48	444.43	80.53	205.12
MVP Health Plan - Central Region	888/687-6277	M91	M92	157.97	402.46	72.91	185.75
MVP Health Plan - Mid-Hudson Region	888/687-6277	MX1	MX2	189.63	482.89	87.52	222.87
Partners Health Plans - Northern/Capital/Mid-Hudson areas	800-447-8610	7Y1	7Y2	191.69	496.97	88.47	229.37
PHP/Mohawk Valley Region - Utica area	315/797-7019	SH1	SH2	189.63	503.25	87.52	232.27
Preferred Care - Rochester area	716/325-3113	GV1	GV2	163.63	415.18	75.52	191.62
Prepaid Health Plan - Syracuse/Southern Tier areas	315/638-2133	QE1	QE2	200.31	531.22	92.45	245.18
Prudential HealthCare HMO - NYC/Long Island/Hudson Valley Cos.	800/422-7399	9P1	9P2	176.95	424.32	81.67	195.84
Vytra Health Plans - Queens/Nassau/Suffolk Counties	516/694-4000	J61	J62	214.80	561.62	99.14	259.21
WellCare of New York - Bronx/Brklyn/Manhattan/Queens/Westchster	800/438-9269	6V1	6V2	212.94	439.53	98.28	202.86
WellCare of New York - Capital/Hudson Valley Regions	800/438-9269	X41	X42	170.26	427.55	78.58	197.33
North Carolina							
Aetna U.S. Healthcare - Charlotte/Metrolina area	800/537-9384	3G1	3G2	185.81	485.59	85.76	224.12
Doctors Health Plan, Inc. - Greater Tri/Char/Up-Low Cape Fear areas	800/476-2303	6D1	6D2	178.90	483.19	82.57	223.01
Generations Family Health Plan - Tri. area:Raleigh/Durham/Chapel Hill	888/256-5563	8B1	8B2	182.61	456.52	84.28	210.70
Kaiser Permanente - Charlotte/Triangle areas	800/755-1925	QT1	QT2	156.17	468.52	72.08	216.24
PARTNERS NHP of NC - Most of North Carolina	800/942-5695	EQ1	EQ2	204.49	460.09	94.38	212.35
Personal Care Plan of NC - Charlotte/Durham/Greensboro/Raleigh	800/755-0817	4X1	4X2	223.58	523.73	103.19	241.72
Prudential HealthCare HMO - Charlotte/Raleigh areas	800/643-3609	Q41	Q42	150.35	420.79	69.39	194.21
UHC of North Carolina - Central/Eastern/Western	800/999-1147	XM1	XM2	211.38	477.10	97.56	220.20
WellPath Select - Charlotte/Triangle/surr. area	800/935-7284	2E1	2E2	184.25	478.66	85.04	220.92
North Dakota							
Altru Health Plan - Northeast North Dakota	701/780-1600	2R1	2R2	142.26	409.48	65.66	188.99

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	23	47	17														
Plan name	 % Extremely satisfied % Very satisfied % Somewhat satisfied																
New York (continued)																	
HealthCarePlan	23	47	17	●	●	●	●	●	○	●	●	●	●	✓	★		
Healthsource HMO of NY															★		
HIP of Greater New York	10	32	37	●	○	○	○	○	○	○	○	○	○		★		
HMO Blue																	
HMO-CNY*	23	46	27	●	●	●	●	●	●	●	●	●	●	✓	●		
Independent Health Assoc	14	43	27	●	●	●	●	●	●	●	●	●	●		⊗		
Independent Health Assoc	11	47	32	●	●	●	●	●	●	●	●	●	●	✓	★		
Kaiser Permanente	16	44	23	●	●	●	●	●	●	●	●	●	●		★		
Kaiser Permanente	22	40	21	●	●	●	●	●	●	●	●	●	●		★		
Kaiser Permanente																	
MDNY Healthcare, Inc.																	
MVP Health Plan	17	46	23	●	●	●	●	●	●	●	●	●	●		★		
MVP Health Plan	11	44	29	○	●	●	●	●	●	●	●	●	●		★		
MVP Health Plan	22	43	21	●	●	●	●	●	●	●	●	●	●		★		
Partners Health Plans																	
PHP/Mohawk Valley Region*	24	43	20	●	●	●	●	●	●	●	●	●	●				
Preferred Care	20	50	20	●	●	●	●	●	●	●	●	●	●	✓	★		
Prepaid Health Plan	15	45	25	●	●	●	●	●	●	●	●	●	●				
Prudential HealthCare HMO															★		
Vytra Health Plans	23	43	19	●	●	●	●	●	●	●	●	●	●				
WellCare of New York															●		
WellCare of New York															●		
North Carolina																	
Aetna U.S. Healthcare	13	29	31	●	●	●	●	●	●	●	●	●	●				
Doctors Health Plan, Inc.	9	36	31	○	●	●	●	●	●	●	●	●	●				
Generations Family Health Plan																	
Kaiser Permanente	21	37	26	●	●	●	●	●	●	●	●	●	●		★		
PARTNERS NHP of NC	15	43	26	●	●	●	●	●	●	●	●	●	●		●		
Personal Care Plan of NC	18	42	23	●	●	●	●	●	●	●	●	●	●		★		
Prudential HealthCare HMO	13	36	28	●	●	●	●	●	○	●	●	●	●		●		
UHC of North Carolina	19	40	26	●	●	●	●	●	●	●	●	●	●				
WellPath Select																	
North Dakota																	
Altru Health Plan																	

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
North Dakota (continued)							
HealthPartners Health Plan - Eastern North Dakota	612/883-5000	HQ1	HQ2	224.27	538.29	103.51	248.44
Heart of America HMO - Northcentral North Dakota	701/776-5848	RU1	RU2	181.09	457.95	83.58	211.36
Ohio							
Aetna U.S. Healthcare - Most of Ohio	800/537-9384	RD1	RD2	208.02	509.15	96.01	234.99
AultCare HMO - Stark/Carroll/Holmes/Tuscarawas/Wayne Co	330/438-6360	3A1	3A2	192.60	472.79	88.89	218.21
CHP of Ohio - Northeastern/Central/Southern Ohio	740/348-1449	MG1	MG2	171.67	519.94	79.23	239.97
DayMed Hlth Maintenance Plan - Dyton/Cincinnati/Columbs/Cleve/Akrn	937/847-5646	Q31	Q32	198.40	483.04	91.57	222.94
Health Maintenance Plan(HMP) - Most of Ohio	800/228-4375	R51	R52	205.99	465.53	95.07	214.86
Health Plan Upper OH Valley - Eastern Ohio	800/624-6961	U41	U42	165.27	413.16	76.28	190.69
Health Power HMO - Columbus/Cincinnati/Dayton areas	800/338-6207	XR1	XR2	192.05	480.20	88.64	221.63
HealthAssurance HMO - Eastern Ohio	800/735-2202	5X1	5X2	183.54	427.01	84.71	197.08
HMO Health Ohio - Northeast Ohio	800/258-3466	L41	L42	189.80	485.51	87.60	224.08
Kaiser Permanente - Akron/Cleveland areas	216/621-7100	641	642	192.73	443.30	88.95	204.60
Medical Value Plan - Toledo area	419/245-5135	EV1	EV2	211.19	557.53	97.47	257.32
PacifiCare of Ohio, Inc. - Cincinnati/Dayton areas	800/824-0428	R81	R82	192.51	452.42	88.85	208.81
Paramount Health Care - Northwest/North Central Ohio	800/462-3589	U21	U22	192.47	509.97	88.83	235.37
Prudential HealthCare Midwest - Central Ohio	800/452-3094	AY1	AY2	190.43	418.15	87.89	192.99
Prudential HealthCare Midwest - Cleveland/Akron/Youngstown areas	800/458-3941	Q91	Q92	158.56	371.76	73.18	171.58
Prudential HealthCare Midwest - Cincinnati/Southwest areas	800/932-7478	S31	S32	166.81	433.16	76.99	199.92
QualMed Plans for Health OH/WV - Eastern Ohio	800/333-3930	QJ1	QJ2	185.53	480.20	85.63	221.63
SummaCare Health Plan - Northern Ohio	330/996-8700	5W1	5W2	159.27	437.97	73.51	202.14
Super Med HMO - Northeast Ohio	800/574-2583	5M1	5M2	174.63	446.72	80.60	206.18
United Health Care of Ohio - Cincinnati/Dayton/Springfield/Toledo	800/231-2918	3U1	3U2	220.65	507.43	101.84	234.20
United Health Care of Ohio - Central/South Central Ohio	800/225-7951	VC1	VC2	214.96	494.41	99.21	228.19
Oklahoma							
Aetna U.S. Healthcare - Northeast Oklahoma	800/537-9384	8V1	8V2	164.93	430.60	76.12	198.74
BlueLincs HMO - OK City/Tulsa/Lawton/SW Oklahoma areas	800/722-5675	N51	N52	185.32	433.88	85.53	200.25
CommunityCare HMO - Oklahoma City/Tulsa areas	800/777-4890	7C1	7C2	166.05	428.03	76.64	197.55
Healthcare Oklahoma - Oklahoma City/Lawton/Tulsa/Enid areas	800/535-2244	6W1	6W2	170.04	441.76	78.48	203.89
PacifiCare OK - Okla Cty/Southwestern OK and Tulsa area	800/735-5052	2N1	2N2	158.56	437.30	73.18	201.83
Prudential HealthCare HMO - Central/Western/Southern Oklahoma	800/416-3206	RR1	RR2	154.42	411.02	71.27	189.70
Prudential HealthCare HMO - Tulsa area	800/345-8310	RS1	RS2	180.27	398.97	83.20	184.14
Oregon							
Kaiser Permanente-High - Portland/Salem areas	503/813-2000	571	572	217.53	499.27	100.40	230.43

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	14	39	27														
Plan name																	
North Dakota (continued)																	
HealthPartners Health Plan	14	39	27	●	●	●	●	●	○	●	●	●	●		★		
Heart of America HMO																	
Ohio																	
Aetna U.S. Healthcare	11	29	30	●	●	●	●	●	●	●	●	●	●		★		
AultCare HMO	19	39	24	●	●	●	●	●	●	●	●	●	●				
CHP of Ohio	24	45	21	●	●	●	●	●	●	●	●	●	●	✓			
DayMed Hlth Maintenance Plan*	15	34	27	●	●	●	●	●	●	●	●	●	●				
Health Maintenance Plan(HMP)	11	41	26	●	●	●	●	●	●	●	●	●	●		★		
Health Plan Upper OH Valley	15	37	25	○	●	●	●	●	●	●	●	●	●		★		
Health Power HMO															★		
HealthAssurance HMO																	
HMO Health Ohio																	
Kaiser Permanente	16	43	21	●	●	●	●	○	○	●	○	●	●		★		
Medical Value Plan															★		
PacifiCare of Ohio, Inc.	9	37	28	○	●	●	●	●	●	●	●	●	●				
Paramount Health Care															★		
Prudential HealthCare Midwest	11	38	30	●	●	●	●	●	●	●	●	●	●		●		
Prudential HealthCare Midwest	10	32	29	●	●	●	●	●	●	●	●	●	●		★		
Prudential HealthCare Midwest	12	46	27	●	●	●	●	●	●	●	●	●	●		★		
QualMed Plans for Health OH/WV																	
SummaCare Health Plan																	
Super Med HMO																	
United Health Care of Ohio	12	40	30	●	●	●	●	●	●	●	●	●	●		★		
United Health Care of Ohio	17	37	27	●	●	●	●	●	●	●	●	●	●		★		
Oklahoma																	
Aetna U.S. Healthcare																	
BlueLines HMO	12	37	35	●	●	○	○	●	●	○	●	○	●		★		
CommunityCare HMO															★		
Healthcare Oklahoma	15	43	23	●	●	●	●	○	●	●	●	●	●				
PacifiCare OK*	17	27	31	●	○	○	○	○	○	○	○	○	○		★		
Prudential HealthCare HMO	24	37	21	●	●	●	●	●	●	●	●	●	●		★		
Prudential HealthCare HMO	23	40	21	●	●	●	●	●	●	●	●	●	●		★		
Oregon																	
Kaiser Permanente-High	20	44	22	●	●	●	●	○	●	●	●	●	●		★		

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Oregon (continued)							
Kaiser Permanente-Std - Portland/Salem areas	503/813-2000	574	575	181.81	417.26	83.91	192.58
PacifiCare of Oregon - Counties along I-5 Corridor	800/932-3004	SS1	SS2	193.44	428.52	89.28	197.78
Providence Health Plan - Western Oregon/I-5(Rosebrg-Salem) Coast	800/421-0544	SD1	SD2	197.41	478.62	91.11	220.90
Regence Hlth Maintenance of OR - Portland area	800/278-5331	6B1	6B2	213.24	472.12	98.42	217.90
Regence HMO Oregon - Portland area/I-5 Corridor/Western OR	800/278-5331	7A1	7A2	213.24	472.12	98.42	217.90
Pennsylvania							
Aetna U.S. Healthcare-High - Southwestern and Central PA	800/537-9384	KL1	KL2	186.33	496.69	86.00	229.24
Aetna U.S. Healthcare-Std - Southwestern and Central PA	800/537-9384	KL4	KL5	170.89	456.15	78.87	210.53
Aetna U.S. Healthcare-High - Southeastern PA	800/537-9384	SU1	SU2	224.08	594.97	103.42	274.60
Aetna U.S. Healthcare-Std - Southeastern PA	800/537-9384	SU4	SU5	186.46	490.36	86.06	226.32
First Priority Hlth - Northeastern Pennsylvania	800/822-8753	C81	C82	184.47	475.54	85.14	219.48
HealthAmerica Pennsylvania - Pittsburgh/Northeast/Central/S. Central	800/788-8445	261	262	180.09	468.24	83.12	216.11
HealthGuard - Berks/Cmbrlnd/Dauphine/Lanc/Lebanon/York	800/822-0350	NQ1	NQ2	179.68	470.82	82.93	217.30
HIP Health Plan of Penn. - Bucks/Chester/Delaware/Montgomery/Phila	215/633-2265	5J1	5J2	186.16	495.17	85.92	228.54
Keystone Health Plan Central - Harrisburg/Norther Region/Lehigh Valley	800/622-2843	S41	S42	210.67	511.70	97.23	236.17
Keystone Health Plan East - Philadelphia area	800/227-3115	ED1	ED2	195.82	516.45	90.38	238.36
KeystoneBlue - Pittsburgh/Altoona/Erie areas	800/KHP-WEST	EF1	EF2	150.74	447.18	69.57	206.39
Prudential HealthCare HMO - Philadelphia/Lehigh Valley areas	800/648-4478	VV1	VV2	164.41	452.14	75.88	208.68
QualMed Plans for Health -Pa. - Pittsburgh area	800/333-3930	241	242	190.78	495.99	88.05	228.92
QualMed Plans for Health - Southern Pennsylvania	800/998-2840	271	272	229.65	533.95	105.99	246.44
QualMed Plans for Health - Scranton/Wilkes Barre	800/998-2840	2K1	2K2	183.73	446.12	84.80	205.90
Rhode Island							
Aetna U.S. Healthcare - All of Rhode Island	800/537-9384	5U1	5U2	162.26	439.83	74.89	203.00
Harvard Pilgrim Hlth Care-NE - All of Rhode Island	888/333-4742	701	702	188.05	451.27	86.79	208.28
South Carolina							
Aetna U.S. Healthcare - Portions of South Carolina	800/537-9384	3G1	3G2	185.81	485.59	85.76	224.12
Doctors Health Plan, Inc. - York County	800/476-2303	6D1	6D2	178.90	483.19	82.57	223.01
Kaiser Permanente - Rock Hill area	800/755-1925	QT1	QT2	156.17	468.52	72.08	216.24
PARTNERS NHP of NC - Upstate South Carolina	800/942-5695	EQ1	EQ2	204.49	460.09	94.38	212.35
Prudential HealthCare HMO - York County	800/643-3609	Q41	Q42	150.35	420.79	69.39	194.21
WellPath Select - Chest/Grnvill/Lancst/Pickns/Sprtnbrg/Yrk	800/935-7284	2E1	2E2	184.25	478.66	85.04	220.92
South Dakota							
Care Choices - Clay/Union Counties	800/535-6252	FA1	FA2	193.92	521.65	89.50	240.76

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	16	41	28														
Plan name																	
Oregon (continued)																	
Kaiser Permanente-Std	16	41	28	●	●	●	●	●	○	●	●	●	●		★		
PacifiCare of Oregon*	12	48	24	○	●	●	●	●	●	●	●	●	●		●		
Providence Health Plan	16	35	27	○	●	●	○	○	●	○	●	○	○				
Regence Hlth Maintenance of OR																	
Regence HMO Oregon	12	42	25	○	●	●	●	●	●	●	●	●	●				
Pennsylvania																	
Aetna U.S. Healthcare-High	13	38	32	●	●	●	●	●	●	●	●	●	●		★		
Aetna U.S. Healthcare-Std	10	33	30	●	●	●	●	●	●	●	●	●	●		★		
Aetna U.S. Healthcare-High	23	30	32	●	●	●	●	●	●	●	●	●	●		★		
Aetna U.S. Healthcare-Std	13	42	32	●	●	●	●	●	●	●	●	●	●	✓	★		
First Priority Hlth	13	43	29	●	●	●	●	●	●	●	●	●	●		●		
HealthAmerica Pennsylvania	10	32	31	○	○	○	●	●	○	●	●	●	●		★		
HealthGuard	17	47	27	●	●	●	●	●	●	●	●	●	●	✓	★		
HIP Health Plan of Penn.																	
Keystone Health Plan Central	19	37	30	●	●	●	●	●	●	●	●	●	●		★		
Keystone Health Plan East	12	44	30	●	●	●	●	●	●	●	●	●	●		★		
KeystoneBlue	13	41	28	●	●	●	●	●	●	●	●	●	●		●		
Prudential HealthCare HMO	11	34	25	○	●	●	●	●	●	●	●	●	●		★		
QualMed Plans for Health -Pa.																	
QualMed Plans for Health*	12	33	32	●	○	○	○	○	●	○	●	○	○		●		
QualMed Plans for Health															●		
Rhode Island																	
Aetna U.S. Healthcare																	
Harvard Pilgrim Hlth Care-NE	25	40	20	●	●	●	●	●	●	●	●	●	●		★		
South Carolina																	
Aetna U.S. Healthcare	13	29	31	●	●	●	●	●	●	●	●	●	●				
Doctors Health Plan, Inc.	9	36	31	○	●	●	●	●	●	●	●	●	●				
Kaiser Permanente	21	37	26	●	●	●	●	●	●	●	●	●	●		★		
PARTNERS NHP of NC	15	43	26	●	●	●	●	●	●	●	●	●	●		●		
Prudential HealthCare HMO	13	36	28	●	●	●	●	●	○	●	●	●	●		●		
WellPath Select																	
South Dakota																	
Care Choices																	

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Tennessee							
Aetna U.S. Healthcare - Nashville/Middle Tennessee areas	800/537-9384	6J1	6J2	140.34	390.48	64.77	180.22
American Healthcare Trust, Inc - Knoxville/Memphis/Nashville areas	888/523-9527	4U1	4U2	139.47	386.84	64.37	178.54
Heritage National Healthplan - Chattanooga/Kingsprt/Knoxville/Grnville	800/247-9110	4T1	4T2	194.68	525.59	89.85	242.58
Prudential HealthCare HMO - Nashville area	800/770-4778	UA1	UA2	157.39	443.69	72.64	204.78
Prudential HealthCare HMO - Memphis area	901/541-9400	UB1	UB2	148.33	452.10	68.46	208.66
Texas							
Aetna U.S. Healthcare - Houston area	800/537-9384	5B1	5B2	209.54	585.85	96.71	270.39
Aetna U.S. Healthcare - San Antonio area	800/537-9384	8X1	8X2	201.93	564.83	93.20	260.69
Aetna U.S. Healthcare - Dallas/Ft. Worth areas	800/537-9384	TS1	TS2	163.97	581.99	75.68	268.61
Certus HealthCare - Cameron/Hidalgo/Nueces area	888/423-7887	3Y1	3Y2	180.64	422.31	83.37	194.91
FIRSTCARE - Waco area	800/884-4901	6U1	6U2	171.49	368.40	79.15	170.03
FIRSTCARE - West Texas	800/884-4901	CK1	CK2	259.44	557.29	119.74	257.21
HealthFirst HMO - East Texas	800/365-2892	8E1	8E2	196.43	423.71	90.66	195.56
HMO Blue/Rio Grande - Austin/Beaumont/Houston/San Antonio/S.TX	800/336-5696	4Y1	4Y2	175.70	465.96	81.09	215.06
HMO Blue/Rio Grande - Dallas/Fort Worth/Tyler areas	800/554-6321	4Z1	4Z2	168.24	449.39	77.65	207.41
HMO Blue - West Texas	806/798-6362	5Q1	5Q2	182.52	486.89	84.24	224.72
HMO Blue - Southwest Texas	800/468-2602	5R1	5R2	171.36	457.10	79.09	210.97
HMO Texas, L.C. - Dallas/Ft. Worth areas	972/458-5000	UK1	UK2	175.54	433.57	81.02	200.11
Humana Health Plan of Texas - Austin/Dallas/Hston/S.Ant/C.Christi	888/393-6765	TW1	TW2	177.26	455.56	81.81	210.26
Humana Health Plan of Texas - Houston area	888/393-6765	UE1	UE2	152.99	428.94	70.61	197.97
Humana Health Plan of Texas - San Antonio area	888/393-6765	UR1	UR2	165.62	425.69	76.44	196.47
Humana of Corpus Christi - Corpus Christi area	888/393-6765	TX1	TX2	203.30	487.96	93.83	225.21
NYLCare Health Plans SW - Dallas/Ft. Worth/East & West Texas	972/791-3910	V21	V22	200.89	441.09	92.72	203.58
NYLCare HP of the Gulf Coast - Houston area	800/833-5318	UM1	UM2	196.82	511.81	90.84	236.22
NYLCare HP of the Gulf Coast - Austin/C.Christi/S.Antonio/Victoria	800/833-5318	ZE1	ZE2	146.23	380.55	67.49	175.64
NYLCare HP of the Gulf Coast - Beaumont/Lufkin areas	800/833-5318	ZF1	ZF2	182.98	409.15	84.45	188.84
PacifiCare of Texas - S Ant/Hston/Glvston/Da/Ft Wor/Glf Coast	800/825-9355	GF1	GF2	155.50	418.47	71.77	193.14
Prudential HealthCare HMO - El Paso County	800/778-1148	6P1	6P2	178.66	393.23	82.46	181.49
Prudential HealthCare HMO - Austin area	800/261-2645	UN1	UN2	145.28	391.95	67.05	180.90
Prudential HealthCare HMO - Houston area	800/876-7778	UP1	UP2	153.01	444.62	70.62	205.21
Prudential HealthCare HMO - San Antonio area	800/657-5959	VX1	VX2	162.74	422.74	75.11	195.11
Scott and White - Austin/Bryan/ColSta./Killeen/Temple/Waco	254/298-3000	UF1	UF2	230.79	599.45	106.52	276.67
WellChoice - San Antonio area	800/559-9355	3Z1	3Z2	140.62	365.58	64.90	168.73

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
																	
Plan name																	
Tennessee																	
Aetna U.S. Healthcare																	
American Healthcare Trust, Inc																	
Heritage National Healthplan																	
Prudential HealthCare HMO	18	37	25	●	●	●	●	●	●	●	●	●	●			★	
Prudential HealthCare HMO	10	37	34	○	○	○	○	○	○	○	●	●	○			●	
Texas																	
Aetna U.S. Healthcare																	
Aetna U.S. Healthcare																	
Aetna U.S. Healthcare	14	32	26	●	●	●	●	●	●	○	●	●	○			★	
Certus HealthCare																	
FIRSTCARE																	
FIRSTCARE	23	46	15	●	●	●	●	●	●	●	●	●	●				
HealthFirst HMO																	
HMO Blue/Rio Grande	18	27	33	●	○	●	●	●	●	●	○	○	●				
HMO Blue/Rio Grande																	
HMO Blue																	
HMO Blue																	
HMO Texas, L.C.	19	37	27	●	●	○	○	●	○	○	○	○	○			★	
Humana Health Plan of Texas	14	40	23	●	●	●	○	●	●	●	●	●	●			★	
Humana Health Plan of Texas	12	29	31	●	○	●	○	○	●	○	●	●	●			★	
Humana Health Plan of Texas	14	35	32	●	○	○	○	○	○	○	○	○	○			★	
Humana of Corpus Christi	16	33	30	○	○	○	○	○	○	○	○	●	○				
NYLCare Health Plans SW	18	38	27	●	○	●	●	○	●	○	●	●	○			★	
NYLCare HP of the Gulf Coast*	19	37	25	●	●	●	●	○	●	●	●	●	●			★	
NYLCare HP of the Gulf Coast*	3	39	28	●	●	●	●	○	●	●	●	●	●			★	
NYLCare HP of the Gulf Coast																★	
PacifiCare of Texas*	20	35	26	●	○	○	○	○	○	○	○	○	○				
Prudential HealthCare HMO																★	
Prudential HealthCare HMO	19	38	23	●	●	●	●	●	○	●	●	○	●			★	
Prudential HealthCare HMO	16	35	33	●	○	●	●	○	○	○	●	○	○			★	
Prudential HealthCare HMO	24	39	25	●	●	●	●	●	●	●	●	●	●			★	
Scott and White	26	41	19	●	●	●	●	○	●	●	●	●	●			●	
WellChoice																	

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Utah							
PacifiCare of Utah - Wasatch Front	800/377-4161	9K1	9K2	187.20	442.48	86.40	204.22
Vermont							
Harvard Community Hlth Plan - Southern Vermont	888/333-4742	681	682	226.68	600.73	104.62	277.26
Kaiser Permanente - All of Vermont	800/597-3872	8M1	8M2	181.91	472.98	83.96	218.30
MVP Health Plan - Bennington/Chittenden/Rutland/Wash. Cos.	888/687-6277	VW1	VW2	207.78	519.26	95.90	239.66
Virginia							
Aetna U.S. Healthcare - Northern Virginia area	800/537-9384	V81	V82	230.34	563.01	106.31	259.85
Aetna U.S. Healthcare - Richmond/Central/Tri-City areas	800/537-9384	Z11	Z12	203.91	512.03	94.11	236.32
CapitalCare - Northern Virginia	800/680-9495	2G1	2G2	212.96	585.67	98.29	270.31
CIGNA HealthCare of VA - Southeastern Virginia	800/533-1708	W21	W22	195.63	429.56	90.29	198.26
CIGNA HealthCare of VA - Central Virginia	800/533-1708	W31	W32	191.69	433.25	88.47	199.96
George Washington Univ HP-High - N. Virginia/Fredericksburg/Winchester	301/941-2000	E51	E52	229.88	502.84	106.10	232.08
George Washington Univ HP-Std - N. Virginia/Fredericksburg/Winchester	301/941-2000	E54	E55	169.07	368.20	78.03	169.94
Healthkeepers - Peninsula/Richmond/Frdburg/Roanoke areas	800/421-1880	X81	X82	226.22	574.49	104.41	265.15
Heritage National Healthplan - Bristol/Roanoke areas	800/247-9110	4T1	4T2	194.68	525.59	89.85	242.58
Kaiser Permanente - Washington, DC area	301/468-6000	E31	E32	189.22	467.26	87.33	215.66
MD-IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	800/331-2102	JP1	JP2	201.83	484.42	93.15	223.58
NYLCare/Mid-Atlantic-High - N.VA/Fredericksburg/Richmond/Tri-Cities	800/635-3121	JN1	JN2	201.89	474.48	93.18	218.99
NYLCare/Mid-Atlantic-Std - N.VA/Fredericksburg/Richmond/Tri-Cities	800/635-3121	JN4	JN5	142.68	335.29	65.85	154.75
OPTIMA Health Plan - Peninsula/Southside Hampton Roads	757/552-7500	9R1	9R2	202.69	479.61	93.55	221.36
PARTNERS NHP of NC - Southwest Virginia	800/942-5695	EQ1	EQ2	204.49	460.09	94.38	212.35
Priority Health Care, Inc. - Southside Hampton Rds.(excl. Peninsula)	800-640-0007	W71	W72	191.38	523.16	88.33	241.46
Prudential HealthCare HMO - Richmond/Tri-City areas	800/323-0467	V61	V62	155.16	418.77	71.61	193.28
Washington							
Aetna U.S. Healthcare - Western/Southeast Washington	800/537-9384	8J1	8J2	167.46	438.49	77.29	202.38
First Choice Health Plan - Greater Seattle area	800/783-7312	5G1	5G2	178.23	462.80	82.26	213.60
Group Health Cooperative - Most of Western Washington	206/448-4140	541	542	211.03	476.17	97.40	219.77
Group Health Cooperative - Central WA/Spokane/Colville/Pullman	800/497-2210	VR1	VR2	219.51	565.11	101.31	260.82
HealthPlus - Most of Washington state	800/527-6675	8F1	8F2	193.18	482.06	89.16	222.49
Kaiser Permanente-High - Vancouver/Longview	503/813-2000	571	572	217.53	499.27	100.40	230.43
Kaiser Permanente-Std - Vancouver/Longview	503/813-2000	574	575	181.81	417.26	83.91	192.58
Kitsap Physicians Service-High - Kitsap/Mason/Jefferson Counties	800/552-7114	VT1	VT2	342.38	732.29	158.02	337.98
Kitsap Physicians Service-Std - Kitsap/Mason/Jefferson Counties	800/552-7114	VT4	VT5	203.78	445.29	94.05	205.52
NYLCare Northwest - Puget Sound/Much of Westn/Centr/Eastn WA	800/654-6506	8N1	8N2	177.71	428.72	82.02	197.87

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCOA JCAHO	Web site
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)			
	9	35	29													
Utah																
PacifiCare of Utah	9	35	29	●	●	○	●	●	○	●	●	●	●		●	
Vermont																
Harvard Community Hlth Plan	27	43	19	●	●	●	●	●	●	●	●	●	●	✓	★	
Kaiser Permanente	13	45	29	●	●	●	●	●	●	●	●	●	●	✓	★	
MVP Health Plan*	14	45	25	●	●	●	●	●	●	●	●	●	●		●	
Virginia																
Aetna U.S. Healthcare	11	36	31	●	●	●	●	●	●	●	●	●	●		★	
Aetna U.S. Healthcare	11	32	27	●	●	●	●	●	●	●	●	●	●		●	
CapitalCare	20	36	29	●	●	●	●	●	●	●	●	●	●			
CIGNA HealthCare of VA	16	42	25	●	●	●	●	●	●	●	●	●	●		★	
CIGNA HealthCare of VA	26	42	23	●	●	●	●	●	●	●	●	●	●	✓	★	
George Washington Univ HP-High	18	40	25	●	●	●	●	●	○	●	●	●	●		●	
George Washington Univ HP-Std	13	31	33	●	●	○	●	●	○	●	●	●	●		●	
Healthkeepers	13	36	35	●	●	●	●	●	●	●	●	●	●		●	
Heritage National Healthplan																
Kaiser Permanente*	23	39	24	●	●	○	●	●	○	○	●	○	●		★	
MD-IPA	15	45	30	●	●	●	●	●	●	●	●	●	●	✓	★	
NYLCare/Mid-Atlantic-High	17	42	23	●	●	●	●	●	●	●	●	●	●		★	
NYLCare/Mid-Atlantic-Std	11	41	31	●	●	●	●	●	●	●	●	●	●		★	
OPTIMA Health Plan	21	36	27	●	●	●	●	●	●	●	●	●	●		●	
PARTNERS NHP of NC	15	43	26	●	●	●	●	●	●	●	●	●	●		●	
Priority Health Care, Inc.	14	38	28	●	●	●	●	●	●	●	●	●	●			
Prudential HealthCare HMO	15	38	31	●	●	●	●	●	●	●	●	●	●		★	
Washington																
Aetna U.S. Healthcare																
First Choice Health Plan																
Group Health Cooperative	19	36	32	●	●	●	●	●	○	●	●	●	○	✓	★	
Group Health Cooperative	15	33	31	●	●	●	●	●	●	●	●	●	●		★	
HealthPlus																
Kaiser Permanente-High	20	44	22	●	●	●	●	●	○	●	●	●	●		★	
Kaiser Permanente-Std	16	41	28	●	●	●	●	●	○	●	●	●	●		★	
Kitsap Physicians Service-High	24	45	19	●	●	●	●	●	●	●	●	●	●	✓		
Kitsap Physicians Service-Std	24	43	21	●	●	●	●	●	●	●	●	●	●	✓		
NYLCare Northwest																

*1997 Survey data

Health Maintenance Organization (HMO) Plans by State (Also check POS Section)	Telephone number	Enrollment code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Plan name – location							
Washington (continued)							
PacifiCare of Oregon - Clark County	800/932-3004	SS1	SS2	193.44	428.52	89.28	197.78
PacifiCare of Washington - Puget Sound/Most West WA/Parts East WA	800/932-3004	WB1	WB2	171.77	444.41	79.28	205.11
Providence Health Plan - Lower Columbia Basin	800/421-0644	SD1	SD2	197.41	478.62	91.11	220.90
QualMed WA Health Plan - Most of Washington	800/869-7165	TM1	TM2	200.98	488.02	92.76	225.24
Regence Hlth Maintenance of OR - Clark County	800/278-5331	6B1	6B2	213.24	472.12	98.42	217.90
West Virginia							
Carelink Health Plans - Northern/Central/Southern West Virginia	800/348-2922	4C1	4C2	172.27	507.61	79.51	234.28
Health Plan Upper OH Valley - Northern/Central West Virginia	800/624-6961	U41	U42	165.27	413.16	76.28	190.69
HealthAssurance HMO - North Central/Panhandle	800/735-2202	6L1	6L2	172.34	435.02	79.54	200.78
PrimeONE - All of West Virginia	800/607-7461	9W1	9W2	179.23	457.54	82.72	211.17
QualMed Plans for Health OH/WV - Panhandle/N. Central/Charleston area	800/333-3930	QJ1	QJ2	185.53	480.20	85.63	221.63
SuperBlue HMO - Chas/Pkg/Mgmt/Beck/Clkb/Whlg/Lew/Fmt/Blu	800/391-4441	8T1	8T2	202.78	509.97	93.59	235.37
Wisconsin							
Compcare Health Services - Southeastern Wisconsin	414/226-6744	691	692	207.11	536.03	95.59	247.40
Compcare Health Services - Northcentral/Northwest Wisconsin	800/242-9635	6X1	6X2	204.40	529.21	94.34	244.25
DEAN HEALTH PLAN - South Central Wisconsin	800/279-1301	WD1	WD2	197.73	533.85	91.26	246.39
Family Health Plan - Milwaukee area	414/256-0040	WH1	WH2	230.86	598.39	106.55	276.18
Group Health Coop - Greater Dane and Jefferson Counties	608/251-3356	WJ1	WJ2	180.20	480.18	83.17	221.62
Group Hlth Coop/Eau Claire - West Central Wisconsin	715/836-8552	WT1	WT2	222.86	574.95	102.86	265.36
HealthPartners Classic-High - Pierce/St. Croix Counties	612/883-5000	531	532	212.96	511.07	98.29	235.88
HealthPartners Classic-Std - Pierce/St. Croix Counties	612/883-5000	534	535	180.20	432.45	83.17	199.59
HealthPartners Health Plan - West Central Wisconsin	612/883-5000	HQ1	HQ2	224.27	538.29	103.51	248.44
Humana Wisconsin Hlth Org. - Southeastern Wisconsin	888/393-6765	X11	X12	222.52	555.23	102.70	256.26
Physicians Plus HMO - South Central/Southeastern Wisconsin	608/282-8920	7P1	7P2	197.21	508.76	91.02	234.81
Unity Health Plans - Southern/Central Wisconsin	800/362-3310	W41	W42	204.79	522.75	94.52	241.27
Valley Health Plan - Western Wisconsin	715/832-3235	VH1	VH2	233.63	598.09	107.83	276.04

Health Maintenance Organization (HMO) Plans by State	Quality Indicators - Plan performance based on enrollee ratings: ● above average; ● average, ○ below average (Numeric average for all HMO plans in heading)													Top rated plans	Accreditation status NCQA JCAHO	Web site	
	% satisfied with plan			Coverage (77%)	Access to care (81%)	Access to care in an emergency (86%)	Choice of doctor (73%)	When sick, can get appointment (79%)	Seeing same doctor on most visits (84%)	Quality of care (76%)	Provider thorough and competent (82%)	Explanation of care (80%)	Results of care (74%)				
	12	48	24														% Extremely satisfied
Plan name	12	48	24														
Washington (continued)																	
PacifiCare of Oregon*	12	48	24	○	●	●	●	●	●	●	●	●	●		●		
PacifiCare of Washington*	17	37	32	●	●	●	●	●	●	●	●	○					
Providence Health Plan	16	35	27	○	●	●	○	○	●	○	○	○					
QualMed WA Health Plan	16	35	30	●	●	●	●	●	●	●	●	●		●			
Regence Hlth Maintenance of OR																	
West Virginia																	
Carelink Health Plans																	
Health Plan Upper OH Valley	15	37	25	○	●	●	●	●	●	●	●	●		★			
HealthAssurance HMO																	
PrimeONE																	
QualMed Plans for Health OH/WV																	
SuperBlue HMO																	
Wisconsin																	
Compcare Health Services*	11	37	32	●	●	●	●	●	●	●	●	●					
Compcare Health Services																	
DEAN HEALTH PLAN	22	45	22	●	●	●	●	●	●	●	●	●	✓	●			
Family Health Plan	12	35	27	●	●	●	○	●	○	○	○	○		●			
Group Health Coop	37	44	16	●	●	●	●	●	●	●	●	●	✓	★			
Group Hlth Coop/Eau Claire																	
HealthPartners Classic-High	11	44	23	●	●	●	●	●	○	●	●	●		★			
HealthPartners Classic-Std*	25	45	16	●	●	●	●	●	●	●	●	●		★			
HealthPartners Health Plan	14	39	27	●	●	●	●	●	○	●	●	●		★			
Humana Wisconsin Hlth Org.	14	41	26	●	●	●	●	●	●	●	●	●					
Physicians Plus HMO																	
Unity Health Plans	19	36	25	●	●	●	●	●	○	●	●	●					
Valley Health Plan																	

*1997 Survey data

Notes

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