The **2010**

Guide To Federal Benefits

For Federal Civilian Employees

- Federal Employees Health Benefits (FEHB) Program p. 8
- Federal Employees Dental and Vision Insurance Program (FEDVIP) p. 12
- Federal Flexible Spending Account Program (FSAFEDS) p. 16
- Federal Employees' Group Life Insurance (FEGLI) Program p. 19
- Federal Long Term Care Insurance Program (FLTCIP) p. 22

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Summary Information

	New Hires Can Enroll	Federal Benefits Open Season	How to Enroll	OPM's Program Website
FEHB	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Varies by agency; automated enrollment or via SF 2809	**www.opm.gov/insure/health**
FEDVIP	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Go to www.BENEFEDS.com or call 1-877-888-3337	**www.opm.gov/insure/dental** **www.opm.gov/insure/vision**
FSAFEDS	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Go to www.FSAFEDS.com or call 1-877-372-3337	**www.opm.gov/insure/flexible**
FEGLI	Within 31 days from new hire date for optional insurance; automatically enrolled in Basic insurance until you take action to cancel	No annual Open Season	Varies by agency; automated enrollment or via SF 2817 for new hires Others provide medical information on SF 2822	**www.opm.gov/insure/life**
FLTCIP	Apply (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting	No annual Open Season	Go to www.LTCFEDS.com or call 1-800-582-3337	**www.opm.gov/insure/ltc**

Table of Contents

Page:

Introduction to Federal Benefits and This Guide 2
Federal Benefits Snapshot 3
Federal Benefits Open Season Snapshot 4
Thinking about Retiring? 5
Federal Employees Health Benefits (FEHB) Program 8
FEHB Program Health Information Technology and Price/Cost Transparency 11
Federal Employees Dental and Vision Insurance Program (FEDVIP) 12
Federal Flexible Spending Account Program (FSAFEDS) 16
Federal Employees' Group Life Insurance (FEGLI) Program 19
Federal Long Term Care Insurance Program (FLTCIP) 22
Appendix A: FEHB Program Features 25
Appendix B: Choosing an FEHB Plan 26
Appendix C: Qualifying Life Events that May Permit a Change in Your FEHB Enrollment 29
Appendix D: FEHB Member Survey Results 30
Appendix E: FEHB Plan Comparison Charts 31
- Fee-for-Service 32
- Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product 37
- High Deductible and Consumer-Driven Health Plans 62

Appendix F: FEDVIP Program Features 101
Appendix G: FEDVIP Definitions 102
Appendix H: FEDVIP Qualifying Life Events for Enrollment Changes 103
Appendix I: FEDVIP Plan Comparison Charts 104
- Nationwide and International Dental Plans Open to All 105
- Regional Dental Plans 106
- Nationwide and International Vision Plans Open to All 107

Appendix J: FEDVIP Dental Rating Regional Chart 108
Appendix K: FEDVIP Premium Rate Charts 111

Introduction to Federal Benefits and This Guide

As a Federal employee, the benefits available to you represent a significant piece of your compensation package. They may provide important insurance coverage to protect you and your family and, in some cases, offer tax advantages that reduce the burden in paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide you basic information about the benefits offered to you as a Federal employee, and assist you in making informed choices about these benefits as you move through your career and prepare for retirement.

Benefits Programs included in this Guide

In addition to your Civil Service or Federal Employees Retirement System benefits and the Thrift Savings Plan, the Federal government offers five benefits programs to eligible employees and retirees. This Guide includes information on the five programs:

- Federal Employees Health Benefits Program
- Federal Employees Dental and Vision Insurance Program
- Federal Flexible Spending Account Program
- Federal Employees' Group Life Insurance Program
- Federal Long Term Care Insurance Program

If you are a new Federal employee or have recently become eligible for benefits, the Guide will walk you through the benefits offered, and provide information of how and when to make your choices. If you are a current employee, it will provide the most current information regarding the benefit programs, and will support you as you make decisions during the annual Federal Benefits Open Season, or experience life events that cause you to reconsider previous choices.

The Guide also contains some tips on what to consider as you make your decisions. For instance, did you know that the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS) can potentially provide you with greater benefits without costing you much more? As a Federal employee, you can choose to pay the FEDVIP and FEHB premiums with pre-tax dollars and you can use pre-tax FSA dollars to pay for eligible expenses including FEDVIP and FEHB copays and deductibles. Dental and vision care are also eligible FSA expenses, whether combined with FEDVIP coverage or not. Please take a moment to review the information in this Guide and decide upon the right choices for you.

Additional Information

You will find references throughout the Guide to websites or other locations to obtain more detailed information than is available here. We encourage you to access these sites to become a more educated decision-maker and consumer of Federal benefit programs.

Federal Benefits Snapshot

New or Newly Eligible Employees

As a new or newly eligible employee, you may have the opportunity to enroll in the benefit programs noted below. Use this chart to assist you with the decision-making process of selecting and enrolling in the benefit programs below that meet your needs. The chart gives you things to consider as you make your decisions.

FEHB	1. See page 8 for general information on FEHB (including eligibility) and for guidance on choosing a plan; 2. If you decide to enroll, examine the 2010 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area; 3. Contact the human resources office of your agency for information on how to enroll.
FEDVIP	1. See page 12 for general information on FEDVIP (including eligibility) and for guidance on choosing a FEDVIP dental plan and/or vision plan; 2. If you decide to enroll, examine the 2010 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area; 3. See page 14 for information on how to enroll.
FSAFEDS	1. See page 16 for general information on FSAFEDS (including eligibility) and for guidance on making a decision whether to participate; 2. See page 18 for information on how to enroll.
FEGLI	1. See page 19 for general information on FEGLI (including eligibility) and for guidance on making a decision whether to select optional insurance (Basic FEGLI is automatic); 2. See page 21 for information on how to enroll.
FLTCIP	1. See page 22 for general information on FLTCIP (including eligibility) and for guidance on making a decision whether to apply; 2. See page 23 for information on how to apply for coverage.

Federal Benefits Open Season Snapshot

Current Employees

During Open Season, you have the opportunity to make changes in the Federal Employees Health Benefits (FEHB) Program, the Federal Employees Dental and Vision Insurance Program (FEDVIP) and the Federal Flexible Spending Account Program (FSAFEDS). You can use this chart to assist you with the decision-making process of selecting plans and enrolling in these benefit programs.

	If Currently Enrolled in the Program	**If Not Enrolled in the Program**
FEHB	1. Check your plan's 2010 premiums and satisfaction survey results in Appendix E; 2. Examine your plan's 2010 brochure for benefit and enrollment/service area changes; 3. Check Appendix E for any new plans and plan options available to you; 4. If satisfied with your plan's rates, survey results and benefits for 2010, **do nothing** – your enrollment will continue automatically; 5. If **not** satisfied with your current plan for 2010, see Appendix B for guidance on choosing another plan. 6. See page 5 for information on FEHB and retirement.	1. See page 8 for general information on FEHB (including eligibility) and Appendix B for guidance on choosing a plan; 2. If you decide to enroll, examine the 2010 brochure of each plan you consider to ensure the benefits and premiums meet your needs and the plan is available in your area; 3. Contact the human resources office of your agency for information on how to enroll.
FEDVIP	1. Check your plan's 2010 premiums in Appendix K and examine your plan's 2010 brochure for benefit and enrollment/service area changes; 2. If also enrolled in FEHB, check your 2010 FEHB brochure for any changes in dental and/or vision benefits; 3. If satisfied with your plan's rates and benefits for 2010, **do nothing** – your enrollment will continue automatically; 4. If **not** satisfied with your current plan for 2010, see page 12 for guidance on choosing another plan and for information on how to change your enrollment; 5. If you no longer want FEDVIP, you must cancel during Open Season by contacting BENEFEDS. After Open Season you cannot cancel; see Appendix H for details. 6. See page 5 for information on FEDVIP and retirement.	1. See page 12 for general information on FEDVIP (including eligibility) and for guidance on choosing a FEDVIP plan; 2. If you decide to enroll, examine the 2010 brochure of the plans in which you are interested to ensure the benefits and premiums meet your needs and the plan is available in your area; 3. See page 14 for information on how to enroll.
FSAFEDS	1. If you want to participate in 2010, **you must make a new election**. Keep in mind your election and enrollment do **not** carry over from year to year; see page 18 for information on how to enroll; 2. Check your 2010 FEHB and 2010 FEDVIP plan brochures to see how any benefit changes may affect your out-of-pocket health care expenses; 3. See page 16 for any updated information about the Program.	1. See page 16 for general information on FSAFEDS (including eligibility) and for guidance on making a decision whether to participate; 2. See page 18 for information on how to enroll.

Federal Benefits Facts

FEHB

- When you retire, you are eligible to continue health benefits coverage if you meet all of the following requirements:
  - you are entitled to retire on an immediate annuity under a retirement system for civilian employees (including the Federal Employees Retirement System (FERS) Minimum Retirement Age (MRA) + 10 retirement); and
  - you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).
- The 5 year requirement period can include the following:
  - the time you are covered as a family member under another person's FEHB enrollment; or
  - the time you are covered under the Uniformed Services Health Benefits Program (also known as TRICARE) as long as you were covered under an FEHB enrollment at the time of your retirement.
- As an annuitant, you are entitled to the same benefits and Government contributions as Federal employees enrolled in the same plan.
- The event of retirement is not a qualifying life event (QLE); however, there are other opportunities to change FEHB enrollment including during Open Season or when you experience a QLE.
- If you are not enrolled in FEHB (or covered as a family member) at the time of your retirement, you cannot enroll when you retire.
- If you are enrolled in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) at the time of your retirement, you can still contribute to your HSA provided you have no other insurance coverage other than those specifically allowed, and are not claimed as a dependent on someone else's tax return. Some examples of other coverage that would cause ineligibility are: Medicare, TRICARE, other non-high deductible health insurance, or having received VA benefits within the previous three months. If you don't qualify for an HSA, your plan will enroll you in a Health Reimbursement Arrangement (HRA).
- If you cancel your FEHB enrollment as an annuitant, you will never be able to re-enroll in FEHB **unless** you had suspended your FEHB enrollment in order to enroll in a Medicare Advantage plan, TRICARE or CHAMPVA, or Medicaid or similar State-sponsored program of medical assistance.
- If you want your surviving family members to continue your health benefits enrollment after your death, you must be enrolled for Self and Family at the time of your death, and at least one family member must be entitled to an annuity as your survivor.
- Consider whether you need to sign-up for Medicare when you become eligible.

FEDVIP

- There is no 5 year requirement for continuing FEDVIP coverage into retirement.
- Your coverage will continue as a retiree. Retirees may also enroll during the annual Federal Benefits Open Season or when you experience a qualifying life event (QLE). Keep in mind that **retirement is not a QLE**.

Federal Benefits Facts *continued*

- In most cases, changing from payroll deduction to annuity deduction is automatic, but may take one to three months to occur.
- BENEFEDS cannot deduct premiums from your annuity while you are receiving "special" or "interim" pay. Once your annuity is finalized, premium deductions will begin. If you miss one or more premium payments before your annuity is final, BENEFEDS will make double deductions until any balance due is paid. They will notify you before deducting this additional premium amount. Once there is no past due balance, the amount of premium deducted will return to the regular monthly premium.

FSAFEDS

- When you retire, you will no longer be able to participate in FSAFEDS. Your FSA will terminate as of the date of your retirement, and you will not be eligible to enroll as an annuitant. When you make your annual election for the year that you plan to retire, keep in mind that any remaining funds for which you have not incurred eligible expenses while employed will be forfeited.
- You can still submit claims for eligible medical expenses incurred prior to the date of your retirement.
- You can continue to use the remaining balance in your Dependent Care Flexible Spending Account (DCFSA) to pay for eligible dependent care expenses until the end of the Benefit Period or until your account balance is used up, whichever comes first.
- If you used your entire elected amount before you contributed all of it from your pay, you will not be responsible for the remaining payments.

FEGLI

- When you retire, you are eligible to continue your FEGLI life insurance coverage(s) if you retire on an immediate annuity and had the coverage for:
  - the five years of service immediately before the starting date of your annuity or, for annuitants retiring under FERS who postpone receiving their annuity, the five years immediately before their separation date for annuity purposes, or
  - all period(s) of service during which that coverage was available to you if it is less than five years, and
  - you (or your assignees) do not convert the coverage to a private policy.
- If you are eligible, you will choose via Standard Form (SF) 2818 how you wish your coverage(s) to continue during your retirement.
- If you are not enrolled in FEGLI at the time of your retirement, you cannot enroll when you retire.
- You cannot newly elect or increase existing coverage after you retire. You may only reduce or cancel coverage.
- Your premiums are subject to change in the future. Your premium could change based on your age and the experience of the Program. You will be notified if there is any change in your deductions from your annuity.

Federal Benefits Facts *continued*

FLTCIP

- Your coverage continues into retirement provided you continue to pay premiums.
- If you pay premiums via payroll deduction, then shortly before you retire, you should notify Long Term Care Partners (LTCP) at 1-800-582-3337 to make other arrangements for premium payment.
- You may elect annuity deduction if you desire. LTCP cannot deduct your premium from "special" or "interim" pay. LTCP will send you a direct bill during this time. Premium deduction will begin from your annuity once it is finalized.

Federal Employees Health Benefits (FEHB) Program

What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to employees, retirees and their dependents. If you continuously maintain your FEHB enrollment, or are covered by the FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement, and you retire on an immediate annuity, you can continue to participate in the FEHB after retirement. The Program benefits you receive as a retiree are the same coverage Federal employees receive and at the same cost. If you leave government employment before retiring, the Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

If you are currently enrolled in the FEHB and do not want to change plans or enrollment type, you do not need to do anything. Your enrollment will continue automatically.

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

Key FEHB facts

- The FEHB Program is part of the annual Federal Benefits Open Season.
- FEHB coverage continues each year. You do not need to re-enroll each year. If you are happy with your current coverage, do nothing. Please note that your premiums and benefits may change.
- You can choose from Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums, or Health Maintenance Organizations or Fee-for-Service plans with comprehensive coverage and higher premiums.
- There are no waiting periods and no pre-existing condition limitations, even if you change plans.
- If you are an active Federal employee, you can use your Health Care Flexible Spending Account or Limited Expense Health Care Flexible Spending Account with your FEHB plan.
- If you participate in premium conversion, enrollment changes can only be made during Open Season or if you experience a qualifying life event. Premium conversion allows Federal employees to use pre-tax dollars to pay their FEHB health insurance premiums.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.

What enrollment types are available?

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

How much does it cost?

The premiums for your enrollment are shared by you and your Federal agency or retirement system. The government pays the lesser of: 72% of the average total premium of all plans weighted by the number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are an employee, you automatically pay your share of the premium through a payroll deduction using pre-tax dollars, unless you elect not to participate in Premium Conversion. The charts in Appendix E provide cost information for all plans in the FEHB Program.

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you have an appointment other than a career or career conditional appointment and your agency has not provided you information about enrollment, you should contact your human resources office for information.

When you retire, you are eligible to continue health benefits coverage if you retire on an immediate annuity under a retirement system for civilian employees (including FERS MRA + 10 retirement) and you have been continuously enrolled (or covered as a family member) in any FEHB plan(s) for the 5 years of service immediately before the date your annuity starts, or for the full period(s) of service since your first opportunity to enroll (if less than 5 years).

If you suspend your FEHB coverage as a retiree because you are covered by TRICARE, a Medicare Advantage Plan, Medicaid, or Peace Corps volunteer coverage, you may reenroll under certain conditions. (You should contact your retirement system for information on your eligibility.) **If you are not enrolled in or covered as a family member under FEHB when you retire, you will not be able to enroll after retirement.**

When can I enroll?

If you are a new employee who is eligible for FEHB or an employee who has become newly eligible to enroll, you may enroll within 60 days of becoming eligible. You may also enroll during the annual Open Season held from the Monday of the second full work week in November through the Monday of the second full work week in December. Furthermore, you may enroll, change your enrollment type, or change plans outside of Open Season if you experience a qualifying life event such as a change in family or other insurance coverage status. Appendix C contains more specific information about qualifying life events that permit employees to enroll or change enrollment in the FEHB Program.

For new or newly eligible employees who elect to enroll, coverage will be effective on the first day of the first pay period that begins after your agency receives your enrollment. An Open Season enrollment or change is effective on the first day of the first full pay period that begins in January.

How do I enroll?

You may be able to enroll using the Health Benefits Election Form (SF 2809) or through an agency self-service system such as Employee Express, MyPay, Employee Personal Page, or EBIS. Contact the human resources office of your employing agency for details.

How do I get more information about this Program?

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

- How to compare and choose among health plans
- Health plan websites and plan brochures
- How to file a disputed claim request
- Getting quality healthcare
- Medicare and FEHB

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

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

What are examples of HIT at work?

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

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

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

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

The health plans listed on our HIT website at www.opm.gov/insure/health/reference/hittransparency.asp have taken steps to help you become a better consumer of health care and have met OPM's HIT, quality and price/cost transparency standards.

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

Federal Employees Dental and Vision Insurance Program (FEDVIP)

What does this Program offer?

The Federal Employees Dental and Vision Insurance Program provides comprehensive dental and vision insurance at competitive group rates. There are seven dental plans and three vision plans from which to choose. FEDVIP features nationwide, international, and regional plans.

A dental or vision insurance plan is much like a health insurance plan; you may be required to meet a deductible and provide a copay or coinsurance payments for your dental or vision services. With any plan choice, you should look at all the information and find a plan that will best fit your needs. You should also review your FEHB plan brochure to determine what dental and/or vision coverage the FEHB plan provides.

If you are currently enrolled in FEDVIP and you take no action during Open Season, your current coverage will continue in 2010, provided you remain eligible for the program. Enrollment continues year to year, automatically. **Please Note**: your premiums and benefits may change for 2010.

Key FEDVIP facts

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP is separate and different from the FEHB Program.
- FEDVIP coverage continues each year. You do not need to re-enroll each year. If you do not want to change plans or enrollment type, do nothing.
- You can only cancel FEDVIP coverage during Open Season, upon deployment to active military duty or upon transfer to another agency where you enroll in their dental and/or vision plan and the agency pays at least 50% of the premium. You cannot cancel just because you retire or because you can no longer afford the premiums.
- Coordination of benefits (COB) with your FEHB plan, if you are enrolled in an FEHB plan, is a requirement under the FEDVIP law. The FEDVIP plan is always secondary to the FEHB plan.
- You can use your Flexible Spending Account (FSA) with FEDVIP. You can submit your FEDVIP copayments and deductibles as eligible expenses against your FSA account.
- Cancellation of coverage can only be made during Open Season or upon deployment to active military duty.
- All nationwide FEDVIP plans provide international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider will reduce your out-of-pocket costs.
- There are no pre-existing condition limitations.
- There is no opportunity to convert to a private plan when your FEDVIP coverage ends. There is no 31-day extension of coverage, Temporary Continuation of Coverage (TCC), Spouse Equity coverage, or right to convert to an individual policy (conversion policy).

What enrollment types are available?

- Self Only, which covers only the enrolled employee or retiree;
- Self Plus One, which covers the enrolled employee or retiree plus one eligible family member specified by the enrollee; and
- Self and Family, which covers the enrolled employee or retiree and all eligible family members.

Appendix I lists the available dental and vision insurance plans along with basic benefit information.

How much does it cost?

You pay the entire premium. There is no government contribution to the premium. If you are an active employee, your premiums are taken from your salary on a pre-tax basis if your salary is sufficient to make the premium withholding. When you retire, premiums are withheld from your monthly annuity check on a post-tax basis if your annuity is sufficient.

Premiums for the nationwide dental plans and one regional dental plan are based on where you live. This is called your rating region. Your home ZIP code is used to find your rating region. Rating regions vary by carrier. The vision plans do not have rating regions. Enrolling in a FEDVIP plan will not reduce your FEHB premium.

See Appendices J and K to find 1) the rating region assigned to the area where you live by the different dental plans and 2) the related premium you will pay. You may also go to our website at www.opm.gov/insure/dental and www.opm.gov/insure/vision for premium and rating region information.

Am I eligible to enroll?

In general, Federal employees eligible for FEHB coverage (whether or not actually enrolled) and retirees (regardless of FEHB status) are eligible to enroll in a dental and/or vision plan. Former spouses and deferred annuitants are NOT eligible to enroll. Anyone receiving an insurable interest annuity who is not also an eligible family member is NOT eligible to enroll.

When can I enroll?

If you are a new employee eligible for FEDVIP, or an employee who has become newly eligible to enroll, you may enroll within 60 days of first becoming eligible. This is a one-time opportunity outside of Open Season to enroll. There is a separate 60-day enrollment period for dental and vision. For example: you may enroll in a dental plan on day 30 and a vision plan on day 59. Once you enroll, your 60-day opportunity for that type of plan ends.

An eligible employee or retiree may also enroll during the annual Federal Benefits Open Season, which runs from the Monday of the second full work week in November through the Monday of the second full work week in December. An eligible employee or retiree may enroll, cancel, or change

enrollment type or options during Open Season. They may enroll or make changes outside of Open Season if they experience a qualifying life event (QLE) such as a change in family or other insurance coverage status. Please see Appendix H for more information about QLEs that permit employees and retirees to enroll or make changes in FEDVIP.

If you enroll during Open Season, premiums are deducted beginning the first full pay period on or after January 1. For new or newly eligible employees who elect to enroll, coverage is effective the first day of the pay period following the one in which BENEFEDS receives your enrollment. An Open Season enrollment or change is effective January 1.

How do I enroll?

You may enroll on the Internet at www.BENEFEDS.com. BENEFEDS is a secure enrollment website sponsored by OPM. For those without access to a computer, please call 1-877-888-FEDS (1-877-888-3337) (TTY number, 1-877-889-5680).

You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, MyPay or Employee Personal Page. However, those sites may provide a link to BENEFEDS.

What should I consider in making my decision to participate in this Program?

There are questions you should ask yourself when deciding to enroll in FEDVIP or selecting a FEDVIP plan. By considering these questions thoroughly, you will be able to determine if FEDVIP is a good option for you.

1. Does my FEHB plan provide dental or vision coverage?

2. How does the FEDVIP plan coordinate benefits with the FEHB plan and how is the coordination of benefits calculated?

3. How affordable is the plan?
   - How much will it cost me on a bi-weekly or monthly basis? Can I afford that for the entire year?
   - Must I pay a deductible?
   - If I use a FEDVIP provider outside of the network, how much will I pay to get care?
   - How frequently can I visit the dentist and how much do I have to pay at each visit?
   - Will the plan provide benefits if I am also covered by another dental or vision plan?

4. Do I have access to any provider?
   - Does the plan give me the freedom to choose my own dentist or am I restricted to a panel of dentists selected by the plan?
   - Are there enough of the kinds of dentists I want to see?
   - Where will I go for care? Are these places near where I work or live?
   - Do I need to get permission before I see a dental specialist?
   - Will the plan allow referrals to specialists? Will my dentist and I be able to choose the specialist?

5. Does the plan provide coverage for specialty services?
   - Are dentures, orthodontics, implants or replacement of missing teeth covered?
   - What are the plan's limitations or exclusions?
   - Are there annual limits on the types of services included?

How do I find my premium rate?

If you live outside the United States:
Go to Appendix K for your dental and vision premium rates.

If you live inside the United States:
Go to Appendix K for your vision premium rate. To find your bi-weekly or monthly dental premium, you must first find your rating area on the chart in Appendix J. Some plans may have changed their rating regions for the upcoming plan year.

Please Note: If you are currently enrolled and have moved or your postal service has assigned you a new ZIP code, your rating region may have changed.

1. To find your dental rating area:
   a. Go to the chart in Appendix J.
   b. Find your state and your corresponding Zip code (1st 3 digits).
   c. Look under the plan name and you will find your rating area.
2. To find your bi-weekly or monthly dental premium, match your rating area with your desired FEDVIP plan on the chart in Appendix K.

Making an informed choice

- Before selecting a plan that best suits your needs, ask your carrier or access the OPM website for a copy of the plan brochure.
- If you have questions about coverage, exclusions, limitations or payment of benefits, ask the plan before making your plan selection.
- Find out which plan your provider participates in and why. Keep in mind that if your provider leaves the plan, this is not a qualifying life event allowing a change.

How do I get more information about this Program?

Visit FEDVIP online at www.opm.gov/insure/dental and www.opm.gov/insure/vision for information including:

- How to enroll
- FEDVIP plan websites, brochures, and provider searches
- Dental premium rates
- Vision premium rates

Federal Flexible Spending Account Program (FSAFEDS)

What does this Program offer?

A way to SAVE MONEY. The Federal Flexible Spending Account Program, known as FSAFEDS, is a benefit that can save you money. It offers accounts where you contribute money from your salary BEFORE taxes are withheld, incur eligible expenses, and get reimbursed. It's a way to save money on dependent care and health care services and items for you and your family. It's a way to pay less tax and save money!

Let's say you make $1,000 per pay date – that means you pay taxes on $1,000 per pay date. If you put $20 per pay date in FSAFEDS then you only pay taxes on $980 per pay date. You save money by paying less tax. Then you get the money in your account(s) back when you timely file claims for eligible expenses.

Key FSAFEDS facts

- FSAFEDS is part of the annual Federal Benefits Open Season.
- Retirees cannot enroll in FSAFEDS.
- Employees MUST re-enroll each year – coverage does not automatically carry over to the next benefit period.
- If you enroll during Open Season you will have 14-1/2 months to spend your annual election.
- Enrollees must incur eligible expenses for their current benefit period by March 15th of the following year.
- Enrollees must file claims for their current benefit period by April 30th of the following year.
- Enrollees can use FSAFEDS accounts for copayments and deductibles from their FEHB and/or FEDVIP enrollments.
- Plan your contribution carefully and conservatively – you will lose any money in your account(s) for which you do not incur eligible expenses and timely file claims.

What enrollment types are available?

There are three types of FSAs. Each type has a minimum annual election of $250 and a maximum of $5,000:

- **Dependent Care FSA (DCFSA)** – Used for eligible dependent care (non-medical) expenses that allow you and your spouse (if married) to work, look for work (as long as you have earned income at some point during the year), or attend school full-time. Eligible expenses include child care, before and after school care, late pick-up fees, and adult daycare. Dependents covered under a DCFSA include your children before their 13th birthday, and may also include any person you claim as a dependent on your Federal Income Tax return who is mentally or physically incapable of self care.

- **Health Care FSA (HCFSA)** – Used for eligible health care expenses for you, your spouse, and your dependents that are not covered or reimbursed by FEHB, FEDVIP or other insurance. Common expenses that are reimbursable by an HCFSA include:

  - Chiropractic services
  - Coinsurance, copays and deductibles (but not insurance premiums)
  - Contact lenses, solutions, and cleaners and cases
  - Dental care and procedures
  - Eye surgery
  - Eyeglasses and prescription sunglasses
  - Hearing aids and batteries
  - Infertility treatments
  - Over-the-counter medicines and products

  An HCFSA is not health insurance and does not replace your insurance plan. It is a separate program that reimburses you for eligible out-of-pocket health care expenses. It can also reimburse you for over-the-counter products that are not covered by FEHB or FEDVIP – common items like ibuprofen, acetaminophen, aspirin, antacids, bandages, home diagnostic tests, and sunscreen.

  If you participate in an HCFSA and you are enrolled in a High Deductible Health Plan you may also have a Health Reimbursement Arrangement (HRA) but you cannot have a Health Savings Account (HSA).

- **Limited Expense Health Care FSA (LEX HCFSA)** – Designed for employees enrolled in or covered by a High Deductible Health Plan with a Health Savings Account. Eligible expenses are **limited** to dental and vision care expenses for you, your spouse, and your dependents that are not covered or reimbursed by FEHB, FEDVIP or other insurance. By opening a Limited Expense Health Care FSA you can save money on taxes by using your LEX HCFSA dollars for dental and vision care while preserving your Health Savings Account funds for other purposes.

  Eligible expenses include your out-of-pocket costs for services and products related to:

  – Dental care (e.g., cleanings, fillings, crowns, orthodontics, etc.)
  – Vision care (e.g., contact lenses, eyeglasses, refractions, vision correction procedures, etc.)

Am I eligible to enroll?

Most Federal employees in the Executive branch and many in non-Executive branch agencies are eligible. For specifics on eligibility, visit www.FSAFEDS.com or call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (1-877-372-3337) TTY: 1-800-952-0450, Monday through Friday, 9 a.m. until 9 p.m., Eastern Time. Retirees cannot enroll.

Federal Flexible Spending Account Program (FSAFEDS)

When can I enroll?

If you are a new or newly eligible employee or experience a qualifying life event (QLE), such as a change in family status, you have 60 days from your hire date (QLE date) to enroll in a HCFSA or LEX HCFSA and/or DCFSA, but you must enroll before October 1. If you are hired or become eligible or experience a QLE on or after October 1, you must wait and enroll during the Federal Benefits Open Season held each fall, which runs from the Monday of the second full work week in November to the Monday of the second full work week in December. You can find more information about qualifying life events at www.FSAFEDS.com.

Enrollment does not carry over from year to year – you must make an election every year to participate!

An election made during Open Season is effective on January 1 of the benefit year. If you are a newly hired or newly eligible employee enrolling outside of Open Season, your effective date is the day after your election is accepted by FSAFEDS.

How do I enroll?

You enroll at www.FSAFEDS.com or by calling 1-877-372-3337.

What should I consider in making my decision to participate in this Program?

- Do I want to participate this year? You must make a new election every year. Enrollment does not carry over from year to year.
- What do my annual medical/dependent care out-of-pocket expenses run each year?
- Will my health, dental or vision insurance coverage be different this year? Am I changing plans or adding other coverage? Are my copayments changing?
- Will I still have the same number of dependents?
- **Plan your contribution carefully and conservatively – you will lose any money in your account(s) for which you do not incur eligible expenses and timely file claims.**

How do I get more information about this Program?

Call 1-877-372-3337, TTY 1-800-952-0450, or visit www.FSAFEDS.com.

Federal Employees' Group Life Insurance (FEGLI) Program

What does this Program offer?

The FEGLI Program offers group term life insurance.

Key FEGLI facts

- The FEGLI Program is **not** part of the annual Federal Benefits Open Season.
- Employees in eligible positions are automatically covered under Basic life insurance, unless they choose to waive that coverage.
- Employees must have Basic insurance in order to have or elect Optional insurance.
- Employees must take action, within strict time limits, to elect Optional insurance. Coverage is not automatic.
- The Government pays one-third of the cost of Basic insurance. Enrollees pay 100% of the cost of Optional insurance.
- FEGLI does not have any cash or paid-up value. You cannot get a loan by borrowing from this insurance.
- Retirees may be able to continue their FEGLI coverage into retirement, but they cannot newly elect FEGLI coverage as a retiree.
- Living benefits are life insurance benefits paid to you while you are still living, rather than paid to a beneficiary or survivor when you die. You are eligible to elect a living benefit if you are an employee, retiree, or compensationer covered under the FEGLI Program who has been diagnosed as terminally ill with a life expectancy of nine months or less, and you have not assigned your insurance.

What coverage is available?

Basic insurance – your annual salary, rounded up to the next even $1,000, plus $2,000. Basic insurance includes accidental death and dismemberment coverage for employees (not for retirees).

Optional insurance

- **Option A - Standard** – $10,000 of insurance. Option A includes accidental death and dismemberment coverage for employees (not retirees).

- **Option B - Additional** – 1, 2, 3, 4 or 5 times your annual rate of basic pay after rounding it up to the next even $1,000.

- **Option C - Family** – coverage for your spouse and all of your eligible dependent children. You can elect 1, 2, 3, 4 or 5 multiples. Each multiple is equal to $5,000 for your spouse and $2,500 for each eligible child.

How much does it cost?

You pay two-thirds of the premium for Basic life insurance and the Government pays one-third. Your cost for Basic life insurance is $0.15 biweekly, per $1,000 of coverage. Your age does not affect the cost of Basic insurance.

You pay 100% of the premium for Optional insurance. The cost depends on your age, based on 5-year age groups.

Am I eligible to enroll?

Most Federal employees are eligible to enroll in FEGLI unless they are excluded by law or regulation. Federal retirees are eligible to carry their FEGLI into retirement if they meet the following requirements: eligible to retire on an immediate annuity (including FERS MRA+10 retirement), have not converted the coverage to a private plan, and have been insured under FEGLI for the five years immediately preceding retirement or for all periods of service during which FEGLI was available to them if they have been covered for less than five years. **There is no waiver of this five-year rule.**

When can I enroll?

The FEGLI Program is **not** part of the annual Federal Benefits Open Season.

If you are a new employee who is eligible for FEGLI, or an employee who has become newly eligible to enroll, you will be automatically enrolled in Basic. If you do not want Basic, you must file a waiver with your agency.

As a new or newly eligible employee, you may enroll in Optional insurance within 31 days of becoming eligible. If you take no action, you will have Basic and will not have any Optional insurance.

If you are not a new employee or newly eligible, you may enroll in Basic life insurance and, if you wish, Option A and/or Option B coverage by providing satisfactory medical information at your own expense using the Request for Life Insurance (Standard Form 2822). You cannot enroll in Option C this way.

If you already have Basic insurance, you may elect or increase Option B and/or Option C within 60 days of experiencing a qualifying life event (marriage, divorce, death of a spouse, or birth or adoption of children). You cannot enroll in Option A this way.

You may also enroll during a FEGLI Open Season, which is held infrequently. You will receive plenty of notice when there is a FEGLI Open Season. The most recent FEGLI Open Seasons were held in 2004 and in 1999.

Federal Employees' Group Life Insurance (FEGLI) Program

How do I enroll?

You may be able to enroll using the Life Insurance Election Form (Standard Form 2817) or through an agency self-service system such as EBIS. Contact the human resources office of your employing agency for details on how you can enroll.

Who gets the benefits paid after my death?

When you die, the Office of Federal Employees' Group Life Insurance (OFEGLI), an administrative unit of Metropolitan Life Insurance Company (MetLife), will pay life insurance benefits in a particular order set by law. The FEGLI Program Booklet, available from your human resources office and at www.opm.gov/insure/life, contains more details.

How does my beneficiary file a claim?

He or she must use a specific form (FE-6) to claim FEGLI benefits, available from your human resources office or retirement system or at www.opm.gov/insure/life.

How do I get more information about this Program?

Contact your agency human resources office. If you are retired, contact OPM's Retirement Operations Center at retire@opm.gov or by calling 1-888-767-6738. Neither OFEGLI nor OPM's Insurance Services Program offices maintain records for active Federal employees or retirees.

Federal Long Term Care Insurance Program (FLTCIP)

What does this Program offer?

The FLTCIP offers insurance that helps cover the costs of certain long term care services. Long term care is the assistance you receive to perform activities of daily living – such as bathing or dressing yourself – or supervision you receive because of a severe cognitive impairment. Long term care can be provided in a facility, like a nursing home, but is mostly provided at home.

Key FLTCIP facts

- The FLTCIP is **not** part of the annual Federal Benefits Open Season.
- You must apply and answer questions about your health to find out if you are eligible to enroll.
- You can apply for coverage at any time using the full underwriting application; you do not have to wait for an Open Season.
- New/newly eligible employees and their spouses and newly married spouses of employees can apply with abbreviated underwriting (fewer questions about their health) within 60 days of becoming eligible.
- Qualified family members can also apply, with full underwriting.
- Once enrolled, you can keep your coverage even if you are no longer in an eligible group (for example, you leave your job with the Federal Government).

How much does it cost?

If you are approved for coverage, your premium is based on your age on the date your application is received and on the benefit options you select. You may pay your premiums through deductions from pay or annuity, by automatic bank withdrawal, or by direct bill.

Am I eligible to apply?

Most Federal employees are eligible to apply for coverage; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their Federal agency. If you are eligible for the FEHB Program you are eligible to apply for coverage under the FLTCIP, even if you are not enrolled in the FEHB Program. Retirees are eligible to apply. Spouses and adult children of eligible employees and retirees may also apply, as well as parents, parents-in-law, and stepparents of employees (but not of retirees).

How do I apply?

You apply by completing an application found at www.ltcfeds.com or by calling 1-800-LTC-FEDS. You must pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you're in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your premiums.

If you are a new or newly eligible employee, you (and your spouse, if applicable) have 60 days to apply using the abbreviated underwriting application, which asks fewer questions about your health. Newly married spouses of employees also have 60 days to apply using abbreviated underwriting.

Open Seasons for the FLTCIP are infrequent, but you don't have to wait for an Open Season – you may apply anytime using the full underwriting application.

What should I consider in making my decision to participate in this Program?

Remember that FEHB plans do not cover the cost of long term care. While Medicare covers some care in nursing homes and at home, it does so only for a limited time, subject to restrictions. The need for long term care can strike anyone at any age and the cost of care can be substantial.

Be sure to visit www.ltcfeds.com for the most up-to-date information about the FLTCIP before deciding whether to apply.

How do I get more information about this Program?

Call 1-800-LTC-FEDS (1-800-582-3337), (TTY 1-800-843-3557) or visit www.ltcfeds.com.

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Appendix A
FEHB Program Features

No waiting periods. You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.

A choice of coverage. You can choose Self Only coverage just for you, or Self and Family coverage for you, your spouse, and unmarried dependent children under age 22. Under certain circumstances, your FEHB enrollment may cover your disabled child 22 years old or older who is incapable of self-support.

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

A Government contribution. The Government pays 72 percent of the average premium of all plans toward the total cost of your premium, but not more than 75 percent of the total premium for any plan.

Salary deduction. You pay your share of the premium through a payroll deduction and have the choice of doing so using pre-tax dollars.

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

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

* for you and your family when you retire from Federal service (normally you need to be covered under the FEHB Program for the five years of service immediately before you retire),
* for your former spouse if you divorce and he or she has a qualifying court order (see your human resources office for more information),
* for your family if you die, or
* for you and your family when you move, transfer, go on leave without pay, or enter military service (certain rules about coverage and premium amounts apply; see your human resources office).

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

* for you and your family if you leave Federal service (including when you are not eligible to carry FEHB into retirement),
* for your covered dependent child if he or she marries or turns age 22, or
* for your former spouse if you divorce and he or she does not have a qualifying court order (see your human resources office for more information).

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

Appendix B
Choosing an FEHB Plan

What type of health plan is best for you?
You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

	Choice of doctors, hospitals, pharmacies, and other providers	Specialty care	Out-of-pocket costs	Paperwork
Fee-for-Service w/PPO (Preferred Provider Organization)	You must use the plan's network to reduce your out-of-pocket costs. Not using PPO providers means only some or none of your claims will be paid.	Referral not required to get benefits.	You pay fewer costs if you use a PPO provider than if you don't.	Some, if you don't use network providers.
Health Maintenance Organization	You generally must use the plan's network to reduce your out-of-pocket costs.	Referral generally required from primary care doctor to get benefits.	Your out-of-pocket costs are generally limited to copayments.	Little, if any.
Point-of-Service	You must use the plan's network to reduce your out-of-pocket costs. You may go outside the network but you will pay more.	Referral generally required to get maximum benefits.	You pay less if you use a network provider than if you don't.	Little, if you use the network. You have to file your own claims if you don't use the network.
Consumer-Driven Plans	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers.
High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)	Some plans are network only, others pay something even if you do not use a network provider.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement.

Appendix B
Choosing an FEHB Plan

What should you consider when choosing a plan?
Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to www.opm.gov/insure/health/search/plansearch.aspx. You can also find help in selecting a plan using tools provided by PlanSmartChoice and Consumer's Checkbook at www.opm.gov/insure/health/planinfo/index.asp.

Ask yourself these questions:

1. **How much does the plan cost?** This includes the premium you pay.

2. **What benefits does the plan cover?** Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.

3. **What are my out of pocket costs?** Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?

4. **Who are the doctors, hospitals, and other care providers I can use?** Your costs are lower when you use providers who are part of the plan; these are "in-network" providers.

5. **How well does my plan provide quality care?** Quality care varies from plan to plan, and here are three sources for reviewing quality.

   * Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.

   * Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/insure/health/planinfo/quality/hedis.aspx.

   * Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation level or go to http://reportcard.ncqa.org/plan/external/plansearch.aspx.

Appendix B
Choosing an FEHB Plan

Definitions

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

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

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

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

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

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

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

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

Premium Conversion - A program to allow Federal employees to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. Based on Federal tax rules, employees can deduct their share of health insurance premiums from their taxable income, which reduces their taxes.

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

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

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

Appendix C
Qualifying Life Events (QLEs) that May Permit a Change in Your FEHB Enrollment

Premium Conversion allows employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. Premium conversion plans are governed by the Internal Revenue Code, and IRS rules govern when a participant may change his or her enrollment outside of the annual Open Season. When an employee experiences a qualifying life event, changes to the employee's FEHB enrollment may be permitted. Individuals who don't participate in Premium Conversion (retirees and employees who waived participation) may cancel their enrollment or change to Self Only at any time.

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

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

Appendix D
FEHB Member Survey Results

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

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

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

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

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

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

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

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

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

- Plan Information on Costs – How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

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

[1] *CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).*

Appendix E
FEHB Plan Comparison Charts

Nationwide Fee-for-Service Plans
(Pages 32 through 35)

Fee-for-Service (FFS) plans with a Preferred Provider Organization (PPO) – A Fee-for-Service plan provides flexibility in using medical providers of your choice. You may choose medical providers who have contracted with the health plan to offer discounted charges. You may also choose medical providers who do not contract with the plan, but you will pay more of the cost.

Medical providers who have contracts with the health plan (Preferred Provider Organization or PPO) have agreed to accept the health plan's reimbursement. You usually pay a copayment or a coinsurance amount and do not file claims or other paperwork. Going to a PPO hospital does not guarantee PPO benefits for all services received in the hospital, however. Lab work, radiology, and other services from independent practitioners within the hospital are frequently not covered by the hospital's PPO agreement. If you receive treatment from medical providers who are not contracted with the health plan, you either pay them directly and submit a claim for reimbursement to the health plan or the health plan pays the provider directly according to plan coverage, and you pay a deductible, coinsurance or the balance of the billed charge. In any case, you pay a greater amount in out-of-pocket costs.

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 37.

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

Nationwide Fee-for-Service Plans

How to read this chart:

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	111.46	252.04	51.44	116.32
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	175.08	400.97	80.81	185.06
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	100.76	235.98	46.50	108.91
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	172.33	403.13	79.54	186.06
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	80.22	182.29	37.02	84.13
Mail Handlers Benefit Plan (MH) -std	800-410-7778	454	455	166.01	396.29	76.62	182.90
Mail Handlers Benefit Plan Value (MHV)	800-410-7778	414	415	59.71	142.36	27.56	65.70
NALC -high	888-636-6252	321	322	147.00	299.74	67.85	138.34
SAMBA -high	800-638-6589	441	442	235.64	595.43	108.76	274.81
SAMBA -std	800-638-6589	444	445	108.60	248.04	50.12	114.48
Plan Name: Open Only to Specific Groups							
Association Benefit Plan (ABP) -high	800-634-0069	421	422	124.43	308.43	57.43	142.35
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	114.31	294.61	52.76	135.97
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	102.31	213.55	47.22	98.56
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	174.72	283.90	80.64	131.03

Prescription Drug Payment Levels Plans use a variety of terms to define what you pay for prescription drugs such as *generic, brand name, Tier I, Tier II, Level I, etc*. The 2 to 3 payment levels that plans use follow: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs, with some exceptions for specialty drugs. Many plans are basing how much you pay for prescription drugs on what they are charged.

Mail Order Discounts If your plan has a Mail Order progrram and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through Mail Order), your plan's response is "yes." If the plan does not have a Mail Order program or it is not superior to its pharmacy benefit, the plan's response is "no."

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

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay ($)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Level I	Level II / Level III	Mail Order Discounts
APWU -high	PPO Non-PPO	$275 $500	None None	None $300	$18 30%+diff.	10% 30%+diff.	10% 30%	$8 50%	25%/25% 50%/50%	Yes Yes
BCBS -std	PPO Non-PPO	$300 $300	None None	$200 $350 + 35%	$20 35%	15% 35%	$200 $350 + 35%	20% 45% +	30%/30% 45%+/45%+	Yes Yes
BCBS -basic	PPO	None	None	$150/day x 5	$25	$100	Nothing	$10	$35/$45 or 50%	No
GEHA -high	PPO Non-PPO	$350 $350	None None	$100 $300	$20 25%	10% 25%	Nothing Nothing	$5 $5	25% Max $150/N/A 25% Max $150 +/N/A	Yes Yes
GEHA -std	PPO Non-PPO	$350 $350	None None	None None	$10 35%	15% 35%	15% 35%	$5 $5	50% Max $200/N/A 50% Max $200 +/N/A	Yes Yes
MH -std	PPO Non-PPO	$350 $500	None None	$200 $500	$20/Nothing 30%	10% 30%	Nothing 30%	$10 50%	$40/$60 50%/50%	Yes Yes
MH Value	PPO Non-PPO	$500 $800	None Not Covered	None None	$30 40%	20% 40%	20% 40%	$10 Not Covered	50%/50% Not Covered	No No
NALC -high	PPO Non-PPO	$300 $300	None None	$200 $300	$15 30%	15% 30%	Nothing 30%	20% 45%	30%/30% 45%+/45%+	Yes Yes
SAMBA -high	PPO Non-PPO	$250 $250	None None	$200 $300	$20/$0 30%	10% 30%	Nothing 30%	$10 $10	15%($50 max)/30%($80 max) 15%($50 max)/30%($80 max)	Yes Yes
SAMBA -std	PPO Non-PPO	$300 $300	None None	$200 $300	$20/$0 30%	15% 30%	Nothing 30%	$10 $10	25%($60 max)/35%($90 max) 25%($60 max)/35%($90 max)	Yes Yes
ABP	PPO Non-PPO	$300 $350	None None	$150 $350	$10 30%	10% 30%	Nothing Nothing	$5 $5	$30/30% or $45 $30/30% or $45	Yes Yes
FS	PPO Non-PPO	$300 $300	None None	Nothing $200	10% 30%	10% 30%	Nothing 20%	$10 $10	25%/$30 min./N/A 25%/$30 min./N/A	Yes Yes
PCABP	POS FFS	None None	None None	$25 $100	$10 50%	Nothing 50%	Nothing 50%	20% 20%	20%/20% 20%/20%	No No
Rural	PPO Non-PPO	$350 $400	$200 $200	$100 $300	$20 25%	10% 20%	Nothing Nothing	30% 30%	30%/30% 30%/30%	Yes Yes

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

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

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

	Member Survey Results							
Plan Name: Open to All	**Plan Code**	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
FFS National Average		**80**	**92.2**	**91.6**	**94.6**	**89.7**	**92**	**74.5**
APWU Health Plan -high	47 47	84.6	95.2	90.1	94.4	90.9	91.2	78.2
Blue Cross and Blue Shield Service Benefit Plan -std	10 10	78	91.1	90.7	94.1	86.9	94.3	73.1
Blue Cross and Blue Shield Service Benefit Plan -basic	11	70.3	89.1	88.8	94	89.4	93.8	70.6
GEHA Benefit Plan -high	31 31	85.5	92.9	91.7	96.5	91.2	96.8	77.2
GEHA Benefit Plan -std	31 31	82.1	90.8	90	93.9	89.3	94.1	74.3
Mail Handlers Benefit Plan -std	45 45	74.7	90.2	91.5	95	84.7	86.7	69.9
Mail Handlers Benefit Plan Value	41 41	54.5	86.9	89.3	93.1	84.1	77.2	63.1
NALC -high	32 32	89	94.9	91.8	94.4	92.8	95.1	77.1
SAMBA -high	44 44	88.7	94.9	93.5	96.1	94.8	96	81.4
SAMBA -std	44 44	78.8	92.7	93.3	94.8	90	91.3	79.6
Plan Name: Open Only to Specific Groups								
FFS National Average		**80**	**92.2**	**91.6**	**94.6**	**89.7**	**92**	**74.5**
Association Benefit Plan	42 42	84	94.2	94.7	94.8	93.6	94.2	76.5
Foreign Service Benefit Plan	40 40	79.9	90.4	93.3	93.9	86.2	89.2	71.2
Panama Canal Area Benefit Plan	43 43							
Rural Carrier Benefit Plan	38 38	85.5	94.4	93.7	95.4	93.5	96.1	79.3

Fee-for-Service Plans – Blue Cross and Blue Shield Service Benefit Plan – Member Survey Results for Select States

Again this year we are providing more detailed information regarding the quality of services provided by our health plans. We are including the results of the Member Satisfaction survey at the *state level* for eight local Blue Cross Blue Shield (BCBS) Plans.

			Member Survey Results						
Plan Name	**Location**	**Plan Code**	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
	FFS National Average		**80**	**92.2**	**91.6**	**94.6**	**89.7**	**92**	**74.5**
Blue Cross and Blue Shield Service - Standard	Arizona	10	84.9	89.5	89	93.1	85.4	94.8	76.1
Benefit Plan - Basic		11	74.9	90.1	86.7	90.8	90.4	92.8	66.8
Blue Cross and Blue Shield Service - Standard	California	10	80.4	90.4	90.1	93	85.4	92.4	70.2
Benefit Plan - Basic		11	71	88.4	80.7	93	87.5	93.9	70.2
Blue Cross and Blue Shield Service - Standard	District of Columbia	10	73.2	89.8	88.8	93.4	84.2	90	63.2
Benefit Plan - Basic		11	68.8	84.2	83.5	88.2	83.8	89.8	62.2
Blue Cross and Blue Shield Service - Standard	Florida	10	85	93	91.7	93.1	87.9	92.6	76.4
Benefit Plan - Basic		11	79	92.4	89.9	91	86.3	92.2	72.6
Blue Cross and Blue Shield Service - Standard	Illinois	10	82.5	91.5	89.7	95.2	89.9	94.9	75.9
Benefit Plan - Basic		11	76.2	90.1	88.3	92.9	87.8	92.7	69.9
Blue Cross and Blue Shield Service - Standard	Maryland	10	84	91.7	91.4	93.4	87.6	94.5	72.5
Benefit Plan - Basic		11	77	87.1	90.4	91.1	88.3	95.7	65.6
Blue Cross and Blue Shield Service - Standard	Texas	10	84.2	93.7	91.5	93.7	92.7	94.9	74.1
Benefit Plan - Basic		11	79.2	88.7	85.3	91.3	87.2	91.6	69.2
Blue Cross and Blue Shield Service - Standard	Virginia	10	83.6	93.8	92.2	94.4	91.8	95.1	74.7
Benefit Plan - Basic		11	74.5	88.4	88.4	93.2	88.9	94.2	71.4

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Appendix E
FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 38 through 61)

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

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

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

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

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

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

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

Mail Order Discount – If your plan has a mail order program and that program is superior to the purchase of medications at the pharmacy (e.g., you get a greater quantity or pay less through mail order), your plan's response is "yes." If the plan does not have a mail order program or it is not superior to its pharmacy benefit, the plan's response is "no."

Member Survey Results – See Appendix D for a description.

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Arizona							
Aetna Open Access -high- Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	122.80	360.28	56.68	166.28
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	113.91	338.70	52.57	156.32
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	104.11	263.49	48.05	121.61
Arkansas							
QualChoice - high - All of Arkansas	800-235-7111	DH1	DH2	119.72	306.70	55.25	141.55
QualChoice - std - All of Arkansas	800-235-7111	DH4	DH5	94.74	221.87	43.73	102.40
California							
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	101.24	249.39	46.72	115.10
Anthem Blue Cross - HMO -high- Most of California	800-235-8631	M51	M52	157.40	484.28	72.65	223.51
Blue Shield of CA Access+HMO -high- Southern Region	800-880-8086	SI1	SI2	116.89	270.00	53.95	124.62
Health Net of California -high- Northern Region	800-522-0088	LB1	LB2	298.97	716.20	137.99	330.55
Health Net of California -std- Northern Region	800-522-0088	LB4	LB5	267.25	642.79	123.35	296.67
Health Net of California -high- Southern Region	800-522-0088	LP1	LP2	115.17	266.27	53.15	122.89
Health Net of California -std- Southern Region	800-522-0088	LP4	LP5	109.57	253.33	50.57	116.92
Kaiser Foundation Health Plan of California -high- Northern California	800-464-4000	591	592	209.12	551.33	96.52	254.46
Kaiser Foundation Health Plan of California -std- Northern California	800-464-4000	594	595	115.88	291.70	53.48	134.63
Kaiser Foundation Health Plan of California -high- Southern California	800-464-4000	621	622	114.50	264.62	52.84	122.13
Kaiser Foundation Health Plan of California -std- Southern California	800-464-4000	624	625	73.28	169.38	33.82	78.17
PacifiCare of California -high- Most of California	866-546-0510	CY1	CY2	112.55	256.93	51.94	118.58
Colorado							
Kaiser Foundation Health Plan of Colorado -high- Denver/Boulder/Southern Colorado	800-632-9700	651	652	130.36	315.43	60.17	145.58
Kaiser Foundation Health Plan of Colorado -std- Denver/Boulder/Southern Colorado	800-632-9700	654	655	75.10	171.98	34.66	79.38

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
			HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
Arizona												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	60	74.6	81.5	90.3	83.3	85.4	67.1
Health Net of Arizona, Inc.-High	$15/$30	$200/day x 3	$10	$30/$50	Yes	69.6	86.9	83.3	91.8	83	89	67.1
Health Net of Arizona, Inc.-Std	$15/$40	$250/day x 3	$10	$40/$70	Yes	69.6	86.9	83.3	91.8	83	89	67.1
Arkansas												
QualChoice- In-Network	$20/$30	$100/day x 5	$0	$40/$60	Yes							
QualChoice- Out-Network	40%/40%	40%	N/A	N/A	N/A							
QualChoice- In-Network	$20/$40	$200/day x 5	$0	$40/$60	Yes							
California												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	62.8	82	80.9	90.8	89.4	84.1	65.6
Anthem Blue Cross - HMO-High	$25/$25	$200/day x 3	$10/$30/45%	$30 or 45%/45%	Yes	64.8	78.3	79.5	88.4	84.2	82.4	57.9
Blue Shield of CA Access+HMO-High	$15/$15	$100/day x 3	$10	$35/$50	Yes	60.2	81.1	81.3	90.9	74.7	79.7	64.1
Health Net of California-High	$15/$30	$100/day x 3	$10	$35/$50	Yes	65.7	83.4	85.1	92.3	78	82.9	59.5
Health Net of California-Std	$30/$50	$300	$15	$35/$60	Yes	65.7	83.4	85.1	92.3	78	82.9	59.5
Health Net of California-High	$15/$30	$100/day x 3	$10	$35/$50	Yes	65.7	83.4	85.1	92.3	78	82.9	59.5
Health Net of California-Std	$30/$50	$300	$15	$35/$60	Yes	65.7	83.4	85.1	92.3	78	82.9	59.5
Kaiser Foundation HP-High	$15/$15	$250	$10	$30/$30	Yes	69.6	82.8	84.1	92	77.4	81.5	63.8
Kaiser Foundation HP-Std	$30/$30	$500	$15	$35/$35	Yes	69.6	82.8	84.1	92	77.4	81.5	63.8
Kaiser Foundation HP-High	$15/$15	$250	$10	$30/$30	Yes	74	80	76.3	91.9	83.4	77.8	64
Kaiser Foundation HP-Std	$30/$30	$500	$15	$35/$35	Yes	74	80	76.3	91.9	83.4	77.8	64
PacifiCare of California-High	$15/$30	$100/day x 5	$10	$35/$50	Yes	72.5	84.3	80.6	92.9	77	94.6	67.9
Colorado												
Kaiser Foundation HP-High	$20/$30	$250	$10	$25/$50	Yes	59	80.8	87	92	78.3	83.8	71.4
Kaiser Foundation HP-Std	$25/$45	$250/day x 3	$15	$35/$70	Yes	59	80.8	87	92	78.3	83.8	71.4

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Delaware							
Aetna Open Access -high- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	333.36	865.89	153.86	399.64
Aetna Open Access -basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	150.10	370.46	69.28	170.98
District of Columbia							
Aetna Open Access -high- Washington, DC Area	877-459-6604	JN1	JN2	278.89	623.38	128.72	287.71
Aetna Open Access -basic- Washington, DC Area	877-459-6604	JN4	JN5	105.17	246.12	48.54	113.59
CareFirst BlueChoice -high- Washington, D.C. Metro Area	866-296-7363	2G1	2G2	122.91	278.72	56.73	128.64
Kaiser Foundation Health Plan Mid-Atlantic States -high- Washington, DC area	877-574-3337	E31	E32	133.01	325.37	61.39	150.17
Kaiser Foundation Health Plan Mid-Atlantic States -std- Washington, DC area	877-574-3337	E34	E35	72.57	166.92	33.49	77.04
M.D. IPA -high- Washington, DC area	877-835-9861	JP1	JP2	121.22	302.25	55.95	139.50
Florida							
Av-Med Health Plan -high- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	117.78	316.10	54.36	145.89
Av-Med Health Plan -std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	93.71	224.93	43.25	103.81
Capital Health Plan -high- Tallahassee area	850-383-3311	EA1	EA2	102.52	272.03	47.32	125.55
Humana, Inc. -high- South Florida	888-393-6765	EE1	EE2	125.23	284.10	57.80	131.12
Humana, Inc. -std- South Florida	888-393-6765	EE4	EE5	97.69	219.81	45.09	101.45
Humana, Inc. -high- Tampa	888-393-6765	LL1	LL2	158.38	358.72	73.10	165.56
Humana, Inc. -std- Tampa	888-393-6765	LL4	LL5	121.11	274.87	55.90	126.86
Vista Healthplan of South Florida -high- Southern Florida	800-441-5501	5E1	5E2	93.50	256.08	43.15	118.19
Vista Healthplan of South Florida -std- Southern Florida	800-441-5501	5E4	5E5	81.90	224.18	37.80	103.47
Georgia							
Aetna Open Access -high- Atlanta and Athens Areas	877-459-6604	2U1	2U2	171.36	411.74	79.09	190.03
Humana Employers Health of Georgia, Inc. -high- Columbus	888-393-6765	CB1	CB2	122.50	277.99	56.54	128.30
Humana Employers Health of Georgia, Inc. -std- Columbus	888-393-6765	CB4	CB5	109.27	245.86	50.43	113.47
Humana Employers Health of Georgia, Inc. -high- Atlanta	888-393-6765	DG1	DG2	107.87	242.69	49.78	112.01
Humana Employers Health of Georgia, Inc. -std- Atlanta	888-393-6765	DG4	DG5	98.11	220.74	45.28	101.88
Humana Employers Health of Georgia, Inc. -high- Macon	888-393-6765	DN1	DN2	115.34	259.52	53.23	119.78
Humana Employers Health of Georgia, Inc. -std- Macon	888-393-6765	DN4	DN5	103.81	233.57	47.91	107.80
Kaiser Foundation Health Plan of GA, Inc. -high- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	118.69	272.48	54.78	125.76
Kaiser Foundation Health Plan of GA, Inc. -std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	81.14	185.82	37.45	85.76

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
					HMO/POS National Average	65.7	85.2	86.2	93.2	84.1	87.2	67.5
Delaware												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	67.4	86.4	87.3	93.9	84.9	89.8	67
Aetna Open Access-Basic	$15/$30	20% Plan Allow	$5	$30/$60	Yes	67.4	86.4	87.3	93.9	84.9	89.8	67
District of Columbia												
Aetna Open Access-High	$15/$25	$150/day x 3	$5	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
Aetna Open Access-Basic	$20/$30	10% Plan Allow	$10	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
CareFirst BlueChoice-High	$20/$30	$100	$10	$25/$40	Yes	61.6	84.9	85.4	92.9	72.7	89.3	54.7
Kaiser Foundation HP-High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
Kaiser Foundation HP-Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
M.D. IPA-High	$20/$35	$150/day x 3	$7	$25/$50	No	61.5	83.4	87.5	92.1	80.2	84.4	64.2
Florida												
Av-Med Health Plan-High	$15/$40	$150/day x 5	$15	$30/$50/30%	No	76.9	86	85.8	94.9	86.4	79.8	64.5
Av-Med Health Plan-Std	$25/$45	$175/day x 5	$20	$40/$60/30%	No	76.9	86	85.8	94.9	86.4	79.8	64.5
Capital Health Plan-High	$15/$25	$250	$15	$30/$50	No	85.3	89.2	87.4	94.4	90.4	95.4	79
Humana, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	60	83.7	84.6	89.9	87.1	84.8	61
Humana, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	60	83.7	84.6	89.9	87.1	84.8	61
Humana, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	60	83.7	84.6	89.9	87.1	84.8	61
Humana, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	60	83.7	84.6	89.9	87.1	84.8	61
Vista Healthplan of South Florida-High	$15/$30	Ded.+$150 x 3 days	$20	$40/$60/20%	Yes	51	77.3	79.9	86.5	82.2	84.6	56
Vista Healthplan of South Florida-Std	$20/$45	Ded +$175 x 5	$10	$45/$65/20%	Yes	51	77.3	79.9	86.5	82.2	84.6	56
Georgia												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	66	90.3	85.6	90.8	88.3	88.6	69
Humana Employers Health of Georgia, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Employers Health of Georgia, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Humana Employers Health of Georgia, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Employers Health of Georgia, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Humana Employers Health of Georgia, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Employers Health of Georgia, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Kaiser Foundation HP-High	$10/$25	$250	$10/$16 Comm	$30/$36 Comm	Yes	69.2	84.3	84.5	91.9	79.2	78.6	65.7
Kaiser Foundation HP-Std	$20/$30	$250/day x 3	$20/$26 Comm	$30/$36 Comm	Yes	69.2	84.3	84.5	91.9	79.2	78.6	65.7

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Guam							
TakeCare -high- Guam/N.Mariana Islands/Belau(Palau)	671-647-3526	JK1	JK2	134.72	493.61	62.18	227.82
TakeCare -std- Guam/N.Mariana Islands/Belau(Palau)	671-647-3526	JK4	JK5	112.61	374.69	51.97	172.93
Hawaii							
HMSA -high- All of Hawaii	808-948-6499	871	872	105.65	235.18	48.76	108.54
Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	108.14	232.51	49.91	107.31
Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	47.92	103.03	22.12	47.55
Idaho							
Altius Health Plans -high- Southern Region	800-377-4161	9K1	9K2	182.58	385.93	84.27	178.12
Altius Health Plans -std- Southern Region	800-377-4161	DK4	DK5	102.62	225.75	47.36	104.19
Group Health Cooperative -high- Kootenai and Latah	888-901-4636	541	542	188.86	372.11	87.17	171.74
Group Health Cooperative -std- Kootenai and Latah	888-901-4636	544	545	89.70	202.52	41.40	93.47
Illinois							
Aetna Open Access -high- Chicago Area	877-459-6604	IK1	IK2	132.55	378.91	61.18	174.88
Blue Preferred Plus POS -high- Madison and St. Clair counties	888-811-2092	9G1	9G2	162.76	323.88	75.12	149.48
Health Alliance HMO -high- Central/E.Central/N. Cent/South/West Illinois	800-851-3379	FX1	FX2	177.73	446.10	82.03	205.89
Humana Benefit Plan of Illinois Inc. formerly OSF -high- Central/Central Northwestern	888-393-6765	9F1	9F2	214.82	485.68	99.15	224.16
Humana Benefit Plan of Illinois Inc. formerly OSF -std- Central/Central Northwestern	888-393-6765	AB4	AB5	122.50	278.01	56.54	128.31
Humana Health Plan Inc. -high- Chicago Area	888-393-6765	751	752	198.57	449.22	91.65	207.33
Humana Health Plan Inc. -std- Chicago Area	888-393-6765	754	755	101.43	228.21	46.81	105.33
Unicare HMO -high- Chicagoland Area	888-234-8855	171	172	174.37	377.39	80.48	174.18
Unicare HMO -std- Chicagoland Area	888-234-8855	174	175	93.54	207.46	43.17	95.75
Union Health Service -high- Chicago area	312-829-4224	761	762	93.41	214.83	43.11	99.15
United Healthcare of the Midwest -high- Southwest llinois	877-835-9861	B91	B92	136.15	300.80	62.84	138.83
United Healthcare Plan of the River Valley Inc. -high- West Central Illinois	800-747-1446	YH1	YH2	97.19	238.12	44.86	109.90

Plan Name – Location		Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
				Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
				HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
Guam													
TakeCare-High		$20/$40	$100 /day x 5	$10	$15/$25/$50	No	65.2	76	75.5	88.2	76	84.7	63.1
TakeCare-Std		$25/$40	$150 /day x 5	$15	$20/$40/$80	No	65.2	76	75.5	88.2	76	84.7	63.1
Hawaii													
HMSA-	In-Network	$15/$15	$100	$5	$20/50%	Yes	84.2	91.9	90.5	95.3	87.2	95.1	70.6
HMSA-	Out-Network	30%/30%	30%	$5 + 20% +	$20 + 20% +/50% +	No	84.2	91.9	90.5	95.3	87.2	95.1	70.6
Kaiser Foundation HP-High		$15/$15	None	$15	$15/$15	Yes	62.5	78	81.9	93.9	75	79.8	70.1
Kaiser Foundation HP-Std		$25/$25	10%	$20	$20/$20	Yes	62.5	78	81.9	93.9	75	79.8	70.1
Idaho													
Altius Health Plans-High		$15/$20	$100	$5	$25/$50	Yes	61.8	83.5	84.8	95.4	85.4	86.9	63
Altius Health Plans-Std		$20/$30	None	$10	$25/$50	Yes							
Group Health Cooperative-High		$25/$25	$350/day x 3	$15	$40/$60	Yes							
Group Health Cooperative-Std		$25+20%/$25+20%	$500/day x 3	$15	$40/$60	Yes							
Illinois													
Aetna Open Access-High		$20/$30	$150/day x 5	$10	$30/$60	Yes	56.2	80.8	81.3	94.6	84.1	79.3	64.8
Blue Preferred Plus POS	In-Network	$25/$25	$500	$10	$20/$40	Yes	63.8	90.2	87.2	93.5	85.4	92.9	68.1
Blue Preferred Plus POS	Out-Network	30% after ded.	30% after ded.	N/A	N/A	No	63.8	90.2	87.2	93.5	85.4	92.9	68.1
Health Alliance HMO-High		$20/$30	$250/3 days	$15	$30/$50	Yes	76.6	90.7	88.6	95.5	93.6	95.6	76.3
Humana BP of Illinois Inc.-High		$20/$20	$500	$10	$30/$50	Yes	77.6	89.2	85.7	96.2	93.9	94.4	78.3
Humana BP of Illinois Inc.-Std		$30/$30	$750	$10	$30/$50	Yes							
Humana Health Plan, Inc.-High		$15/$25	$200/day x 3	$10	$30/$50	Yes	62.5	84	83.2	91.2	81.1	78.9	62.1
Humana Health Plan, Inc.-Std		$20/$30	$400/day x 3	$10	$30/$50	Yes	62.5	84	83.2	91.2	81.1	78.9	62.1
Unicare HMO-High		$15/$15	$250	$10	$25/$50/20%	Yes	65.4	83.1	84.9	93.8	81.2	79.7	57.1
Unicare HMO-Std		$20/$35	10%	$15	$30/$60/20%	Yes	65.4	83.1	84.9	93.8	81.2	79.7	57.1
Union Health Service-High		$10/$10	None	$15	$15/$15	No							
UHC of the Midwest, Inc.-High		$20/$35	$450	$7	$30/$60	Yes	60	86	88	94.4	72.5	83.3	62.1
UHC Plan of the River Valley, Inc.-High		$15/$30	10%	$10	$30/$45	Yes	64.3	87.6	87.1	95.4	83.6	90.4	74.5

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna Open Access -high- Northern Indiana Area	877-459-6604	IK1	IK2	132.55	378.91	61.18	174.88
Health Alliance HMO -high- New Comparison Guide Location	800-851-3379	FX1	FX2	177.73	446.10	82.03	205.89
Humana Health Plan Inc. -high- Lake/Porter/LaPorte Counties	888-393-6765	751	752	198.57	449.22	91.65	207.33
Humana Health Plan Inc. -std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	101.43	228.21	46.81	105.33
Humana Health Plan Inc. -high- Southern Indiana	888-393-6765	MH1	MH2	122.50	277.99	56.54	128.30
Humana Health Plan Inc. -std- Southern Indiana	888-393-6765	MH4	MH5	109.27	245.86	50.43	113.47
Physicians Health Plan of Northern Indiana -high- Northeast Indiana	260-432-6690	DQ1	DQ2	135.26	294.78	62.43	136.05
Unicare HMO -high- Lake/Porter Counties	888-234-8855	171	172	174.37	377.39	80.48	174.18
Unicare HMO -std- Lake/Porter Counties	888-234-8855	174	175	93.54	207.46	43.17	95.75
Welborn Health Plans -high- Evansville Area	800-521-0265	W11	W12	136.11	353.56	62.82	163.18
Iowa							
Coventry Health Care of Iowa -high- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	118.21	461.76	54.56	213.12
Coventry Health Care of Iowa -std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	86.01	202.12	39.70	93.29
Health Alliance HMO -high- New Comparison Guide Location	800-851-3379	FX1	FX2	177.73	446.10	82.03	205.89
HealthPartners Open Access Copay -high	952-883-5000	V31	V32	276.92	657.41	127.81	303.42
HealthPartners Three for Free -std	952-883-5000	V34	V35	76.27	175.42	35.20	80.96
Sanford Health Plan -high- Northwestern Iowa	800-752-5863	AU1	AU2	165.68	402.09	76.47	185.58
Sanford Health Plan -std- Northwestern Iowa	800-752-5863	AU4	AU5	154.00	374.75	71.08	172.96
UnitedHealthcare Plan of the River Valley Inc. -high- Eastern Iowa; W. Central Illinois	800-747-1446	YH1	YH2	97.19	238.12	44.86	109.90
Kansas							
Coventry Health Care of Kansas -high- Kansas City/Wichita/Salina areas	800-969-3343	HA1	HA2	104.37	262.07	48.17	120.95
Coventry Health Care of Kansas -std- Kansas City/Wichita/Salina areas	800-969-3343	HA4	HA5	87.60	205.82	40.43	94.99
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	323.85	730.99	149.47	337.38
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	107.10	240.98	49.43	111.22

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
			HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
Indiana												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	56.2	80.8	81.3	94.6	84.1	79.3	64.8
Health Alliance HMO-High	$20/$30	$250/day x 3	$15	$30/$50	Yes	76.6	90.7	88.6	95.5	93.6	95.6	76.3
Humana Health Plan Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	62.5	84	83.2	91.2	81.1	78.9	62.1
Humana Health Plan Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	62.5	84	83.2	91.2	81.1	78.9	62.1
Humana Health Plan Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Health Plan Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Physicians Health Plan of Northern Indiana-High	$15/$15	20%	$5	$20/$45	Yes	59.7	89.4	87.3	93.8	91.9	92.7	71.3
Unicare HMO-High	$15/$15	$250	$10	$25/$50/20%	Yes	65.4	83.1	84.9	93.8	81.2	79.7	57.1
Unicare HMO-Std	$20/$35	10%	$15	$30/$60/20%	Yes	65.4	83.1	84.9	93.8	81.2	79.7	57.1
Welborn Health Plans-High	$20/$20	10%	$10	$35/$55	Yes	60.7	88.9	91.5	93.5	82.8	90.5	67.6
Iowa												
Coventry Health Care of Iowa-High	$20/$40	10%	$10	$35/$60	Yes	58.8	85.1	85.1	95.1	82	89.7	60.3
Coventry Health Care of Iowa-Std	$20/$30	10%	$10	$35/$60	Yes	58.8	85.1	85.1	95.1	82	89.7	60.3
Health Alliance HMO-High	$20/$30	$250/day x 3	$15	$30/$50	Yes	76.6	90.7	88.6	95.5	93.6	95.6	76.3
HealthPartners Open Access Copay	$20/$35	10% of charges	$10	$35/$70	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
HealthPartners 3 for Free	$0 for 3, then 20%	20% in/40% out	$6	$30/$60	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
Sanford Health Plan- In-Network	$20/$30	$100/day x 5	$15	$30/$50	N/A	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	N/A	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan- In-Network	$25/$25	$100/day x 5	$15	$30/$50	No	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan- Out-Network	40%/40%	40%	N/A	N/A	No	53.6	82.8	88.1	95.9	83.2	89.7	61.9
UHC Plan of the River Valley, Inc.-High	$15/$30	10%	$10	$30/$45	Yes	64.3	87.6	87.1	95.4	83.6	90.4	74.5
Kansas												
Coventry Health Care of Kansas-High	$20/$40	10%	$10	$35/$60	Yes	59.8	84.7	89.1	92.2	84.1	89.3	63.7
Coventry Health Care of Kansas-Std	$30/$50	20%	$10	$40/$65	Yes	59.8	84.7	89.1	92.2	84.1	89.3	63.7
Humana Health Plan, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	68.1	88	88.1	93.8	83.6	83.3	69.2
Humana Health Plan, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	68.1	88	88.1	93.8	83.6	83.3	69.2

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kentucky							
Humana Health Plan, Inc. -high- Louisville Area	888-393-6765	MH1	MH2	122.50	277.99	56.54	128.30
Humana Health Plan, Inc. -std- Louisville Area	888-393-6765	MH4	MH5	109.27	245.86	50.43	113.47
Humana Health Plan, Inc. -high- Lexington Area	888-393-6765	MI1	MI2	115.34	259.52	53.23	119.78
Humana Health Plan, Inc. -std- Lexington Area	888-393-6765	MI4	MI5	103.81	233.57	47.91	107.80
Louisiana							
Coventry Health Care of Louisiana -high- New Orleans area	800--341-6613	BJ1	BJ2	147.46	371.11	68.06	171.28
Coventry Health Care of Louisiana -std- New Orleans area	800--341-6613	BJ4	BJ5	106.04	246.26	48.94	113.66
Vantage Health Plan, Inc. -high- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV1	MV2	118.26	273.24	54.58	126.11
Vantage Health Plan, Inc. -std- Alexandria/Baton Rouge/Monroe/Shreveport	888-823-1910	MV4	MV5	109.67	252.23	50.62	116.41
Maryland							
Aetna Open Access -high- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	278.89	623.38	128.72	287.71
Aetna Open Access -basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	105.17	246.12	48.54	113.59
CareFirst BlueChoice -high- All of Maryland	866-296-7363	2G1	2G2	122.91	278.72	56.73	128.64
Coventry Health Care -high- All of Maryland	800-833-7423	IG1	IG2	106.25	266.63	49.04	123.06
Coventry Health Care -std- All of Maryland	800-833-7423	IG4	IG5	88.35	220.87	40.78	101.94
Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC areas	877-574-3337	E31	E32	133.01	325.37	61.39	150.17
Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	72.57	166.92	33.49	77.04
M.D. IPA -high- All of Maryland	877-835-9861	JP1	JP2	121.22	302.25	55.95	139.50
Massachusetts							
Blue CHiP Coordinated Health Plan - BCBS of RI -high- Southeastern Massachusetts	401-274-3500	DA1	DA2	303.18	951.08	139.93	438.96
Fallon Community Health Plan -basic- Central/Eastern/Western Massachusetts	800-868-5200	JG1	JG2	230.36	627.60	106.32	289.66
Fallon Community Health Plan -std- Central/Eastern/Western Massachusetts	800-868-5200	JV4	JV5	285.48	761.70	131.76	351.55

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 6	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
				HMO/POS National Average		65.7	85.2	86.2	93.2	84.1	87.2	67.5
Kentucky												
Humana Health Plan, Inc. -High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Health Plan, Inc. -Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Humana Health Plan, Inc. -high	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Health Plan, Inc. -Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Louisiana												
Coventry Health Care of Louisiana-High	$20/$40	Nothing	$1	$35/$60	Yes	63.2	85.5	81.9	94.6	81	87.2	62.1
Coventry Health Care of Louisiana-Std	$25/$50	30%	$1	$35/$60	Yes	63.2	85.5	81.9	94.6	81	87.2	62.1
Vantage Health Plan, Inc.-High	$15/$25	$300	$10	$30/$50	No							
Vantage Health Plan, Inc.-Std	$30/$50	$500	$10	$40/$60	No							
Maryland												
Aetna Open Access-High	$15/$25	$150/day x 3	$5	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
Aetna Open Access-Basic	$20/$30	10% Plan Allow	$10	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
CareFirst BlueChoice-High	$20/$30	$100	$10	$25/$40	Yes	61.6	84.9	85.4	92.9	72.7	89.3	54.7
Coventry Health Care-High	$20/$40	$200/day x 3	$5	$30/$60	Yes	52.5	83	83.9	93.8	78.1	80	65.4
Coventry Health Care-Std	$20/$40	$200/day x 3	$5	$25/$50	Yes	52.5	83	83.9	93.8	78.1	80	65.4
Kaiser Foundation HP-High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
Kaiser Foundation HP-Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
M.D. IPA-High	$20/$35	$150/day x 3	$7	$25/$50	No	61.5	83.4	87.5	92.1	80.2	84.4	64.2
Massachusetts												
Blue CHiP Coord. HP - In-Network	$15/$25	$500	$7	$30/$50	Yes	68.6	89.3	88.6	95	82.9	89.1	73.3
Blue CHiP Coord. HP - Out-Network	30%/30%	None	$50+20%	$50+20%/$50+20%	No	68.6	89.3	88.6	95	82.9	89.1	73.3
Fallon Community Health Plan-Basic	$20/$30	$100 to $500 max	$10	$30/$60	Yes							
Fallon Community Health Plan-Std	$20/$20	Nothing after ded	$10	$30/$60	Yes	68.5	84	85.8	92.6	87.2	85.8	75.6

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Michigan							
Bluecare Network of MI -high- East Region	800-662-6667	K51	K52	158.62	375.10	73.21	173.12
Bluecare Network of MI -high- Southeast Region	800-662-6667	LX1	LX2	107.75	305.37	49.73	140.94
Grand Valley Health Plan -high- Grand Rapids area	616-949-2410	RL1	RL2	110.11	336.03	50.82	155.09
Grand Valley Health Plan -std- Grand Rapids area	616-949-2410	RL4	RL5	100.51	261.33	46.39	120.61
Health Alliance Plan -high- Southeastern Michigan/Flint area	800-556-9765	521	522	107.43	302.49	49.58	139.61
HealthPlus MI -high- East Central Michigan	800-332-9161	X51	X52	106.63	293.52	49.21	135.47
Physicians Health Plan of Mid-Michigan -high- Mid-Michigan	517-364-8500	9U1	9U2	270.61	712.62	124.90	328.90
Physicians Health Plan of Mid-Michigan -std- Mid-Michigan	517-364-8500	9U4	9U5	141.33	401.03	65.23	185.09
Minnesota							
HealthPartners Open Access Copay -high	952-883-5000	V31	V32	276.92	657.41	127.81	303.42
HealthPartners 3 for Free -std	952-883-5000	V34	V35	76.27	175.42	35.20	80.96
Medica Health Plan -high- Most of Minnesota	800-952-3455	M21	M22	167.70	400.90	77.40	185.03
Missouri							
Blue Preferred Plus POS -high- St. Louis/Central/SW areas	888-811-2092	9G1	9G2	162.76	323.88	75.12	149.48
Coventry Health Care of Kansas -high- Kansas City area	800-969-3343	HA1	HA2	104.37	262.07	48.17	120.95
Coventry Health Care of Kansas -std- Kansas City area	800-969-3343	HA4	HA5	87.60	205.82	40.43	94.99
Humana Health Plan, Inc. -high- Kansas City area	888-393-6765	MS1	MS2	323.85	730.99	149.47	337.38
Humana Health Plan, Inc. -std- Kansas City area	888-393-6765	MS4	MS5	107.10	240.98	49.43	111.22
United Healthcare of the Midwest -high- St. Louis Area	877-835-9861	B91	B92	136.15	300.80	62.84	138.83
Montana							
New West Health Services -high- Most of Montana	800-290-3657	NV1	NV2	114.13	382.07	52.68	176.34

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
					HMO/POS National Average	65.7	85.2	86.2	93.2	84.1	87.2	67.5
Michigan												
Bluecare Network of MI-High	$15/$25	$100	$10	$40/N/A	Yes	64.3	89.4	86.3	91.6	85.2	91.6	72.3
Bluecare Network of MI-High	$15/$25	$100	$10	$40/N/A	Yes	64.3	89.4	86.3	91.6	85.2	91.6	72.3
Grand Valley Health Plan-High	$10/$10	Nothing	$5	$15/$15	No	76.4	85.6	91.9	93.2	90.6	89.7	82
Grand Valley Health Plan-Std	$20/$20	$500 x 3	$10	$40/$40	No	76.4	85.6	91.9	93.2	90.6	89.7	82
Health Alliance Plan-High	$10/$20	Nothing	$10	$40/$40	Yes	77.5	86.7	88.8	95.4	88.1	89.2	67.9
HealthPlus MI-High	$10/$20	Nothing	$8	$40/N/A	Yes	74.9	89.7	91.2	93.5	86.8	90.3	73
Physicians Health Plan of Mid-Michigan-High	$10/Nothing	Nothing	$10	$25/$40	Yes	77.7	89.5	90.9	96	84.2	89.7	69
Physicians Health Plan of Mid-Michigan-Std	$20/Nothing	20%	$15	$25/$50	Yes	77.7	89.5	90.9	96	84.2	89.7	69
Minnesota												
HealthPartners Open Access Copay	$20/$35	10% of charges	$10	$35/$70	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
HealthPartners 3 for Free	$0 for 3, then 20%	20% in/40% out	$6	$30/$60	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
Medica Health Plan- In-Network	$15/$15	$300	$10	$25/$50/$50	Yes	47.6	86.5	85.5	95.2	83.3	88.1	55.6
Medica Health Plan- Out-Network	40%/40%	None	40%/$50	40%/$50/40%/$50	No	47.6	86.5	85.5	95.2	83.3	88.1	55.6
Missouri												
Blue Preferred Plus POS In-Network	$25/$25	$500	$10	20%/40%	Yes	63.8	90.2	87.2	93.5	85.4	92.9	68.1
Blue Preferred Plus POS Out-Network	30% after ded	30% after ded	N/A	N/A	No	63.8	90.2	87.2	93.5	85.4	92.9	68.1
Coventry Health Care of Kansas-High	$20/$40	10%	$10	$35/$60	Yes	59.8	84.7	89.1	92.2	84.1	89.3	63.7
Coventry Health Care of Kansas-Std	$30/$50	20%	$10	$40/$65	Yes	59.8	84.7	89.1	92.2	84.1	89.3	63.7
Humana Health Plan, Inc.-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	68.1	88	88.1	93.8	83.6	83.3	69.2
Humana Health Plan, Inc.-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	68.1	88	88.1	93.8	83.6	83.3	69.2
United Healthcare of the Midwest, Inc.-High	$20/$35	$450	$7	$30/$60	Yes	60	86	88	94.4	72.5	83.3	62.1
Montana												
New West Health Services- High	$15/$15	$100	$10	$20/$40	Yes	42.4	84.6	86.2	96.2	83.1	80.6	60.7
New West Health Services- POS	30%/30%	30%	N/A	NA	No	42.4	84.6	86.2	96.2	83.1	80.6	60.7

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Nevada							
Health Plan of Nevada -high- Las Vegas area	800-777-1840	NM1	NM2	85.44	218.82	39.43	100.99
PacifiCare of Nevada -high- Las Vegas/Clark County	866-546-0510	K91	K92	97.74	221.86	45.11	102.40
New Jersey							
Aetna Open Access -high- Northern New Jersey	877-459-6604	JR1	JR2	308.12	729.37	142.21	336.63
Aetna Open Access -basic- Northern New Jersey	877-459-6604	JR4	JR5	151.12	372.41	69.75	171.88
Aetna Open Access -high- Southern NJ	877-459-6604	P31	P32	333.36	865.89	153.86	399.64
Aetna Open Access -basic- Southern NJ	877-459-6604	P34	P35	150.10	370.46	69.28	170.98
AmeriHealth HMO -high- All of New Jersey	800-454-7651	FK1	FK2	258.28	655.23	119.21	302.41
AmeriHealth HMO -std- All of New Jersey	800-454-7651	FK4	FK5	204.10	527.65	94.20	243.53
GHI Health Plan -high- Northern New Jersey	212-501-4444	801	802	200.02	593.26	92.32	273.81
GHI Health Plan -std- Northern New Jersey	212-501-4444	804	805	96.55	225.37	44.56	104.02
New Mexico							
Lovelace Health Plan -high- All of New Mexico	800-808-7363	Q11	Q12	115.80	320.15	53.45	147.76
Presbyterian Health Plan -high- All counties in New Mexico	800-356-2219	P21	P22	167.96	391.46	77.52	180.67

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
					HMO/POS National Average	65.7	85.2	86.2	93.2	84.1	87.2	67.5
Nevada												
Health Plan of Nevada-High	$10/$20	$100	$5	$35/$55	Yes	59	73.1	66.9	88.3	74.7	86.7	66.2
PacifiCare of Nevada-High	$15/$30	$150/day x 5	$10	$30/$50	Yes	49.7	80.4	76.2	86.2	78.4	75.8	61.2
New Jersey												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	62.5	84	88.1	93.9	86.9	83.8	62.2
Aetna Open Access-Basic	$15/$30	20% Plan Allow	$5	$30/$60	Yes	62.5	84	88.1	93.9	86.9	83.8	62.2
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	72.2	88	86.7	93.9	88.7	90	75.1
Aetna Open Access-Basic	$15/$30	20% Plan Allow	$5	$30/$60	Yes	72.2	88	86.7	93.9	88.7	90	75.1
AmeriHealth HMO-High	$25/$40	$150/day x 5	$5	$60/ 50% up to $125 max	Yes	56.7	82.8	87	94.5	85.3	78.1	70.9
AmeriHealth HMO-Std	$30/$50	80% after ded	$7	50% up to $125 max	Yes	56.7	82.8	87	94.5	85.3	78.1	70.9
GHI Health Plan- In-Network	$15/$15	$100	$15	$25/$50	Yes	72.4	87.9	83.8	93.8	79.6	85.4	60.3
GHI Health Plan- Out-Network	+50% of sch	+50% of sch.	N/A	N/A	No	72.4	87.9	83.8	93.8	79.6	85.4	60.3
GHI Health Plan-Std	$25/$25	$250/day x 3	$10	$25/$50	Yes	72.4	87.9	83.8	93.8	79.6	85.4	60.3
New Mexico												
Lovelace Health Plan-High	$20/$30	$250	$10	$20/$50/50%	Yes	64.9	82	76.9	91.9	78.3	81.8	65.6
Presbyterian Health Plan-High	$25/$35	$350	$10	$30/$50	Yes	72.7	83.4	83.8	91.3	82.6	87.9	66.6

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Open Access -high- NYC Area/Upstate NY	877-459-6604	JC1	JC2	215.04	608.53	99.25	280.86
Aetna Open Access -basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	129.41	382.16	59.73	176.38
Blue Choice -high- Rochester area	800-462-0108	MK1	MK2	152.90	482.11	70.57	222.51
Blue Choice -std- Rochester area	800-462-0108	MK4	MK5	106.37	263.55	49.09	121.64
CDPHP Universal Benefits -high- Upstate, Hudson Valley, Central New York	877-269-2134	SG1	SG2	156.32	500.96	72.15	231.21
CDPHP Universal Benefits -std- Upstate, Hudson Valley, Central New York	877-269-2134	SG4	SG5	97.19	250.74	44.86	115.72
Community Blue -high- Northeastern NY-Clinton/Essex Counties	800-544-2583	BS1	BS2	407.46	1,188.81	188.06	548.68
Community Blue -high- Western New York	800-459-7587	BX1	BX2	142.22	594.30	65.64	274.29
Community Blue -high- Northeastern NY-Capital Region	800-544-2583	BZ1	BZ2	259.41	803.92	119.73	371.04
GHI HMO -high- Brnx/Brklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	139.81	459.10	64.53	211.89
GHI HMO -high- Capital/Hudson Valley Regions	877-244-4466	X41	X42	132.21	451.60	61.02	208.43
GHI Health Plan -high- All of New York	212-501-4444	801	802	200.02	593.26	92.32	273.81
GHI Health Plan -std- Most of New York	212-501-4444	804	805	96.55	225.37	44.56	104.02
HIP of Greater New York -high- New York City area	800-HIP-TALK	511	512	149.47	543.71	68.99	250.94
HIP of Greater New York -std- New York City area	800-HIP-TALK	514	515	100.25	265.65	46.27	122.61
Independent Health Assoc -high- Western New York	800-501-3439	QA1	QA2	118.07	431.71	54.49	199.25
MVP Health Care -high- Eastern Region	888-687-6277	GA1	GA2	137.49	478.64	63.46	220.91
MVP Health Care -std- Eastern Region	888-687-6277	GA4	GA5	118.36	408.49	54.63	188.53
MVP Health Care -high- Central Region	888-687-6277	M91	M92	140.22	485.88	64.72	224.25
MVP Health Care -std- Central Region	888-687-6277	M94	M95	117.12	395.77	54.06	182.66
MVP Health Care -high- Northern Region	888-687-6277	MF1	MF2	192.31	620.47	88.76	286.37
MVP Health Care -std- Northern Region	888-687-6277	MF4	MF5	153.07	519.18	70.65	239.62
MVP Health Care -high- Mid-Hudson Region	888-687-6277	MX1	MX2	166.68	557.01	76.93	257.08
MVP Health Care -std- Mid-Hudson Region	888-687-6277	MX4	MX5	132.99	470.26	61.38	217.04
MVP Health Care -high- Western Region	800-950-3224	GV1	GV2	115.76	422.89	53.43	195.18
MVP Health Care -std- Western Region	800-950-3224	GV4	GV5	88.86	237.55	41.01	109.64
Univera Healthcare -high- Western New York (Southern Counties)	800-427-8490	KQ1	KQ2	376.89	1,119.78	173.95	516.82
Univera Healthcare -high- Western New York (Northern Counties)	800-427-8490	Q81	Q82	283.05	874.58	130.64	403.65

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
			HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
New York												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	65.1	86.4	84.9	90.6	84.7	84.4	62.1
Aetna Open Access-Basic	$15/$30	20% Plan Allow	$5	$30/$60	Yes	65.1	86.4	84.9	90.6	84.7	84.4	62.1
Blue Choice-High	$20/$20	$240	$10	$30/$100	No	59	90.3	91.4	92.8	86.5	94	67.3
Blue Choice-Std	$25/$40	$500	$10	$30/$100	No							
CDPHP Universal Benefits, Inc.-High	$20/$30	$100 x 5	25%	25%/25%	No	73.9	89.2	91.9	95.8	93.2	90	77.8
CDPHP Universal Benefits, Inc.-Std	$25/$40	$500 + 10%	30%	30%/30%	No	73.9	89.2	91.9	95.8	93.2	90	77.8
Community Blue- In-Network	$20/$20	$500	$5	$30/$50	Yes							
Community Blue- Out-Network	20%/20%	20%	N/A	N/A	N/A							
Community Blue- In-Network	$20/$20	$500	$5	$30/$50	Yes							
Community Blue- Out-Network	20%/20%	20%	N/A	N/A	N/A							
Community Blue- In-Network	$20/$20	$500	$5	$30/$50	Yes							
Community Blue- Out-Network	20%/20%	20%	N/A	N/A	N/A							
GHI HMO Select-High	$25/$40	$500	$10	$30/$50	Yes	64.3	83.2	87.6	94	82.2	81.6	63.4
GHI HMO Select-High	$25/$40	$500	$10	$30/$50	Yes	64.3	83.2	87.6	94	82.2	81.6	63.4
GHI Health Plan- In-Network	$15/$15	$100	$15	$25/$50	Yes	72.4	87.9	83.8	93.8	79.6	85.4	60.3
GHI Health Plan- Out-Network	+50% of sch	+50% of sch.	N/A	N/A	No	72.4	87.9	83.8	93.8	79.6	85.4	60.3
GHI Health Plan-Std	$25/$25	$250/day x 3	$10	$25/$50	Yes	72.4	87.9	83.8	93.8	79.6	85.4	60.3
HIP of Greater New York-High	$10/$10	None	$10	$20/$40	Yes	63.4	80.5	81.2	90.9	77.3	81.6	55.9
HIP of Greater New York-Std	$20/$40	$500	$15	$30/$50	Yes	63.4	80.5	81.2	90.9	77.3	81.6	55.9
Independent Health Assoc.- In-Network	$20/$20	$250	$10	$20/$35	No	75	88.5	90.7	93.2	94.8	95.1	74.8
Independent Health Assoc.- Out-Network	25%/25%	25%	N/A	N/A	No	75	88.5	90.7	93.2	94.8	95.1	74.8
MVP Health Care-High	$20/$20	$240	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-Std	$25/$40	$500	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-High	$20/$20	$240	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-Std	$25/$40	$500	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-High	$20/$20	$240	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-Std	$25/$40	$500	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-High	$20/$20	$240	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-Std	$25/$40	$500	$10	$30/$50	Yes	71	87.7	91.7	93.5	87.3	92	73.1
MVP Health Care-High	$20/$20	$250	$10	$30/$50	Yes	64.7	86.2	89.7	93.6	84.3	90.2	74.2
MVP Health Care-Std	$25/$40	$500	$10	$30/$50	Yes	64.7	86.2	89.7	93.6	84.3	90.2	74.2
Univera Healthcare-High	$20/$20	$250	$10	$20/$45	No	59	90.3	91.4	92.8	86.5	94	67.3
Univera Healthcare-High	$20/$20	$250	$10	$20/$45	No	61.2	90.9	91.8	94.5	85.9	89.6	71.4

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Dakota							
HealthPartners Open Access Copay -high	952-883-5000	V31	V32	276.92	657.41	127.81	303.42
HealthPartners 3 for Free -std	952-883-5000	V34	V35	76.27	175.42	35.20	80.96
Heart of America Health Plan -high- Northcentral North Dakota	800-525-5661	RU1	RU2	95.57	245.61	44.11	113.36
Ohio							
Aetna Open Access -high- Cleveland and Toledo Areas	877-459-6604	7D1	7D2	219.72	572.61	101.41	264.28
AultCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	186.11	533.78	85.90	246.36
HMO Health Ohio -high- Northeast Ohio	800-522-2066	L41	L42	228.97	576.77	105.68	266.20
Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas	800-686-7100	641	642	204.66	491.21	94.46	226.71
Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas	800-686-7100	644	645	91.70	210.91	42.32	97.34
The Health Plan of the Upper Ohio Valley -high-Eastern Ohio	800-624-6961	U41	U42	115.74	266.20	53.42	122.86
Oklahoma							
Globalhealth, Inc. -high- Oklahoma	877-280-2990	IM1	IM2	91.41	220.28	42.19	101.67
Oregon							
Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas	800-813-2000	571	572	180.41	433.99	83.27	200.30
Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas	800-813-2000	574	575	111.64	256.47	51.53	118.37

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
			HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
North Dakota												
HealthPartners Open Access Copay	$20/$35	10% of charges	$10	$35/$70	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
HealthPartners 3 for Free	$0 for 3, then 20%	20% in/40% out	$6	$30/$60	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
Heart of America Health Plan-High	$15/$25	None	50%	50%/50%	None							
Ohio												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	63.7	84	89.3	94	86.6	88.5	66.9
AultCare HMO-High	$10/$10	None	$10	$20/$35	No	84.9	92.1	92.6	96.1	94.4	97.5	81.1
HMO Health Ohio-High	$20/$20	$250	$20	$30/$40	Yes	65.1	89.5	89	96.2	85.9	90.3	72.7
Kaiser Foundation Health Plan-High	$15/$15	$200	$10	$25/$25	No	67.3	81.9	86.4	91.4	86.5	88.1	70.8
Kaiser Foundation Health Plan-Std	$20/$40	$500	$15	$30/$30	No	67.3	81.9	86.4	91.4	86.5	88.1	70.8
The Health Plan of the Upper Ohio Valley-High	$10/$20	$250	$15	$30/$50	Yes	74.3	90.1	88.1	94.4	89.5	93	72.6
Oklahoma												
Globalhealth, Inc.-High	$15/$35	$150/day x 3	$10	$30/$40	Yes	56.7	72.7	83.1	91.2	77.1	78.7	68.5
Oregon												
Kaiser Foundation Health Plan-High	$15/$15	$100	$15	$30/$30	Yes	60.5	79.8	83.3	90.2	87.7	86.4	73.2
Kaiser Foundation Health Plan-Std	$20/$30	$250	$20	$40/$40	Yes	60.5	79.8	83.3	90.2	87.7	86.4	73.2

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Pennsylvania							
Aetna Open Access -high- Philadelphia	800-392-9137	P31	P32	333.36	865.89	153.86	399.64
Aetna Open Access -basic- Philadelphia	800-392-9137	P34	P35	150.10	370.46	69.28	170.98
Aetna Open Access -high- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	83.96	231.52	38.75	106.85
Geisinger Health Plan -high- Northeastern/Central/South Central areas	800-447-4000	GG1	GG2	218.87	523.93	101.02	241.81
Geisinger Health Plan -std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	113.28	260.54	52.28	120.25
HealthAmerica Pennsylvania -high- Greater Pittsburgh area	866-351-5946	261	262	168.13	433.77	77.60	200.20
HealthAmerica Pennsylvania -std- Greater Pittsburgh area	866-351-5946	264	265	114.24	268.47	52.72	123.91
HealthAmerica Pennsylvania -std- Southeastern Pennsylvania	866-351-5946	PN4	PN5	158.92	359.89	73.35	166.10
HealthAmerica Pennsylvania -std- Central Pennsylvania	866-351-5946	SW4	SW5	118.63	266.94	54.75	123.20
UPMC Health Plan -high- Western Pennsylvania	888-876-2756	8W1	8W2	197.31	474.35	91.07	218.93
UPMC Health Plan -std- Western Pennsylvania	888-876-2756	UW4	UW5	148.52	362.10	68.55	167.12
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -high- Puerto Rico	800-314-3121	ZJ1	ZJ2	74.77	168.22	34.51	77.64
Triple-S Salud, Inc. -high- All of Puerto Rico	787-774-6060	891	892	74.23	170.73	34.26	78.80
Rhode Island							
Blue CHiP Coordinated Health Plan - BCBS of RI -high- All of Rhode Island	401-459-5500	DA1	DA2	303.18	951.08	139.93	438.96
South Dakota							
HealthPartners Open Access Copay -high	952-883-5000	V31	V32	276.92	657.41	127.81	303.42
HealthPartners 3 for Free -std	952-883-5000	V34	V35	76.27	175.42	35.20	80.96
Sanford Health Plan -high- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	165.68	402.09	76.47	185.58
Sanford Health Plan -std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	154.00	374.75	71.08	172.96

Plan Name – Location		Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
				Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
				HMO/POS National Average			65.7	85.2	86.2	93.2	84.1	87.2	67.5
Pennsylvania													
Aetna Open Access-High		$20/$30	$150/day x 5	$10	$30/$60	Yes	57.9	83.8	89.2	92.5	86.4	88	67.8
Aetna Open Access-Basic		$15/$30	20% Plan Allow	$5	$30/$60	Yes	57.9	83.8	89.2	92.5	86.4	88	67.8
Aetna Open Access-High		$20/$30	$150/day x 5	$10	$30/$60	Yes	57.9	83.8	89.2	92.5	86.4	88	67.8
Geisinger Health Plan-High		$20/$35	Nothing after Ded	$5	$35/$60	Yes	62.3	86.2	90.2	94.1	86.4	91.1	70.2
Geisinger Health Plan-Std		$20/$35	20% after Deduct	$5	$35/$60	Yes	62.3	86.2	90.2	94.1	86.4	91.1	70.2
HealthAmerica Pennsylvania-High		$25/$50	15%	$5	$25/$50	Yes	66.2	87.9	89.1	93.2	85	84.1	71.7
HealthAmerica Pennsylvania-Std		$25/$50	20%	$5	$35/$60	Yes	66.2	87.9	89.1	93.2	85	84.1	71.7
HealthAmerica Pennsylvania-Std		$25/$50	15%	$5	$35/$60	Yes	66.2	87.9	89.1	93.2	85	84.1	71.7
HealthAmerica Pennsylvania-Std		$25/$50	15%	$5	$35/$60	Yes	66.2	87.9	89.1	93.2	85	84.1	71.7
UPMC Health Plan-High		$20/$20	Nothing after ded	$10	$30/$50	Yes	65.5	87.7	90	94.7	91.9	90.9	73.5
UPMC Health Plan-Std		$20/$35	20% after ded	$10	$40/$60	Yes	65.5	87.7	90	94.7	91.9	90.9	73.5
Puerto Rico													
Humana HP of Puerto Rico -	In-Network	$5/$5	None	$2.50	$10/$15	No	79.3	79.5	82.8	95.4	82.8	75.2	57.3
Humana HP of Puerto Rico-	Out-Network	$10/$10	$50	N/A	N/A	No	79.3	79.5	82.8	95.4	82.8	75.2	57.3
Triple-S Salud, Inc.-	In-Network	$7.50/$10	None	$5	$12/$15 or 20%/$25 or 25% max $100	Yes	78.7	88.4	87.1	96.3	75.9	77.9	52.7
Triple-S Salud, Inc.-	Out-Network	$7.50+10%/$10+10%	None	25%	25%/25%	No	78.7	88.4	87.1	96.3	75.9	77.9	52.7
Rhode Island													
Blue CHiP Coord. HP -	In-Network	$15/$25	$500	$7	$30/$50	No	68.6	89.3	88.6	95	82.9	89.1	73.3
Blue CHiP Coord. HP -	Out-Network	30%/30%	None	$50+20%	$50+20%/$50+20%	No	68.6	89.3	88.6	95	82.9	89.1	73.3
South Dakota													
HealthPartners Open Access Copay		$20/$35	10% of charges	$10	$35/$70	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
HealthPartners 3 for Free		$0 for 3, then 20%	20% in/40% out	$6	$30/$60	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
Sanford Health Plan-	In-Network	$20/$30	$100/day x 5	$15	$30/$50	N/A	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan-	Out-Network	40%/40%	40%	N/A	N/A	N/A	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan-	In-Network	$25/$25	$100/day x 5	$15	$30/$50	No	53.6	82.8	88.1	95.9	83.2	89.7	61.9
Sanford Health Plan-	Out-Network	40%/40%	40%	N/A	N/A	No	53.6	82.8	88.1	95.9	83.2	89.7	61.9

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Tennessee							
Aetna Open Access -high- Memphis Area	877-459-6604	UB1	UB2	105.68	269.47	48.77	124.37
Texas							
Aetna Open Access -high- Austin and San Antonio Areas	877-459-6604	P11	P12	196.56	595.21	90.72	274.71
Firstcare -high- West Texas	800-884-4901	CK1	CK2	88.15	264.45	40.68	122.05
Humana Health Plan of Texas -high- Corpus Christi	888-393-6765	UC1	UC2	122.50	277.99	56.54	128.30
Humana Health Plan of Texas -std- Corpus Christi	888-393-6765	UC4	UC5	109.27	245.86	50.43	113.47
Humana Health Plan of Texas -high- San Antonio	888-393-6765	UR1	UR2	366.25	826.44	169.04	381.43
Humana Health Plan of Texas -std- San Antonio	888-393-6765	UR4	UR5	108.90	245.02	50.26	113.09
Humana Health Plan of Texas -high- Austin	888-393-6765	UU1	UU2	136.78	310.14	63.13	143.14
Humana Health Plan of Texas -std- Austin	888-393-6765	UU4	UU5	121.26	275.21	55.97	127.02
Pacificare of Texas -high- San Antonio	866-546-0510	GF1	GF2	176.86	426.73	81.63	196.95
Utah							
Altius Health Plans -high- Wasatch Front	800-377-4161	9K1	9K2	182.58	385.93	84.27	178.12
Altius Health Plans -std- Wasatch Front	800-377-4161	DK4	DK5	102.62	225.75	47.36	104.19
Virgin Islands							
Triple-S Salud, Inc. -high- US Virgin Islands	800-981-3241	851	852	103.05	234.02	47.56	108.01
Virginia							
Aetna Open Access -high- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	278.89	623.38	128.72	287.71
Aetna Open Access -basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	105.17	246.12	48.54	113.59
CareFirst BlueChoice -high- Northern Virginia	866-296-7363	2G1	2G2	122.91	278.72	56.73	128.64
Kaiser Foundation Health Plan Mid-Atlantic States -high- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	133.01	325.37	61.39	150.17
Kaiser Foundation Health Plan Mid-Atlantic States -std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	72.57	166.92	33.49	77.04
M.D. IPA -high- N.VA/Cntrl VA/Richmond	877-835-9861	JP1	JP2	121.22	302.25	55.95	139.50
Optima Health Plan -high- Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	130.78	353.97	60.36	163.37
Optima Health Plan -std- Hampton Roads and Richmond areas	800-206-1060	9R4	9R5	88.68	209.84	40.93	96.85
Piedmont Community Healthcare -high- Lynchburg area	888-674-3368	2C1	2C2	112.99	258.73	52.15	119.41

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
					HMO/POS National Average	65.7	85.2	86.2	93.2	84.1	87.2	67.5
Tennessee												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	70.8	86.2	90.1	92.7	88.1	88.7	68.4
Texas												
Aetna Open Access-High	$20/$30	$150/day x 5	$10	$30/$60	Yes	66.7	85.4	82.3	92.6	86.1	82.6	69.3
Firstcare-High	$20/$55	$150/day x 5	$15	$35/$65	No	63.3	86	87.6	92.1	80.9	88.5	68.3
Humana Health Plan of Texas-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Health Plan of Texas-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Humana Health Plan of Texas-High	$15/$25	$200/day x 3	$10	$30/$50	Yes	64	84.9	82.7	91.5	85.6	82.9	67.1
Humana Health Plan of Texas-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes	64	84.9	82.7	91.5	85.6	82.9	67.1
Humana Health Plan of Texas-High	$15/$25	$200/day x 3	$10	$30/$50	Yes							
Humana Health Plan of Texas-Std	$20/$30	$400/day x 3	$10	$30/$50	Yes							
Pacificare of Texas-High	$20/$40	$250/day x 5	$10	$30/$50	Yes	65.2	85.1	86.3	92.5	76.3	83.4	60.5
Utah												
Altius Health Plans-High	$15/$20	$100	$5	$25/$50	Yes	61.8	83.5	84.8	95.4	85.4	86.9	63
Altius Health Plans-Std	$20/$30	None	$10	$25/$50	Yes							
Virgin Islands												
Triple-S Salud, Inc.- In-Network	$7.50/$10	None	$5	$12/$15 or 20%/$25 or 25% max $100	Yes							
Triple-S Salud, Inc.- Out-Network	$7.50+10%/$10+10%	None	25%	25%/25%	No							
Virginia												
Aetna Open Access-High	$15/$25	$150/day x 3	$5	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
Aetna Open Access-Basic	$20/$30	10% Plan Allow	$10	$30/$60	Yes	64.3	84.1	86.3	92.7	87.5	88.4	65.6
CareFirst BlueChoice-High	$20/$30	$100	$10	$25/$40	Yes	61.6	84.9	85.4	92.9	72.7	89.3	54.7
Kaiser Foundation HP-High	$10/$20	$100	$7/$17 Net	$30/$50/$45/$65	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
Kaiser Foundation HP-Std	$20/$30	$250/day x 3	$12/$22Net	$35/$55/$50/$70	Yes	66.2	78	80.3	91.5	76.5	86.7	66.5
M.D. IPA-High	$20/$35	$150/day x 3	$7	$25/$50	No	61.5	83.4	87.5	92.1	80.2	84.4	64.2
Optima Health Plan-High	$5/$0 child<13/$30	$200	$5	$25/$45/$45	Yes	70.5	86	87.5	92.9	88.2	90.1	68.2
Optima Health Plan-Std	$20/$30	None	$5	$25/50% up to $3,000	No							
Piedmont- In-Network	$35/$35	20%	$15	$30/$55	Yes							
Piedmont- Out-Network	30%/30%	30%	$15	$30/$55	Yes							

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

See page 37 for an explanation of the columns on these pages.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Group Health Cooperative -high-Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	188.86	372.11	87.17	171.74
Group Health Cooperative -std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	89.70	202.52	41.40	93.47
KPS Health Plans -std- All of Washington	800-552-7114	L11	L12	88.97	192.05	41.06	88.64
KPS Health Plans -high- All of Washington	800-552-7114	VT1	VT2	173.87	358.74	80.25	165.57
Kaiser Foundation Health Plan of Northwest -high- Vancouver/Longview	800-813-2000	571	572	180.41	433.99	83.27	200.30
Kaiser Foundation Health Plan of Northwest -std- Vancouver/Longview	800-813-2000	574	575	111.64	256.47	51.53	118.37
West Virginia							
The Health Plan of the Upper Ohio Valley -high- Northern/Central West Virginia	800-624-6961	U41	U42	115.74	266.20	53.42	122.86
Wisconsin							
Dean Health Plan -high- South Central Wisconsin	800-279-1301	WD1	WD2	118.53	370.55	54.71	171.02
Group Health Cooperative -high- South Central Wisconsin	608-828-4827	WJ1	WJ2	113.03	315.60	52.17	145.66
HealthPartners Open Access Copay -high- Wisconsin	952-883-5000	V31	V32	276.92	657.41	127.81	303.42
HealthPartners 3 for Free -std- Wisconsin	952-883-5000	V34	V35	76.27	175.42	35.20	80.96
Physicians Plus -high- Dane County	800-545-5015	LW1	LW2	116.27	371.22	53.66	171.33
Wyoming							
Altius Health Plans -high- Uinta County	800-377-4161	9K1	9K2	182.58	385.93	84.27	178.12
Altius Health Plans -std- Uinta County	800-377-4161	DK4	DK5	102.62	225.75	47.36	104.19

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
				HMO/POS National Average		65.7	85.2	86.2	93.2	84.1	87.2	67.5
Washington												
Group Health Cooperative-High	$25/$25	$350/day x 3	$20	$40/$60	Yes	65.6	83.8	89.4	94.7	85	89.8	74.1
Group Health Cooperative-Std	$25+20%/$25+20%	$500/day x 3	$20	$40/$60	Yes	65.6	83.8	89.4	94.7	85	89.8	74.1
KPS Health Plans- In-Network	$15/3 or 20%/20%	Nothing	$10	$35/50%/ $40 max $100	Yes	72.6	89.6	89.9	91.5	90	90.3	69.3
KPS Health Plans- Out-Network	$15/3 or 45%/45%	Nothing	Not Covered	Not Covered	No	72.6	89.6	89.9	91.5	90	90.3	69.3
KPS Health Plans- In-Network	$30/$30	None	$5	$20/50% or $100	No	74.5	89.1	91.5	94.2	89.8	92.9	70.5
KPS Health Plans- Out-Network	$20+45%/$20+45%	None	Not covered	N/A	No	74.5	89.1	91.5	94.2	89.8	92.9	70.5
Kaiser Foundation HP-High	$15/$15	$100	$15	$30/$30	Yes	60.5	79.8	83.3	90.2	87.7	86.4	73.2
Kaiser Foundation HP-Std	$20/$30	$250	$20	$40/$40	Yes	60.5	79.8	83.3	90.2	87.7	86.4	73.2
West Virginia												
HP of the Upper Ohio Valley-High	$10/$20	$250	$15	$30/$50	Yes	74.3	90.1	88.1	94.4	89.5	93	72.6
Wisconsin												
Dean Health Plan-High	$10/$10	None	$10	30%/$75max/30%	Yes	75.7	87.1	87.9	95.6	86	91.7	71.6
Group Health Cooperative-High	$10/$10	None	$5	$20/$20	No	76.5	82.7	86.8	94.6	89.2	89.5	77.1
HealthPartners Open Access Copay	$20/$35	10% of charges	$10	$35/$70	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
HealthPartners 3 for Free	$0 for 3, then 20%	20% in/40% out	$6	$30/$60	Yes	72.8	88.9	90.1	94.7	91	93.8	74.7
Physicians Plus-High	$10/$10	Nothing	$10	30%/50%	N/A							
Wyoming												
Altius Health Plans-High	$15/$20	$100	$5	$25/$50	Yes							
Altius Health Plans-Std	$20/$30	None	$10	$25/$50	Yes							

Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 66 through 99)

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

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

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

The HDHP features higher annual deductibles (a minimum of $1,200 for Self and $2,400 for Family coverage) and annual out-of-pocket limits (not to exceed $5,950 for Self and $11,900 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

Health Savings Account (HSA)

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

Visit www.ustreas.gov/offices/public-affairs/hsa for more information. The 2010 maximum contribution limits are $3,050 for Self Only coverage and $6,150 for Self and Family coverage. If you are over 55, you can make an additional "catch up" contribution. You can use funds in your account to help pay your health plan deductible.

Appendix E
FEHB Plan Comparison Charts

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

Features of an HSA include:

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

Health Reimbursement Arrangement (HRA)

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

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

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

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

Features of an HRA include:

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

Appendix E
FEHB Plan Comparison Charts

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

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

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

Appendix E
FEHB Plan Comparison Charts

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

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

Appendix E
FEHB Plan Comparison Charts

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP	866-833-3463	474	475	84.17	189.37	38.85	87.40
GEHA High Deductible Health Plan -HDHP	800-821-6136	341	342	95.20	217.45	43.94	100.36
Mail Handlers Benefit Plan Consumer Option -HDHP	800-694-9901	481	482	77.71	176.08	35.86	81.27

Appendix E
FEHB Plan Comparison Charts

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

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

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

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

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

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

Plan Name	Benefit Type	Premium Contribution Self/Family	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan-	In-Network	$1,200/$2,400	$600/$1,200	$3,000/$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health Plan-	Out-Network	$1,200/$2,400	$600/$1,200	$9,000/$9,000	40%+diff.	None	40%+diff.	Nothing up to $1200	Not Covered
GEHA HDHP-	In-Network	$60/$120	$1,500/$3,000	$5,000/$10,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA HDHP-	Out-Network	$60/$120	$1,500/$3,000	$5,000/$10,000	25%	25%	25%	Ded/25%	25%+/25%+/25%+
Mail Handlers Benefit Plan Consumer Option-	In-Network	$70/$140	$2,000/$4,000	$5,000/$10,000	$15	$75 day-$750	Nothing	Nothing	$10/$25/$40
Mail Handlers Benefit Plan Consumer Option-	Out-Network	$70/$140	$2,000/$4,000	$7,500/$15,000	40%	40%	40%	Not Covered	Not Covered

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

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

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

High Deductible Health Plans

Plan Name	Plan Code	Member Survey Results: Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HDHP National Average		**58.7**	**84.2**	**87.7**	**94.1**	**80.8**	**84**	**59.5**
Aetna Health Fund - Nationwide	22	64.8	84.2	83.8	93.5	85.4	86.5	53.8
AultCare HMO - OH	3A	66.9	90.2	88.1	94.1	91.1	93.3	70.6
GEHA High Deductible Health Plan - Nationwide	34	61.3	82.9	88.6	93.8	84.7	88.6	62
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	43.5	80.6	88.2	94.8	72.9	66.7	50.1
UnitedHealthcare Insurance Company, Inc. - 25 States and D.C.	E9	57.1	83	89.9	94.1	69.7	84.7	60.8

Consumer-Driven Health Plans

Plan Name	Plan Code	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
CDHP National Average		**57.4**	**84**	**86.5**	**94**	**82.6**	**86**	**59.9**
Aetna Health Fund - Nationwide	22	64.8	84.2	83.8	93.5	85.4	86.5	53.8
APWU Health Fund - Nationwide	47	62.5	87	89.8	95	79.9	78.1	63.7
Humana Coverage First - FL	MJ	44.7	82.6	85	92.8	83.2	86.2	56
Humana Coverage First -TX	T2, T8, TU, TV	55.7	81.5	85.2	94.5	85.6	90.5	62.7

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High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Alabama	877-459-6604	224	225	74.75	163.71	34.50	75.56
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Alaska	877-459-6604	224	225	74.75	163.71	34.50	75.56
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Arizona	877-459-6604	224	225	74.75	163.71	34.50	75.56
Humana CoverageFirst -CDHP- Phoenix/Tucson Area	888-393-6765	DB1	DB2	91.71	206.35	42.33	95.24
UnitedHealthcare Insurance Company, Inc. -HDHP- Arizona	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Arizona	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Arkansas	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Arkansas	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Arkansas	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Alabama									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Alaska									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Arizona									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Arkansas									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of California	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of California	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of California	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Colorado	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Denver Area	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Denver Area	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Connecticut							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Connecticut	877-459-6604	224	225	74.75	163.71	34.50	75.56
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Delaware	877-459-6604	224	225	74.75	163.71	34.50	75.56

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
California									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Colorado									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Connecticut									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Delaware									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Washington DC	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Wash. DC	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Wash. DC	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Florida	877-459-6604	224	225	74.75	163.71	34.50	75.56
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	113.49	255.34	52.38	117.85
Humana CoverageFirst -CDHP- Jacksonville Area	888-393-6765	MQ1	MQ2	108.75	244.70	50.19	112.94
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	96.53	217.21	44.55	100.25
Humana CoverageFirst -CDHP- Orlando Area	888-393-6765	YG1	YG2	96.53	217.21	44.55	100.25
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and Southwest Florida	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and Southwest Florida	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
District of Columbia									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Florida									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna HealthFund -CDHP- Most of Georgia	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Georgia	877-459-6604	224	225	74.75	163.71	34.50	75.56
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	83.74	188.40	38.65	86.95
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	98.51	221.65	45.46	102.30
Kaiser Foundation Health Plan of Georgia Inc. HDHP - Atlanta,Athens,Columbus,Macon,Savannah	888-865-5813	GW1	GW2	82.25	184.90	37.96	85.34
UnitedHealthcare Insurance Company, Inc. -HDHP- Atlanta, Athens, Macon Areas	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Atlanta, Athens, Macon Areas	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	86.18	222.76	39.78	102.81
Hawaii							
Aetna HealthFund -CDHP- Hawaii, Honolulu, Kauai and Maui	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Hawaii, Honolulu, Kauai and Maui	877-459-6604	224	225	74.75	163.71	34.50	75.56
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Idaho	877-459-6604	224	225	74.75	163.71	34.50	75.56
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	96.72	200.37	44.64	92.48

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Georgia									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Kaiser Foundation HP- HDHP		$62.50/$125.00	$1,500/$3,000	$3,000/$6,000	20%	20%	20%	$15	20%/20%/20%
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Guam									
TakeCare-	In-Network	$82.33/$205.83	$3,000/$6,000	$5,000/$10,000	20% after DED	20% after DED	20% after DED	1st $300/ded	$20/$40/$150
TakeCare-	Out-Network	$82.33/$205.83	$3,000/$6,000	$10,000/$20,000	30% after DED	30% after DED	30% after DED	1st $300/ded	30% after Ded
Hawaii									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Idaho									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Altius Health Plans		$45.83/$91.66	$1,200/$2,400	$5,000/$10,000	$20	10%	10%	Nothing	$10/$25/$50

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Illinois	877-459-6604	224	225	74.75	163.71	34.50	75.56
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	89.83	202.14	41.46	93.30
Unicare HMO -HDHP- Chicagoland Area	888-234-8855	721	722	78.31	171.23	36.14	79.03
UnitedHealthcare Insurance Company, Inc. -HDHP- St. Louis Area	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- St. Louis Area	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Indiana	877-459-6604	224	225	74.75	163.71	34.50	75.56
Bluegrass Family Health -HDHP- Southern Indiana	800-787-2680	KV1	KV2	108.33	216.66	50.00	100.00
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	89.83	202.14	41.46	93.30
Unicare HMO -HDHP- Lake/Porter Counties	888-234-8855	721	722	78.31	171.23	36.14	79.03
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Iowa	877-459-6604	224	225	74.75	163.71	34.50	75.56
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	82.08	195.89	37.88	90.41
UnitedHealthcare Insurance Company, Inc. -HDHP- Central Iowa	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Central Iowa	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Illinois									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Unicare HMO-	In-Network	$60/$120	$1,500/$3,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$20/$40
Unicare HMO-	Out-Network	$60/$120	$3,000/$6,000	$6,000/$12,000	30%	30%	30%	Ded. + 30%	$10+30%/$20+30%/$40+30%
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Indiana									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Bluegrass Family Health-	In-Network	$104.17/$208.33	$2,500/$5,000	$5,000/$7,500	0%	0%	0%	Nothing	$10/$20/$30/$30
Bluegrass Family Health-	Out-Network	$104.17/$208.33	$5,000/$10,000	$10,000/$15,000	30%	30%	30%	Ded/30%	N/A
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Unicare HMO-	In-Network	$60/$120	$1,500/$3,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$20/$40
Unicare HMO-	Out-Network	$60/$120	$3,000/$6,000	$6,000/$12,000	30%	30%	30%	Ded. + 30%	$10+30%/$20+30%/ $40+30%
Iowa									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Iowa		$66.67/$133.34	$1,800/$3,600	$5,000/$10,000	$20	10%	10%	$20/$30/10%	$10/$30/$55
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Kansas	877-459-6604	224	225	74.75	163.71	34.50	75.56
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City/Wichita/Salina Areas	800-969-3343	9H1	9H2	74.86	175.91	34.55	81.19
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	86.89	195.49	40.10	90.23
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City Area	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City Area	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Kentucky	877-459-6604	224	225	74.75	163.71	34.50	75.56
Bluegrass Family Health -HDHP- Kentucky	800-787-2680	KV1	KV2	108.33	216.66	50.00	100.00
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	96.53	217.21	44.55	100.25
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Louisiana	877-459-6604	224	225	74.75	163.71	34.50	75.56
Coventry Health Care of Louisiana HDHP -HDHP- New Orleans area	800-341-6613	HB1	HB2	88.93	206.54	41.04	95.33
Humana CoverageFirst -CDHP- New Orleans Area	888-393-6765	9J1	9J2	98.51	221.65	45.46	102.30
Humana CoverageFirst -CDHP- Baton Rouge Area	888-393-6765	9L1	9L2	103.44	232.74	47.74	107.42
UnitedHealthcare Insurance Company, Inc. -HDHP- Louisiana	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Louisiana	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Kansas									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Kansas-HDHP		$66.66/$133.33	$3,000/$6,000	$3,000/$6,000	$20	None	Nothing	$20/$35/0%	Nothing
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Kentucky									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Bluegrass Family Health-	In-Network	$104.17/$208.33	$2,500/$5,000	$5,000/$7,500	0%	0%	0%	Nothing	$10/$30/$30
Bluegrass Family Health-	Out-Network	$104.17/$208.33	$5,000/$10,000	$10,000/$15,000	30%	30%	30%	Ded/30%	N/A
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Louisiana									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry of Louisiana-HDHP	In-Network	$41.67/$83.34	$1,200/$2,400	$4,000/$8,000	20%	20%	20%	20%	$10/$35/$60
Coventry of Louisiana-HDHP	Out-Network	$41.67/$83.34	$2,000/$4,000	$6,000/$12,000	30%	30%	30%	30%	N/A
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Maine	877-459-6604	224	225	74.75	163.71	34.50	75.56
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Maryland	877-459-6604	224	225	74.75	163.71	34.50	75.56
Coventry Health Care HDHP -HDHP- All of Maryland	800-833-7423	GZ1	GZ2	85.85	203.00	39.62	93.69
UnitedHealthcare Insurance Company, Inc. -HDHP- Maryland	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Maryland	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Massachusetts	877-459-6604	224	225	74.75	163.71	34.50	75.56
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Michigan	877-459-6604	224	225	74.75	163.71	34.50	75.56
Health Alliance Plan -HDHP- Southeastern Michigan/Flint area	800-556-9765	524	525	107.42	269.49	49.58	124.38
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Minnesota	877-459-6604	224	225	74.75	163.71	34.50	75.56

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Maine									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Maryland									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP	In-Network	$41.67/$83.34	$2,000/$4,000	$4,000/$8,000	$15	Nothing	Nothing	$15	$5/$30/$60
Coventry Health Care HDHP	Out-Network	$41.67/$83.34	$2,000/$4,000	$4,000/$8,000	30%	30%	30%	30%	N/A
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Massachusetts									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Michigan									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Health Alliance Plan		$62.50/$125	$1,500/$3,000	$5,000/$10,000	$15	Nothing	$0 after ded	$15/$25	$10/$20/$50
Minnesota									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Mississippi							
Aetna HealthFund -CDHP- Most of Mississippi	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Mississippi	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Mississippi	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Mississippi	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Missouri	877-459-6604	224	225	74.75	163.71	34.50	75.56
Coventry Health Care of Kansas (Kansas City)-HDHP -HDHP- Kansas City Area	800-969-3343	9H1	9H2	74.86	175.91	34.55	81.19
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	86.89	195.49	40.10	90.23
UnitedHealthcare Insurance Company, Inc. -HDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Kansas City, Springfield, St. Louis Area	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Montana							
Aetna HealthFund -CDHP- South/Southeast/Western Montana	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- South/Southeast/Western Montana	877-459-6604	224	225	74.75	163.71	34.50	75.56
Nebraska							
Aetna HealthFund -CDHP- Most of Nebraska	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Nebraska	877-459-6604	224	225	74.75	163.71	34.50	75.56

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Mississippi									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Missouri									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Kansas-HDHP		$66.66/$133.33	$3,000/$6,000	$3,000/$6,000	$20	None	Nothing	$20/$35/0%	Nothing
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Montana									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Nebraska									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Nevada							
Aetna HealthFund -CDHP- Las Vegas/Clark and Nye Counties	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Las Vegas/Clark and Nye Counties	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Nevada	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Nevada	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of New Hampshire	877-459-6604	224	225	74.75	163.71	34.50	75.56
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of New Jersey	877-459-6604	224	225	74.75	163.71	34.50	75.56
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Albuquerque/Dona Ana/Hobbs Areas	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- New Mexico	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- New Mexico	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Nevada									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
New Hampshire									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
New Jersey									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
New Mexico									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of New York	877-459-6604	224	225	74.75	163.71	34.50	75.56
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	95.23	240.36	43.95	110.93
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of North Carolina	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of North Carolina	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of North Carolina	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of North Dakota	877-459-6604	224	225	74.75	163.71	34.50	75.56
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Ohio	877-459-6604	224	225	74.75	163.71	34.50	75.56
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	91.29	182.91	42.13	84.42
UnitedHealthcare Insurance Company, Inc. -HDHP- Cleveland and Columbus Areas	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Cleveland and Columbus Areas	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
New York									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Independent Health Assoc.-	In-Network	$66.42/$166.67	$2,000/$4,000	$5,000/$10,000	$15	Nothing	20%	$15	$7/$25/$40
Independent Health Assoc.-	Out-Network	$66.42/$166.67	$2,000/$4,000	$5,000/$10,000	40%	40%	40%	Ded/40%	N/A
North Carolina									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
North Dakota									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Ohio									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
AultCare HMO-	In-Network	83.34/166.67	$2,000/$4,000	$4,000/$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO-	Out-Network	83.34/166.67	$4,000/$8,000	$8,000/$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%/40%/40%
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Oklahoma							
Aetna HealthFund -CDHP- Most of Oklahoma	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Oklahoma	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Central and North East Oklahoma	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Central and North East Oklahoma	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Oregon	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Metro Portland/Salem/Corvalis/Eugene	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Metro Portland/Salem/Corvalis/Eugene	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	800-392-9137	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Pennsylvania	800-392-9137	224	225	74.75	163.71	34.50	75.56
HealthAmerica Pennsylvania-HDHP -HDHP-Greater Pittsburgh Area	866-351-5946	Y61	Y62	116.37	268.74	53.71	124.03
HealthAmerica Pennsylvania-HDHP -HDHP- Southeastern PA	866-351-5946	9N1	9N2	124.21	281.82	57.33	130.07
HealthAmerica Pennsylvania-HDHP -HDHP- Central Pennsylvania	866-351-5946	YW1	YW2	159.29	347.41	73.52	160.34
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	109.24	242.35	50.42	111.85

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Oklahoma									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Oregon									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Pennsylvania									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
HealthAmerica Pennsylvania-HDHP		$52.09/$104.17	$1,250/$2,500	$4,000/$8,000	$15	None	Nothing	$15/$25	$5/$35/$50
HealthAmerica Pennsylvania-HDHP		$52.09/$104.17	$1,250/$2,500	$4,000/$8,000	$15	None	Nothing	$15/$25	$5/$35/$50
HealthAmerica Pennsylvania-HDHP		$52.09/$104.17	$1,250/$2,500	$4,000/$8,000	$15	None	Nothing	$15/$25	$5/$35/$50
UPMC Health Plan-	In-Network	$104.17/$208.34	$2,500/$5,000	$4,000/$8,000	Nothing	None	Nothing	Nothing	$15/$30/$50
UPMC Health Plan-	Out-Network	$104.17/$208.34	$2,500/$5,000	$5,500/$11,000	20%	20% after ded	20%	20%	N/A

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Rhode Island	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Rhode Island	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Rhode Island	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
South Carolina							
Aetna HealthFund -CDHP- Most of South Carolina	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of South Carolina	877-459-6604	224	225	74.75	163.71	34.50	75.56
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Areas	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Rapid City/Sioux Falls Areas	877-459-6604	224	225	74.75	163.71	34.50	75.56
Tennessee							
Aetna HealthFund -CDHP- Most of Tennessee	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Tennessee	877-459-6604	224	225	74.75	163.71	34.50	75.56
Bluegrass Family Health -HDHP- Knoxville/Nashville	800-787-2680	KV1	KV2	108.33	216.66	50.00	100.00
Humana CoverageFirst -CDHP- Nashville Area	888-393-6765	BT1	BT2	98.51	221.65	45.46	102.30
Humana CoverageFirst -CDHP- Memphis Area	888-393-6765	L61	L62	99.30	223.42	45.83	103.12
UnitedHealthcare Insurance Company, Inc. -HDHP- Tennessee	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Tennessee	877-835-9861	E94	E95	97.82	216.55	45.15	99.94

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Rhode Island									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
South Carolina									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
South Dakota									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Tennessee									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Bluegrass Family Health-	In-Network	$104.17/$208.34	$2,500/$5,000	$5,000/$7,500	0%	0%	0%	Nothing	$10/$30/$30
Bluegrass Family Health-	Out-Network	$104.17/$208.34	$5,000/$10,000	$10,000/$15,000	30%	30%	30%	Ded/30%	N/A
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Texas							
Aetna HealthFund -CDHP- Most of Texas	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Texas	877-459-6604	224	225	74.75	163.71	34.50	75.56
Humana CoverageFirst -CDHP- Houston Area	888-393-6765	T21	T22	99.30	223.42	45.83	103.12
Humana CoverageFirst -CDHP- Dallas/Ft. Worth Area	888-393-6765	T81	T82	118.21	265.98	54.56	122.76
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	94.57	212.78	43.65	98.21
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	96.53	217.22	44.55	100.25
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	99.30	223.42	45.83	103.12
UnitedHealthcare Insurance Company, Inc. -HDHP- Most of Texas	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Most of Texas	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Utah	877-459-6604	224	225	74.75	163.71	34.50	75.56
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	96.72	200.37	44.64	92.48
Humana CoverageFirst -CDHP- Salt Lake City Area	888-393-6765	IA1	IA2	98.51	221.65	45.46	102.30
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Vermont	877-459-6604	224	225	74.75	163.71	34.50	75.56

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Texas									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Utah									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Altius Health Plans		$45.83/$91.66	$1,200/$2,400	$5,000/$10,000	$20	10%	10%	Nothing	$10/$25/$50
Humana CoverageFirst-	In-Network	$83.33	$1,000/$2,000	$3,000/$6,000	$20	$250/day x 5	$150	$20/$35	$10/$30/$50
Humana CoverageFirst-	Out-Network	N/A	$3,000/$6,000	$4,000/$8,000	30%	30%	30%	30%	$10+/$30+/$50+
Vermont									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Virginia	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Virginia	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Virginia	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of Washington	877-459-6604	224	225	74.75	163.71	34.50	75.56
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	76.06	166.20	35.10	76.71
UnitedHealthcare Insurance Company, Inc. -HDHP- Washington State	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Washington State	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- Most of West Virginia	877-459-6604	224	225	74.75	163.71	34.50	75.56

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Virginia									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Washington									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
KPS Health Plans-	In-Network	$62.50/$125	$1,500/$3,000	$5,000/$10,000	20%	None	20%	Nothing up to $400	$10/$35/50%/ $40 max $100
KPS Health Plans-	Out-Network	$62.50/$125	$1,500/$3,000	$5,000/$10,000	40%	None	40%	Not Covered	Not Covered
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
West Virginia									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Wisconsin	877-459-6604	224	225	74.75	163.71	34.50	75.56
UnitedHealthcare Insurance Company, Inc. -HDHP- Wisconsin	877-835-9861	E91	E92	81.88	182.93	37.79	84.43
UnitedHealthcare Insurance Company, Inc. -CDHP- Wisconsin	877-835-9861	E94	E95	97.82	216.55	45.15	99.94
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	221	222	105.24	251.15	48.57	115.92
Aetna HealthFund -HDHP- All of Wyoming	877-459-6604	224	225	74.75	163.71	34.50	75.56
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	96.72	200.37	44.64	92.48

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Wisconsin									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
UHC -	In-Network	$62.50/$125	$2,000/$4,000	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
UHC -	Out-Network	$62.50/$125	$3,000/$6,000	$6,000/$12,000	35%	35%	35%	Ded/35%	$10/$30/$50
UHC -	In-Network	$104.17/$208.33	$750/$1,500	$3,750/$7,500	10%	10%	10%	Nothing	$10/$25/$40
UHC -	Out-Network	$104.17/$208.33	$750/$1,500	$4,750/$9,500	40%	40%	40%	Fund/Ded/40%	$10/$25/$40
Wyoming									
Aetna HealthFund-	In-Network	$104.16/$208.33	$750/$1,500	$3,000/$6,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$104.16/208.33	$750/$1,500	$4,000/$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund-	In-Network	$62.50/$125	$1,500/$3,000	$4,000/$8,000	10%	10%	10%	Nothing	$10/$30/$50
Aetna HealthFund-	Out-Network	$62.50/$125	$2,500/$5,000	$5,000/$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Altius Health Plans		$45.83/$91.66	$1,200/$2,400	$5,000/$10,000	$20	10%	10%	Nothing	$10/$25/$50

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Appendix F
FEDVIP Program Features

Waiting Periods

Dental - limited only to orthodontic services on most plans; for all other service, you may use your benefits as soon as your coverage becomes effective. There are very few pre-existing condition limitations.

Vision - no waiting period, you may use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations.

A Choice of Coverage

Choose between Self Only, Self Plus One or Self and Family.

Contributions

There are no Government contributions. The enrollee pays 100% of the premium.

Salary Deduction

You automatically pay your premium through a payroll deduction using pre-tax dollars; employees cannot elect to waive this pre-tax option and annuitants are not eligible for this option. When premium contributions are withheld on a pre-tax basis, Internal Revenue Service (IRS) guidelines affect your ability to change coverage, i.e., you may cancel or change coverage levels only during a FEDVIP Open Season. You may also make changes throughout the plan year if a qualified life event occurs.

Annual Enrollment Opportunity

Each year, you may enroll or change your dental and/or vision plan enrollment. The Open Season runs from the Monday of the second full work week in November through the Monday of the second full work week in December. Other events allow for certain types of changes throughout the year.

Continued Coverage

Eligibility for you or your family member may continue following your retirement or changes in employment status.

Claim Dispute Resolution

The claim review process will differ among plans. Upon written request from the enrollee and as a final option, the carrier will submit a dispute for resolution through a binding arbitration process. OPM will not review nor resolve disputes regarding FEDVIP. Please see your plan brochure for details.

Appendix G
FEDVIP Definitions

Coordination of Benefits (COB) – Under this rule, the FEHB plan is considered the primary payer and pays first, while the FEDVIP plan is considered the secondary payer. Payment is coordinated under the COB rule to ensure that no more than 100% of any claim is paid by both plans.

Eligible Dependents – Your spouse and unmarried dependent children under age 22. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.

In-Network Services – Services provided by members of the plan's provider network.

Nationwide Plan – A plan which provides services throughout the United States and around the world.

Out-of-Network Services – Services provided by health care professionals who are not a member of the plan's provider network.

Plan – The insurance company which participates in the FEDVIP program. Also called carrier.

Precertification – Also called predetermination. This is the procedure used by dental offices to determine what services a plan will cover and how much will be paid before the service is rendered.

Provider – A licensed health care professional; for example: dentists, oral surgeons, optometrists and ophthalmologists.

Provider Network – A group of health care providers who have a contract with a specific plan to provide services at an agreed upon cost.

Qualifying Life Event (QLE) – An event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season. There is no QLE under FEDVIP which allows for cancellation, except upon deployment to active military duty or transitions to certain agencies.

Regional Plan – A plan which provides services only in specified geographic regions.

Usual, Customary and Reasonable – A widely used method, which may vary from company to company, for determining benefit reimbursement levels. The initials simply mean:

Usual. The fee that an individual dentist most frequently charges for a given dental service.

Customary. A fee determined by the insurance company based on the range of usual fees charged by dentists in the same geographic area.

Reasonable. A fee which is justifiable considering special circumstances of the particular care rendered.

Waiting Period – The length of time a person must be covered under the plan before they are eligible for certain benefits. For example, most plans have a 24 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan for 24 months before you are eligible for orthodontic coverage.

Appendix H
FEDVIP Qualifying Life Events for Enrollment Changes

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an Open Season.

The following chart lists the QLEs and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	Increase Enrollment Type	Decrease Enrollment Type	Cancel	Change from One Plan to Another
Acquiring an eligible family member	**No**	**Yes**	**No**	**No**	**No**
Losing a covered family member	**No**	**No**	**Yes**	**No**	**No**
Losing other dental/vision coverage (eligible or covered person)	**Yes**	**Yes**	**No**	**No**	**No**
Moving out of regional plan's service area	**No**	**No**	**No**	**No**	**Yes**
Going on active military duty, non-pay status (you or your spouse)	**No**	**No**	**No**	**Yes**	**No**
Return to pay status from active military duty	**Yes**	**No**	**No**	**No**	**No**
Annuity/ compensation restored	**Yes**	**Yes**	**Yes**	**No**	**No**

The time frame for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plans service area; and
- You cannot request a new enrollment based on a QLE before the QLE occurs. you must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives and confirms the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date. BENEFEDS is a secure enrollment website sponsored by OPM.

Cancelling an enrollment

You can cancel your enrollment only during the annual Open Season, upon deployment to active military duty, or transfers to certain agencies. An eligible family members coverage also ends upon the effective date of the cancellation.

Appendix I
FEDVIP Plan Comparison Charts

This is a brief summary of the features of the dental and vision plans. Before making a final decision, please read the plan brochures and provider directories thoroughly. All plans are not the same. All benefits are subject to the definitions, limitations, copayments, annual maximums and exclusions set forth in the individual plan brochures. Go to our website at www.opm.gov/insure/dental/rates to find the rating region assigned to the area where you live and the related premium cost you will pay for dental coverage. Go to www.opm.gov/insure/vision/rates to see the premium cost for vision coverage.

Reading the Chart:

The table on the following pages highlights the selected features/classes of dental and/or vision services. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Dental Insurance

The deductibles shown for the dental plans are the amount of covered expenses that you pay before the plan begins to pay. Service Class refers to the level of benefits for each plan. The Service Classes are listed below. Calendar year maximum refers to the annual amount of benefits that you can receive per person.

Please Note: Most plans require that you be continuously enrolled in the same dental plan for the full waiting period before accessing orthodontia services. There are no other waiting periods for services.

Dental plans provide a comprehensive range of services, including but not limited to the following:

- Class A (Basic) services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
- Class B (Intermediate) services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
- Class C (Major) services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
- Class D (Orthodontic) services with up to a 24-month waiting period for dependents up to age 19.

Please review the dental plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Vision Insurance

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). Other benefits, such as discounts on lasik surgery, may also be available.

Please review the vision plans' benefits material for detailed information on the benefits covered, cost-sharing requirements and provider directories.

Appendix I
Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Dental Plans Open to All

Plan Name	Telephone & Website	You pay: Class A	Class B	Class C	Class D	Deductible	Calendar Year Maximum
Aetna High (In-Network Benefits)	1-877-459-6604 www.aetnafeds.com	0%	40%	60%	70%	$0	$3,000 per year per person (high option) in-network $2,000 per year per person (high option) out-of-network $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
Aetna High (Out-of-Network Benefits)		0%	40%	60%	70%	$0	
GEHA Standard (In-Network Benefits)	1-877-434-2336 www.gehadental.com	0%	45%	65%	50%	$0	$4,000 per year per person (high option) or $1,200 per year per person (standard option) per person $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
GEHA Standard (Out-of-Network Benefits)		0%	45%	65%	50%	$0	
GEHA High (In-Network Benefits)		0%	20%	50%	50%	$0	
GEHA High (Out-of-Network Benefits)		0%	20%	50%	50%	$0	
MetLife Standard (In-Network Benefits)	1-888-865-6854 www.federaldental.metlife.com	0%	45%	65%	50%	$0	$1,200 standard option in-network annual non-orthodontic maximum per person $600 standard option out-of-network annual non-orthodontic maximum per person $3,000 high option non-orthodontic maximum per person $1,500 standard option in-network lifetime max per person for orthodontics $1,000 standard option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services 24-month waiting period for orthodontia services
MetLife Standard (Out-of-Network Benefits)		40%	60%	80%	50%	$100/person	
MetLife High (In-Network Benefits)		0%	30%	50%	50%	$0	
MetLife High (Out-of-Network Benefits)		10%	40%	60%	50%	$50/person	
United Concordia High (In-Network Benefits)	1-877-438-8224 (Open Season) 1-877-394-8224 (General) www.uccifedvip.com	0%	20%	50%	50%	$0	$3,500 per year per person (high option) $1,500 lifetime max per person (orthodontic services only) 24-month waiting period for orthodontia services
United Concordia High (Out-of-Network Benefits)		20%	40%	60%	50%	$0	

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix I
Federal Employees Dental and Vision Insurance Program (FEDVIP)

Regional Dental Plans *Only Open to Persons Living in Specific Geographic Areas*

						You pay:	Calendar Year Maximum
Plan Name	**Telephone & Website**	Class A	Class B	Class C	Class D	**Deductible**	
Humana/CompBenefits High (Open to residents of the Southwestern, Southeastern, Midwestern, and Mid-Atlantic states)	1-877-692-2468 www.MyCBFed.com	0%	Flat Rate Approx 40%	Flat Rate Approx 54%	Flat Rate Approx 70%	$0	$10,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits **NOT** provided No waiting period for orthodontic services
GHI High (In-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA) GHI High (Out-of-network benefits)	212-501-4444 www.ghi.com	0% 0%	0% 0%	0% 0%	0% 0%	$50 self/$150 self & family/self plus one Class B and Class C	$1,200 per year per person $2,000 lifetime max per person (orthodontic services only) There is no calendar year deductible for Class A and D services Out-of-network benefits available – paid at the same in-network rate 12-month waiting period for orthodontia services
Triple-S Salud High (Open to Puerto Rico residents)	787-774-6060 787-749-4777 1-800-981-3241 TTY 787-792-1370 TTY 1-866-215-1999 www.ssspr.com	0%	30%	60% / 30%	50%	$0	No maximum $1,500 lifetime max per person (orthodontic services only) Out-of-network benefits **NOT** provided 24-month waiting period for orthodontia services

Please Note: Out-of-Network Benefits – members are responsible for paying the difference between the plan's payment and the non-network provider's billed charges.

Appendix I
Federal Employees Dental and Vision Insurance Program (FEDVIP)

Nationwide and International Vision Plans Open to All

The table below highlights the selected features of available vision plans. Always consult plan brochures before making a decision. The chart does not show all of your possible out-of-pocket costs.

Vision plans provide comprehensive eye examinations and coverage for lenses, frames and contact lenses (in lieu of eye glasses). There are no deductibles or waiting periods. Other benefits such as discounts on lasik surgery may also be available.

Plan Name	Frames	Lenses	Exams	Co-payments	Lens Options Covered	Additional Features
FEP BlueVision Standard	Every 24 months	Every 12 months	Every 12 months	$0	Single Lined Bifocal Lined Trifocal Lenticular	Breakage warranty; Laser vision correction discount; low vision coverage. $130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits **NOT** provided. Flat rate reimbursement in limited access areas and internationally.
FEP BlueVision High	Every 12 months	Every 12 months	Every 12 months	$0	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressives	Breakage warranty; Laser vision correction discount; low vision coverage. $130 plus 20% of remaining cost frame allowance. Additional lens options covered with a co-pay. Out-of-network benefits available at a lower rate. Flat rate reimbursement in limited access areas and internationally.
UnitedHealthcare Vision Plan Standard	Every 12 months	Every 12 months	Every 12 months	$10 exam/ $25 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. $130 frame allowance. Additional lens option discounts. Out-of-network benefits available– paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
UnitedHealthcare Vision Plan High	Every 12 months	Every 12 months	Every 12 months	$10 exam/ $10 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Tinted lenses UV coating	Low vision; prosthetic eye; vision therapy; Laser vision correction discount. $130 frame allowance. Additional lens option discounts. Out-of-network benefits available– paid at a lower rate. Flat rate reimbursement for international, out-of-network and limited access services.
VSP (Vision Service Plan) Standard	Every 12 months	Every 12 months	Every 12 months	$10 exam/ $20 material	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating	Laser vision correction discount. $120 frame allowance. Additional lenses options covered at a discount. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available.
VSP (Vision Service Plan) High	Every 12 months	Every 12 months	Every 12 months	$10 exam and glasses	Single Lined Bifocal Lined Trifocal Lenticular Polycarbonate Scratch-resistant coating Anti-reflective coating Lenses that transition to light UV coating Select tints	Laser vision correction discount. $150 frame allowance. Out-of-network benefits available – paid at a lower rate. Additional lens option and contact lens exam discounts. Additional prescription glasses and sunglasses discounts. FSAFEDS paperless reimbursement available

Appendix J
Federal Employees Dental and Vision Insurance Program (FEDVIP)
Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana/Comp Benefits	GHI	Triple-S Salud
AK	entire state	5	5	5	5	5	5	#N/A	#N/A	#N/A
AL	356-358	1	1	1	1	1	1	1	#N/A	#N/A
AL	rest of state	2	1	1	1	1	1	1	#N/A	#N/A
AR	entire state	2	1	1	1	1	1	5	#N/A	#N/A
AZ	entire state	3	3	3	1	1	1	2	#N/A	#N/A
CA	900-918, 922-935	3	4	4	5	5	3	4	#N/A	#N/A
CA	919-921	3	4	4	4	4	4	4	#N/A	#N/A
CA	939-941, 943-954	4	5	5	5	5	5	4	#N/A	#N/A
CA	rest of state	4	4	4	5	5	4	4	#N/A	#N/A
CA	942, 956-958	4	4	4	4	4	4	4	#N/A	#N/A
CO	entire state	3	4	4	4	4	3	4	#N/A	#N/A
CT	060-063	5	4	4	5	5	5	#N/A	#N/A	#N/A
CT	064-069	3	5	5	5	5	5	#N/A	1	#N/A
DC	entire state	2	4	4	4	4	4	2	#N/A	#N/A
DE	entire state	2	3	3	3	3	2	#N/A	#N/A	#N/A
FL	327-328, 347	2	2	2	1	1	1	2	#N/A	#N/A
FL	330-334	2	4	4	3	3	3	2	#N/A	#N/A
FL	rest of state	3	2	2	1	1	1	2	#N/A	#N/A
GA	300-303, 311	3	3	3	2	2	1	3	#N/A	#N/A
GA	rest of state	4	2	2	1	1	1	5	#N/A	#N/A
GU	entire state	5	1	1	5	5	5	#N/A	#N/A	#N/A
HI	entire state	4	3	3	4	4	5	#N/A	#N/A	#N/A
IA	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
ID	entire state	4	2	2	1	1	2	#N/A	#N/A	#N/A
IL	600-608	2	3	3	4	4	3	1	#N/A	#N/A
IL	620-622	2	2	2	1	1	1	1	#N/A	#N/A
IL	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
IN	460-462	2	2	2	1	1	1	1	#N/A	#N/A
IN	463-464	2	3	3	4	4	3	1	#N/A	#N/A
IN	rest of state	3	1	1	1	1	2	1	#N/A	#N/A
KS	660-662	1	2	2	1	1	2	1	#N/A	#N/A
KS	rest of state	3	1	1	1	1	2	1	#N/A	#N/A
KY	410	2	2	2	1	1	1	1	#N/A	#N/A
KY	rest of state	1	1	1	1	1	1	1	#N/A	#N/A

Appendix J
Federal Employees Dental and Vision Insurance Program (FEDVIP)
Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana/Comp Benefits	GHI	Triple-S Salud
LA	entire state	2	2	2	1	1	1	5	#N/A	#N/A
MA	101-013	5	4	4	5	5	5	#N/A	#N/A	#N/A
MA	rest of state	5	4	4	5	5	5	#N/A	#N/A	#N/A
MD	206-218	2	4	4	4	4	4	2	#N/A	#N/A
MD	219	2	3	3	3	3	2	#N/A	#N/A	#N/A
MD	rest of state	2	2	2	2	2	4	#N/A	#N/A	#N/A
ME	entire state	5	3	3	2	2	3	#N/A	#N/A	#N/A
MI	480-485	3	3	3	3	3	2	#N/A	#N/A	#N/A
MI	rest of state	3	2	2	2	2	3	#N/A	#N/A	#N/A
MN	550-555	2	3	3	4	4	3	#N/A	#N/A	#N/A
MN	rest of state	3	2	2	2	2	2	#N/A	#N/A	#N/A
MO	630-633	2	2	2	1	1	1	1	#N/A	#N/A
MO	640-641	1	2	2	1	1	2	1	#N/A	#N/A
MO	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
MS	entire state	2	1	1	1	1	1	5	#N/A	#N/A
MT	entire state	4	2	2	1	1	1	#N/A	#N/A	#N/A
NC	entire state	4	2	2	1	1	1	5	#N/A	#N/A
ND	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
NE	entire state	1	1	1	1	1	2	#N/A	#N/A	#N/A
NH	entire state	5	4	4	5	5	5	#N/A	#N/A	#N/A
NJ	080-084	2	3	3	3	3	2	#N/A	#N/A	#N/A
NJ	rest of state	3	5	5	5	5	5	#N/A	1	#N/A
NM	entire state	3	3	3	1	1	1	#N/A	#N/A	#N/A
NV	897	4	4	4	4	4	4	#N/A	#N/A	#N/A
NV	rest of state	2	3	3	2	2	2	#N/A	#N/A	#N/A
NY	004, 005	3	5	5	5	5	5	#N/A	1	#N/A
NY	100-119, 124-126	3	5	5	5	5	5	#N/A	1	#N/A
NY	rest of state	4	2	2	2	2	3	#N/A	1	#N/A
OH	430-432	2	2	2	1	1	2	3	#N/A	#N/A
OH	440-443	2	2	2	1	1	3	1	#N/A	#N/A
OH	450-452	2	2	2	1	1	1	1	#N/A	#N/A
OH	453-455	2	2	2	1	1	2	1	#N/A	#N/A
OH	rest of state	3	1	1	1	1	1	1	#N/A	#N/A
OK	entire state	2	2	2	1	1	1	3	#N/A	#N/A
OR	970-973	4	3	3	4	4	5	#N/A	#N/A	#N/A
OR	rest of state	5	3	3	3	3	4	#N/A	#N/A	#N/A

Appendix J
Federal Employees Dental and Vision Insurance Program (FEDVIP)
Dental Rating Regional Chart

Rating Areas

State	State/ZIP (first 3)	Aetna	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Humana/Comp Benefits	GHI	Triple-S Salud
PA	150-154, 156, 160	1	1	1	1	1	1	#N/A	#N/A	#N/A
PA	183	3	5	5	5	5	5	#N/A	1	#N/A
PA	189-194	2	3	3	3	3	2	#N/A	#N/A	#N/A
PA	rest of state	3	1	1	1	1	1	#N/A	#N/A	#N/A
PR	entire state	3	1	1	1	1	1	#N/A	#N/A	1
RI	entire state	5	4	4	5	5	5	#N/A	#N/A	#N/A
SC	entire state	4	2	2	1	1	1	5	#N/A	#N/A
SD	entire state	3	1	1	1	1	2	#N/A	#N/A	#N/A
TN	entire state	1	2	2	1	1	1	1	#N/A	#N/A
TX	750-753, 760-762	2	3	3	1	1	1	3	#N/A	#N/A
TX	770-775	2	3	3	1	1	1	3	#N/A	#N/A
TX	rest of state	2	2	2	1	1	1	3	#N/A	#N/A
UT	entire state	2	1	1	1	1	2	1	#N/A	#N/A
VA	201, 220-226	2	4	4	4	4	4	2	#N/A	#N/A
VA	230-232, 238	3	2	2	1	1	2	5	#N/A	#N/A
VA	rest of state	3	2	2	1	1	1	4	#N/A	#N/A
VI	entire state	overseas	1	1	5	5	5	#N/A	#N/A	#N/A
VT	entire state	5	2	2	2	2	3	#N/A	#N/A	#N/A
WA	980-985	5	5	5	5	5	5	#N/A	#N/A	#N/A
WA	986	4	3	3	4	4	5	#N/A	#N/A	#N/A
WA	rest of state	5	4	4	4	4	4	#N/A	#N/A	#N/A
WI	530-534	3	2	2	2	2	3	#N/A	#N/A	#N/A
WI	540	2	3	3	4	4	3	#N/A	#N/A	#N/A
WI	rest of state	3	2	2	2	2	2	#N/A	#N/A	#N/A
WV	entire state	4	2	2	1	1	1	3	#N/A	#N/A
WY	entire state	4	1	1	1	1	2	#N/A	#N/A	#N/A

Appendix K
Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

			Biweekly Premium			Monthly Premium		
Plan Name	**Option**	**Rating Region**	**Self Only**	**Self Plus One**	**Self & Family**	**Self Only**	**Self Plus One**	**Self & Family**
Aetna PPO	High (In and Out-of-Network benefits)	1	$13.47	$26.94	$40.41	$29.19	$58.37	$87.56
		2	$14.81	$29.63	$44.44	$32.09	$64.20	$96.29
		3	$15.75	$31.51	$47.26	$34.13	$68.27	$102.40
		4	$17.37	$34.73	$52.09	$37.64	$75.25	$112.86
		5	$18.84	$37.69	$56.53	$40.82	$81.66	$122.48
GEHA PPO	Standard (In and Out-of-Network benefits)	1	$9.26	$18.53	$27.79	$20.06	$40.15	$60.21
		2	$10.16	$20.31	$30.47	$22.01	$44.01	$66.02
		3	$11.51	$23.01	$34.52	$24.94	$49.86	$74.79
		4	$12.41	$24.82	$37.23	$26.89	$53.78	$80.67
		5	$13.76	$27.53	$41.28	$29.81	$59.65	$89.44
GEHA PPO	High (In and Out-of-Network benefits)	1	$13.45	$26.90	$40.36	$29.14	$58.28	$87.45
		2	$14.77	$29.55	$44.33	$32.00	$64.03	$96.05
		3	$16.73	$33.48	$50.22	$36.25	$72.54	$108.81
		4	$18.06	$36.12	$54.19	$39.13	$78.26	$117.41
		5	$20.03	$40.08	$60.12	$43.40	$86.84	$130.26
MetLife PPO	Standard (In and Out-of-Network benefits)	1	$8.58	$17.19	$25.78	$18.59	$37.25	$55.86
		2	$9.28	$18.56	$27.83	$20.11	$40.21	$60.30
		3	$10.26	$20.51	$30.76	$22.23	$44.44	$66.65
		4	$11.38	$22.76	$34.14	$24.66	$49.31	$73.97
		5	$12.48	$24.97	$37.46	$27.04	$54.10	$81.16
MetLife PPO	High (In and Out-of-Network benefits)	1	$14.80	$29.61	$44.39	$32.07	$64.16	$96.18
		2	$16.55	$33.11	$49.66	$35.86	$71.74	$107.60
		3	$18.01	$36.01	$54.02	$39.02	$78.02	$117.04
		4	$19.48	$38.95	$58.42	$42.21	$84.39	$126.58
		5	$21.80	$43.59	$65.39	$47.23	$94.45	$141.68
United Concordia PPO	High (In and Out-of-Network benefits)	1	$13.22	$26.41	$39.63	$28.64	$57.22	$85.87
		2	$15.14	$30.26	$45.40	$32.80	$65.56	$98.37
		3	$16.43	$32.83	$49.26	$35.60	$71.13	$106.73
		4	$17.71	$35.39	$53.10	$38.37	$76.68	$115.05
		5	$19.09	$38.16	$57.24	$41.36	$82.68	$124.02

Appendix K
Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Regional Dental Rates

Please note: Rating areas for each carrier are not the same for all plans. Please refer to Appendix J to determine your specific region.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Humana/CompBenefits	High (In-Network Benefits only except for emergency services)	1	$9.90	$19.79	$26.69	$21.45	$42.88	$64.33
		2	$10.15	$20.30	$30.45	$21.99	$43.98	$65.98
		3	$10.71	$21.43	$32.14	$23.21	$46.43	$69.64
		4	$13.91	$27.81	$41.72	$30.14	$60.26	$90.39
		5	$14.65	$29.30	$43.95	$31.74	$63.48	$95.23
GHI PPO	High (In-and Out-of-Network Benefits)	1	$17.55	$35.08	$52.63	$38.03	$76.01	$114.03
Triple-S Salud PPO	High (In-Network Benefits only except for services rendered by orthodontists)	1	$4.52	$9.04	$11.91	$9.79	$19.59	$25.81

International Dental Rates

Please note: International premium rates are not regionally based.

Plan Name	Biweekly Premium			Monthly Premium		
	Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna	$20.13	$40.26	$60.39	$43.62	$87.23	$130.85
GEHA Standard	$9.26	$18.53	$27.79	$20.06	$40.15	$60.21
GEHA High	$13.45	$26.90	$40.36	$29.14	$58.28	$87.45
MetLife Standard	$12.48	$24.97	$37.46	$27.04	$54.10	$81.16
MetLife High	$21.80	$43.59	$65.39	$47.23	$94.45	$141.68
United Concordia	$19.09	$38.16	$57.24	$41.36	$82.68	$124.02

Appendix K
Federal Employees Dental and Vision Insurance Program (FEDVIP) Premium Rate Charts

Nationwide Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 www.fepblue.org	Standard High	$3.92 $4.92	$7.84 $9.84	$11.76 $14.76	$8.49 $10.66	$16.99 $21.32	$25.48 $31.98
UnitedHealthcare Vision Plan	1-866-249-1999 www.myuhcvision.com/fedvip	Standard High	$3.06 $4.12	$5.98 $8.05	$8.90 $11.99	$6.63 $8.93	$12.96 $17.44	$19.28 $25.98
VSP (Vision Service Plan)	1-800-807-0764 www.choosevsp.com	Standard High	$4.09 $5.81	$8.21 $11.61	$12.30 $17.42	$8.86 $12.59	$17.79 $25.16	$26.65 $37.74

International Vision Rates

Plan Name	Telephone & Website	Plan Option	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
FEP BlueVision	1-888-550-2583 www.fepblue.org	Standard High	$3.92 $4.92	$7.84 $9.84	$11.76 $14.76	$8.49 $10.66	$16.99 $21.32	$25.48 $31.98
UnitedHealthcare Vision Plan	1-866-249-1999 www.myuhcvision.com/fedvip	Standard High	$3.06 $4.12	$5.98 $8.05	$8.90 $11.99	$6.63 $8.93	$12.96 $17.44	$19.28 $25.98
VSP (Vision Service Plan)	1-800-807-0764 www.choosevsp.com	Standard High	$4.09 $5.81	$8.21 $11.61	$12.30 $17.42	$8.86 $12.59	$17.79 $25.16	$26.65 $37.74

Summary Information

	New Hires Can Enroll	Federal Benefits Open Season	How to Enroll	OPM's Program Website
FEHB	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Varies by agency; automated enrollment or via SF 2809	**www.opm.gov/insure/health**
FEDVIP	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Go to www.BENEFEDS.com or call 1-877-888-3337	**www.opm.gov/insure/dental** **www.opm.gov/insure/vision**
FSAFEDS	Within 60 days from new hire date	Annual – November 9 to December 14, 2009	Go to www.FSAFEDS.com or call 1-877-372-3337	**www.opm.gov/insure/flexible**
FEGLI	Within 31 days from new hire date for optional insurance; automatically enrolled in Basic insurance until you take action to cancel	No annual Open Season	Varies by agency; automated enrollment or via SF 2817 for new hires Others provide medical information on SF 2822	**www.opm.gov/insure/life**
FLTCIP	Apply (not necessarily enroll) within 60 days from new hire date with abbreviated underwriting	No annual Open Season	Go to www.LTCFEDS.com or call 1-800-582-3337	**www.opm.gov/insure/ltc**