



The **2015**

Guide To Federal Benefits

For Certain Temporary Employees

- **Federal Employees Health Benefits (FEHB) Program**
(Those eligible to enroll in the FEHB Program under 5 U.S.C. 8906a) 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 (FGLI) Program p. 20**
- **Federal Long Term Care Insurance Program (FLTCIP) p. 22**

FSAFEDS - New for 2015:
Up to \$500 carryover (rollover) and a reduced minimum election of \$100. See page 17 for details.

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

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

Visit us at: www.opm.gov/healthcare-insurance

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 10 to December 8, 2014	Varies by agency; automated enrollment or via SF 2809	www.opm.gov/healthcare-insurance/healthcare
FEDVIP	Within 60 days from new hire date	Annual – November 10 to December 8, 2014	Go to www.BENEFEDS.com or call 1-877-888-3337	www.opm.gov/healthcare-insurance/dental-vision
FSAFEDS	Within 60 days from new hire date	Annual – November 10 to December 8, 2014	Go to www.FSAFEDS.com or call 1-877-372-3337	www.opm.gov/healthcare-insurance/flexible-spending-accounts
FEGLI	Within 60 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/healthcare-insurance/life-insurance
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/healthcare-insurance/long-term-care

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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 (FEHB) Program
- Federal Employees Dental and Vision Insurance Program (FEDVIP)
- Federal Flexible Spending Account Program (FSAFEDS)
- Federal Employees' Group Life Insurance (FEGLI) Program
- Federal Long Term Care Insurance Program (FLTCIP)

If you are a new Federal employee or have recently become eligible for benefits, this Guide will walk you through the benefits offered and provide information on how and when to make your choices. If you are a current employee, this Guide 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.

This Guide also contains 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 this 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

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.

FEHBP

1. See page 8 for general information on FEHBP (including eligibility) and for guidance on choosing a plan;
2. If you decide to enroll, examine the 2015 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 guidance on choosing a FEDVIP dental plan and/or vision plan;
2. If you decide to enroll, examine the 2015 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 19 for information on how to enroll.

FEGLI

1. See page 20 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	<ol style="list-style-type: none"> 1. Check your plan's 2015 premiums and satisfaction survey results in Appendix E; 2. Examine your plan's 2015 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 2015, do nothing – your enrollment will continue automatically; 5. If not satisfied with your current plan for 2015, see Appendix B for guidance on choosing another plan; 6. See page 5 for information on FEHB and retirement. 	<ol style="list-style-type: none"> 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 2015 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	<ol style="list-style-type: none"> 1. Check your plan's 2015 premiums in Appendix K and examine your plan's 2015 brochure for benefit and enrollment/service area changes; 2. If also enrolled in FEHB, check your 2015 FEHB brochure for any changes in dental and/or vision benefits; 3. Check Appendix I for new plans available to you; 4. If satisfied with your plan's rates and benefits for 2015, do nothing – your enrollment will continue automatically; 5. If not satisfied with your current plan for 2015, see page 12 for guidance on choosing another plan and for information on how to change your enrollment; 6. 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; 7. See page 6 for information on FEDVIP and retirement. 	<ol style="list-style-type: none"> 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 2015 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. If enrolled in FEHB, check your 2015 FEHB brochure for any changes in dental and/or vision benefits. 4. See page 14 for information on how to enroll.
FSAFEDS	<ol style="list-style-type: none"> 1. If you want to participate in 2015, you must make a new election. Keep in mind your election and enrollment do not carry over from year to year; see page 19 for information on how to enroll; 2. Check your 2015 FEHB and 2015 FEDVIP plan brochures to see how any benefit changes may affect your out-of-pocket health care expenses; 3. See page 17 for any updated information about the Program. 	<ol style="list-style-type: none"> 1. See page 16 for general information on FSAFEDS (including eligibility) and for guidance on making a decision whether to participate; 2. See page 19 for information on how to enroll.

Thinking About Retiring?

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 your retirement date, 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 retire with a Self Only enrollment and later want to cover eligible family members, you can change to a Self and Family enrollment during the annual Open Season or when you experience certain QLEs.
- 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 because you are now covered by a Medicare Advantage plan, TRICARE or CHAMPVA, or Medicaid or similar State-sponsored program of medical assistance, or Peace Corps Volunteer coverage.
- 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.

Thinking About Retiring?

Federal Benefits Facts *continued*

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**.
- In most cases, changing from payroll deduction to annuity deduction is automatic, but may take several months to occur. It is advised that you contact BENEFEDS at 1-877-888-3337 prior to retirement in order to eliminate any suspension in coverage.
- 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.

Thinking About Retiring?

Federal Benefits Facts *continued*

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 how you wish your coverage(s) to continue during your retirement by submitting a standard form (SF) 2818, Continuation of Life Insurance.
- 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.

LTCP

- 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 types of plans and coverage to help you meet your health care needs. It is group coverage available to employees, retirees, and their eligible family members. If you continuously maintain your FEHB enrollment, or are covered by another FEHB enrollment as a family member, or a combination of both, for the five years of service immediately preceding your retirement or the full period(s) of service since your first opportunity to enroll if less than 5 years, and you retire on an immediate annuity, you can continue to participate in the FEHB program after retirement. The 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, or you may receive assistance with obtaining coverage inside or outside the Affordable Care Act's Health Insurance Marketplace.

If you are currently enrolled in the FEHB Program and do not want to change plans or enrollment type during Open Season, 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 Program 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/reimbursement 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 premiums. If you do not participate in premium conversion, you may change to Self Only or cancel at any time.
- 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; or
- Self and Family, which covers the enrolled employee and all eligible family members.

Federal Employees Health Benefits (FEHB) Program

Which family members are eligible?

Family Members covered under your Self and Family enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including, recognized natural children, legally adopted children, and stepchildren (may include children of your same-sex domestic partner if you would marry, but you live in a state that does not allow same sex couples to marry).

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

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

How much does it cost?

Temporary employees who are eligible to enroll under 5U.S.C. 8906a must pay the full enrollment charge including both the employee share and the Government contribution.

Am I eligible to enroll?

Most employees are eligible. 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 your retirement date, 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 or CHAMPVA, 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.**

Federal Employees Health Benefits (FEHB) Program

When can I enroll or change my enrollment?

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.

Note: Certain pay status requirements may also apply. Your Human Resources Office can advise you of your specific effective date.

How do I enroll or change my enrollment?

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/healthcare-insurance/healthcare 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/healthcare-insurance/special-initiatives/managing-my-own-health. This PHR is a fillable and downloadable form that you complete yourself and save on your home computer. We encourage you to take a look at this PHR option and, if you determine it will fulfill your record-keeping needs, take advantage of this opportunity.

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

The health plans listed on our HIT website at www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=HIT 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 ten dental plans and four 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 2015, provided you remain eligible for the Program. Enrollment continues year to year, automatically. **Please Note:** your premiums and benefits may change for 2015.

Key FEDVIP facts

- FEDVIP is part of the annual Federal Benefits Open Season.
- FEDVIP is separate and different from the FEHB Program.
- The health care law does not change the age or unmarried requirement for dependents in FEDVIP.
- 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 of yourself or spouse 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.
- If you are enrolled in an FEHB plan, it is a requirement under the FEDVIP law that your FEHB plan function as the first payor. The FEDVIP plan is always the secondary payor to the FEHB plan.
- You can use your Flexible Spending Account (FSAFEDS) with FEDVIP. You can submit your FEDVIP copayments and deductibles as eligible expenses against your FSA account.
- 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 for enrollment.
- 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).

Federal Employees Dental and Vision Insurance Program (FEDVIP)

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 listed on the coverage.

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

Which family members are eligible?

Eligible family members include your spouse and unmarried dependent children under age 22. This includes your legally adopted children, recognized natural children who meet certain dependency requirements, foster children who live with you in a regular parent-child relationship, and stepchildren (including the children of your same-sex domestic partner if you would marry, but live in a state that does not allow same-sex couples to marry). 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 order to determine whether your dependent child age 22 or over is incapable of self-support, you may be asked to provide a medical certificate that describes a disability with onset prior to age 22; or acceptable documentation that the medical condition is not compatible with employment, that there is a medical reason to restrict your child from working, or that he/she may suffer injury or harm by working.

FEDVIP rules and FEHB rules for family member eligibility are **NOT** the same.

Note: Changes in dependent eligibility under healthcare reform (Affordable Care Act) do not affect eligibility for children under FEDVIP.

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 two regional dental plans 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/healthcare-insurance/dental-vision for premium and rating region information.

Am I eligible to enroll?

If you are a Federal or U.S Postal Service employee eligible for the FEHB Program or the Health Insurance Marketplace (Exchange), you are eligible to enroll in FEDVIP. It does not matter if you are actually enrolled in FEHB or the Health Insurance Marketplace (Exchange) - eligibility is the key. 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.

Federal Employees Dental and Vision Insurance Program (FEDVIP)

When can I enroll or change my enrollment?

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 or change my enrollment?

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. 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?

Federal Employees Dental and Vision Insurance Program (FEDVIP)

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.
- Contact your provider and find out which federal 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 or cancellation.

How do I get more information about this Program?

Visit FEDVIP online at www.opm.gov/healthcare-insurance/dental-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!

The money contributed to your FSAFEDS account is set aside before taxes are deducted, so in most cases you save about 30% on your Federal taxes. The average tax savings for a person earning \$50,000 who contributes \$2,000 into an FSA account is approximately \$600. That means you get \$2000 worth of FSA eligible purchasing power PLUS pay about \$600 LESS in Federal taxes.

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 in a dependent care FSA 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 December 31 of the same year under a health care FSA.
- Enrollees must incur eligible expenses for their current benefit period by March 15th of the following year under a dependent care FSA.
- Enrollees must file claims for their current benefit period by April 30th of the following year.
- If you enroll in a healthcare FSA during Open Season, you will have 12 months to spend your annual election.
- 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. Effective for 2015 enrollments, there is a carryover exception for certain types of FSA accounts. See next page for details.
- Eligible health care expenses of an employee's child are covered through the end of the year in which the child turns 26 without regard to residency or tax dependency.

Federal Flexible Spending Account Program (FSAFEDS)

What enrollment types are available?

There are three types of FSAs. Each type has a minimum annual election of \$100 and the Dependent Care FSA has a maximum of \$5,000 per household. The Health Care FSA and Limited Expense Health Care FSA have a maximum annual election of \$2,500 per enrollee.

- **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 and who lives with you.
 - If you enroll in a dependent care FSA 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 under a dependant care FSA.
- **Health Care FSA (HCFSA)** – Used for eligible health care expenses for you, your spouse, your tax dependents, and your adult children through the end of the calendar year in which they turn age 26 without regard to residency or tax dependency 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, cleaners and cases
 - Dental care and procedures
 - Eye surgery
 - Eyeglasses and prescription sunglasses
 - Hearing aids and batteries
 - Infertility treatments

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.

If you enroll during Open Season, you will have 12 months to spend your annual election (January - December). Up to \$500 in unspent funds may be carried over to the next plan year. You must be employed by an agency that participates in FSAFEDS and be actively making allotments from your pay through December 31 to use your carryover. You must also re-enroll in an HCFSA the next plan year to use the carryover.

Federal Flexible Spending Account Program (FSAFEDS)

- **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, your tax dependents and your adult children through the end of the calendar year in which they turn age 26 without regard to residency or tax dependency 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.)

If you enroll during Open Season, you will have 12 months to spend your annual election (January - December). Up to \$500 in unspent funds may be carried over to the next plan year. You must be employed by an agency that participates in FSAFEDS and be actively making allotments from your pay through December 31 to use your carryover. You must also re-enroll in a LEX HCFSA the next plan year to use carryover.

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.

Which family members are eligible?

Enrollees in FSAFEDS may request reimbursement for eligible health care expenses incurred by a spouse, tax dependent, natural child, stepchild, adopted child, eligible foster child, or a child who is placed with the enrollee for legal adoption.

When can I enroll or change my enrollment?

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.

Federal Flexible Spending Account Program (FSAFEDS)

Qualifying Life Events (QLEs) that May Permit a Change in Your Flexible Spending Account Participation

The following QLEs may allow you to enroll, cancel, increase, or even decrease your election amount:

- A change in your legal marital status (i.e., marriage, legal separation, divorce, or death of your spouse)
- The birth or adoption of your child, or placement for adoption
- The death of a dependent
- Other changes in the number of your tax dependents (e.g., parents now reside with you because they are incapable of self-care)
- A change in employment status (for you, your spouse or your dependent) that affects eligibility for health insurance benefits
- Leave Without Pay (LWOP) due to military deployment
- A change in your dependent's eligibility (e.g., your child reaches age 13 when he/she is no longer eligible for coverage under a Dependent Care Flexible Spending Account)
- A change in cost or coverage for daycare or elder care (e.g., a significant cost increase charged by your current daycare provider, or a change in your provider – for Dependent Care Flexible Spending Account only)

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 may 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 and compensationers may be able to continue their FEGLI coverage into retirement or while receiving compensation from the Office of Workers' Compensation Programs (OWCP), 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 for 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.**

Federal Employees' Group Life Insurance (FEGLI) Program

Which family members are eligible?

Eligible FEGLI family members include a spouse and eligible dependent children. Eligible dependent children must be unmarried and under age 22, or if age 22 or over, incapable of self-support because of a mental or physical disability that existed before the child reached age 22. Eligible dependent children include your natural children, legally adopted children, stepchildren (if they live with you in a regular parent-child relationship), recognized natural children and foster children (if they live with you in a regular parent-child relationship). Stillborn children are not covered.

When can I enroll or change my enrollment?

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 60 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.

You may elect Basic, Option A, Option B and Option C within 60 days of a FEGLI qualifying life event. In addition, you may increase the number of multiples of Option B and/or Option C. You may elect any number of multiples for Option B and Option C as long as the total number of multiples for each option does not exceed 5.

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 Season was held in 2004.

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/healthcare-insurance/life-insurance, 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/healthcare-insurance/life-insurance.

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 Operations 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, such as Alzheimer's disease. Long term care can be provided in a facility, like a nursing home, but is most often 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 approved 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 relatives, including same-sex domestic partners 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.

Please Note: Your premiums do not change because you get older or your health changes after your coverage becomes effective. However, premiums are not guaranteed. We may only increase premiums if you are among a group of enrollees whose premium is determined to be inadequate.

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 a Federal or U.S Postal Service employee eligible for the FEHB Program or the Health Insurance Marketplace (Exchange), you are eligible to apply for coverage under FLTCIP. It does not matter if you are actually enrolled in FEHB or the Health Insurance Marketplace (Exchange)- eligibility is the key. Retirees are eligible to apply.

Federal Long Term Care Insurance Program (FLTCIP)

Which family members are eligible?

Enrollment in the FLTCIP is on an individual basis. If you are eligible as a Federal employee or annuitant, your spouse, same-sex domestic partner, and your adult children at least 18 years old are eligible to apply for coverage even if you do not. If you are a Federal employee, your parents, parents-in-law, and step parents are also eligible to apply.

For more information on eligibility, visit www.ltcfeds.com/eligibility.

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. You and your qualified relatives, including same-sex domestic partners 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 children under age 26. Under certain circumstances, your FEHB enrollment may cover your disabled child 26 years old or older who is incapable of self-support.

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

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

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. Also, Qualifying Life Events (QLEs), 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, or you may receive assistance in obtaining coverage inside or outside the Affordable Care Acts Health Insurance Market Place.

- * for you and your family if you leave Federal service (including when you are not eligible to carry FEHB into retirement),
- * for your covered child if he or she turns age 26, 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.

Types of Plans	Choice of doctors, hospitals, pharmacies, and other providers	Specialty care	Out-of-pocket costs	Paperwork
Fee-for-Service w/PPO (Preferred Provider Organization)	You must use the plan's network to reduce your out-of-pocket costs. For BCBS Basic Option, you must use Preferred providers for your care to be eligible for benefits.	Referral not required to get benefits.	You pay fewer costs if you use a PPO provider than if you don't.	Some, if you don't use network providers.
Health Maintenance Organization	You generally must use the plan's network to reduce your out-of-pocket costs.	Referral generally required from primary care doctor to get benefits.	Your out-of-pocket costs are generally limited to copayments.	Little, if any.
Point-of-Service	You must use the plan's network to reduce your out-of-pocket costs. You may go outside the network but you will pay more.	Referral generally required to get maximum benefits.	You pay less if you use a network provider than if you don't.	Little, if you use the network. You have to file your own claims if you don't use the network.
Consumer-Driven Plans	You may use network and non-network providers. You will pay more by not using the network.	Referral not required to get maximum benefits from PPOs.	You will pay an annual deductible and cost-sharing. You pay less if you use the network.	Some, if you don't use network providers. You file a claim to obtain reimbursement from your HRA
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.	Some, if you don't use network providers. If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement.

Appendix B

Choosing an FEHB Plan

What should you consider when choosing a plan?

Having a variety of plans to choose from is a good thing, but it can make the process confusing. We have a tool on our website that will help you narrow your plan choice based on the benefits that are important to you; go to www.opm.gov/healthcare-insurance/healthcare/plan-information/compare-plans. You can also find help in selecting a plan using tools provided by PlanSmartChoice and Consumer's Checkbook at www.opm.gov/healthcare-insurance/healthcare/plan-information.

Ask yourself these questions:

1. How much does the plan cost? This includes the premium you pay.
2. What benefits does the plan cover? Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.
3. What are my out-of-pocket costs? Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?
4. Who are the doctors, hospitals, and other care providers I can use? Your costs are lower when you use providers who are part of the plan; these are “in-network” providers.
5. How well does my plan provide quality care? Quality care varies from plan to plan, and here are three sources for reviewing quality.
 - Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.
 - Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores.
 - 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 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 enrollees 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 You to Enroll or Change 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 QLE, changes to the employee's FEHB enrollment may be permitted. Individuals who don't participate in Premium Conversion (retirees and employees who waived participation and retirees) 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 ¹
Any change in employee's employment status that could result in entitlement to coverage.	Yes	Not Applicable	Not Applicable	Not Applicable
Employee restored to 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 ²

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

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

Appendix D

FEHB Member Survey Results

Each year FEHB 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 78.

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

Nationwide Fee-for-Service Plans

How to read this chart:

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	560.50	1267.33	258.69	584.92
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	634.92	1434.07	293.04	661.88
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	549.51	1286.70	253.62	593.86
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	641.90	1459.90	296.26	673.80
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	425.06	966.59	196.18	446.12
MHBP -std	800-410-7778	454	455	638.43	1461.11	294.66	674.36
MHBP -Value Plan	800-410-7778	414	415	492.79	1174.85	227.44	542.24
NALC -high	888-636-6252	321	322	604.39	1309.25	278.95	604.27
NALC Value Option	888-636-6252	KM1	KM2	373.53	811.16	172.40	374.38
SAMBA -high	800-638-6589	441	442	736.43	1734.33	339.89	800.46
SAMBA -std	800-638-6589	444	445	526.85	1203.26	243.16	555.35

Plan Name: Open Only to Specific Groups

Compass Rose Health Plan (CRHP) -high	888-438-9138	421	422	605.56	1392.11	279.49	642.51
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	521.45	1284.83	240.67	593.00
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	482.56	1007.24	222.72	464.88
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	633.73	1208.39	292.49	557.72

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

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

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

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

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

CRHP	PPO	\$350	None	\$200	\$15	10%	Nothing	\$5	\$35/30% or \$50	Yes
	Non-PPO	\$400	None	\$400	30%	30%	30%	\$5	\$35/30% or \$50	Yes
FS	PPO	\$250	None	Nothing	10%	10%	Nothing	\$10	25%/\$30min/30%/\$50min	Yes
	Non-PPO	\$300	None	\$200	30%	30%	20%	\$10	25%/\$30min/30%/\$50min	Yes
PCABP	PPO	None	None	\$25	\$5	Nothing	Nothing	20%	20%/20%	No
	Non-PPO	None	None	\$100	50%	50%	50%	20%	20%/20%	No
Rural	PPO	\$350	\$200	\$100	\$20	10%	Nothing	30%	30%/30%	Yes
	Non-PPO	\$400	\$200	\$300	25%	25%	25%	30%	30%/30%	Yes

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

Nationwide Fee-for-Service Plans

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

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

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

Plan Name: Open Only to Specific Groups

	FFS National Average	82.29	92.67	91.93	95.81	91.95	92.82	70.83
Compass Rose Health Plan	42 42	84.42	93.35	94.78	95.55	93.56	89.6	77.82
Foreign Service Benefit Plan	40 40	83.26	91.28	92.8	95.81	88.71	90.41	73.37
Panama Canal Area Benefit Plan	43 43							
Rural Carrier Benefit Plan	38 38	89.45	95.84	94.33	96.07	92.86	97.14	74.6

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

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

Appendix E

FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 38 through 77)

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

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

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

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

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

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

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

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

Member Survey Results – See Appendix D for a description.

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		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Alabama							
Aetna Value Plan - Most of Alabama	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Alaska							
Aetna Value Plan - Most of Alaska	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Arizona							
Aetna Value Plan - All of Arizona	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Aetna Open Access-High-Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	815.25	1971.41	376.27	909.88
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	718.32	1818.81	331.53	839.45
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	655.59	1660.01	302.58	766.16
Humana Health Plan, Inc. -High- Phoenix	888-393-6765	BF1	BF2	596.59	1327.39	275.35	612.64
Humana Health Plan, Inc. -Std- Phoenix	888-393-6765	BF4	BF5	566.76	1261.04	261.58	582.02
Humana Health Plan, Inc. -High- Tucson	888-393-6765	C71	C72	596.59	1327.39	275.35	612.64
Humana Health Plan, Inc. -Std- Tucson	888-393-6765	C74	C75	566.76	1261.04	261.58	582.02
Arkansas							
Aetna Value Plan - Most of Arkansas	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
QualChoice -High- All of Arkansas	800-235-7017	DH1	DH2	589.31	1380.06	271.99	636.95
QualChoice -Std- All of Arkansas	800-235-7017	DH4	DH5	501.54	1174.51	231.48	542.08

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

Plan Name – 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						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Alabama													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Alaska													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Arizona													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Net of Arizona, Inc.-High		\$20/\$40	\$250/day x 5	\$10	\$30/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Health Net of Arizona, Inc.-Standard		\$25/\$50	25%	\$10	\$40/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Arkansas													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
QualChoice-High	In-Network	\$20/\$30	\$100 max \$500	\$0	\$40/\$60/\$100 per fill	Yes							
QualChoice-High	Out-Network	40%/40%	40%	N/A	N/A	N/A							
QualChoice-Std		\$20/\$40	\$200 max \$1,000	\$5	\$40/\$60/\$100 per fill	Yes							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
California							
Aetna Value Plan - Most of California	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	604.83	1410.80	279.15	651.14
Anthem Blue Cross Select HMO -High- Southern California	800-235-8631	B31	B32	699.31	1503.52	322.76	693.93
Blue Shield of CA Access+HMO -High- Southern Region	800-880-8086	SI1	SI2	670.04	1507.63	309.25	695.83
Health Net of California -High- Northern Region	800-522-0088	LB1	LB2	1267.50	2930.55	585.00	1352.56
Health Net of California -Std- Northern Region	800-522-0088	LB4	LB5	1207.14	2790.97	557.14	1288.14
Health Net of California -High- Southern Region	800-522-0088	LP1	LP2	745.81	1724.41	344.22	795.88
Health Net of California -Std- Southern Region	800-522-0088	LP4	LP5	709.32	1640.04	327.38	756.94
Kaiser Foundation Health Plan of California -High- Northern California	800-464-4000	591	592	779.59	1860.93	359.81	858.89
Kaiser Foundation Health Plan of California -Std- Northern California	800-464-4000	594	595	653.86	1530.01	301.78	706.16
Kaiser Foundation Health Plan of California -High- Southern California	800-464-4000	621	622	577.16	1333.91	266.38	615.65
Kaiser Foundation Health Plan of California -Std- Southern California	800-464-4000	624	625	374.42	865.35	172.81	399.39
Kaiser Foundation Health Plan -Basic- Northern California	800-464-4000	KC1	KC2	609.07	1425.23	281.11	657.80
Kaiser Foundation Health Plan-Fresno County -High- Fresno County	800-464-4000	NZ1	NZ2	577.16	1333.91	266.38	615.65
Kaiser Foundation Health Plan-Fresno County -Std- Fresno County	800-464-4000	NZ4	NZ5	374.42	865.35	172.81	399.39
UnitedHealthcare of California -High- Central and Southern California	866-546-0510	CY1	CY2	644.04	1471.67	297.25	679.23
UnitedHealthcare of California -Std- Central and Southern California	866-546-0510	CY4	CY5	544.81	1248.33	251.45	576.15
Colorado							
Aetna Value Plan - All of Colorado	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Humana Health Plan, Inc. -High- Denver Colorado area	888-393-6765	NR1	NR2	453.42	1008.84	209.27	465.62
Humana Health Plan, Inc. -Std- Denver Colorado area	888-393-6765	NR4	NR5	408.07	907.96	188.34	419.06
Humana Health Plan, Inc. -High- Colorado counties of El Paso and Teller	888-393-6765	NT1	NT2	477.27	1061.95	220.28	490.13
Humana Health Plan, Inc. -Std- Colorado counties of El Paso and Teller	888-393-6765	NT4	NT5	429.56	955.76	198.26	441.12
Kaiser Foundation Health Plan of Colorado -High- Denver/Boulder/Northern/Southern Colorad	800-632-9700	651	652	684.49	1546.96	315.92	713.98
Kaiser Foundation Health Plan of Colorado -Std- Denver/Boulder/Northern/Southern Colorad	800-632-9700	654	655	435.80	984.92	201.14	454.58
Kaiser Foundation Health Plan of Colorado -Basic- Denver/Boulder/Northern/Southern Colorad	800-632-9700	N41	N42	311.31	703.54	143.68	324.71

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43
California												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	63.69	77.09	NR*	90	NR*	NR*
Anthem Blue Cross Select HMO-High		\$25/\$35	\$250 max 4 days	\$5,\$40,\$70	\$5,\$40,\$70/\$60	Yes	71.76	84.7	83.51	93.95	NR*	NR*
Blue Shield of CA Access+HMO-High		\$20/\$30	\$200/ x 3 days	\$10	\$35/50%, \$200 maximum	Yes	77.01	82.2	83.72	92.83	NR*	NR*
Health Net of California-High		\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-Standard		\$30/\$50	\$750	\$15	\$35/\$65	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-High		\$20/\$30	\$150/day x 5	\$10	\$35/\$60	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Health Net of California-Standard		\$30/\$50	\$750	\$15	\$35/\$65	Yes	61.03	78.42	76.27	89.95	NR*	NR*
Kaiser Foundation HP of California-High		\$15/\$25	\$250	\$10	\$30/\$30	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP of California-Standard		\$30/\$40	\$500	\$15	\$35/\$35	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP of California-High		\$15/\$25	\$250	\$10	\$30/\$30	Yes	84.8	86.36	83.31	94.13	90.12	85
Kaiser Foundation HP of California-Standard		\$30/\$40	\$500	\$15	\$35/\$35	Yes	84.8	86.36	83.31	94.13	90.12	85
Kaiser Foundation HP-Basic		\$25/\$35	20%	\$15	\$35/\$35	Yes	80.5	88.63	87.31	92.94	89.24	82.84
Kaiser Foundation HP-Fresno County-High		\$15/\$25	\$250	\$10	\$35/\$35	Yes						
Kaiser Foundation HP-Fresno County-Standard		\$30/\$40	\$500	\$15	\$30/\$30	Yes						
UnitedHealthcare of California-High		\$20/\$35	\$150/day x 4	\$10	\$35/\$60	Yes	71.12	78.82	80	94.13	NR*	NR*
UnitedHealthcare of California-Standard		\$25/\$40	30%	\$10	\$25/\$50	Yes	71.12	78.82	80	94.13	NR*	NR*
Colorado												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.84	87.97	88.21	96.86	NR*	88.28
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						65.72
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes						
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes						
Kaiser Foundation HP of Colorado-High		\$20/\$40	\$500/day x 2	\$15	\$40/\$80	Yes	67.21	81.92	83.11	91.56	86.94	NR*
Kaiser Foundation HP of Colorado-Standard		\$20/\$40	10%	\$15	\$40/\$80	Yes	67.21	81.92	83.11	91.56	86.94	NR*
Kaiser Foundation HP of Colorado-Basic		\$20/\$50	20%	\$15	\$40/\$80	Yes						

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Connecticut							
Aetna Value Plan - All of Connecticut	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Delaware							
Aetna Value Plan - All of Delaware	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Aetna Open Access -High- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	1208.33	2915.51	557.69	1345.62
Aetna Open Access -Basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	1046.72	2417.00	483.10	1115.54
District of Columbia							
Aetna Value Plan - All of Washington DC	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Aetna Open Access -High- Washington, DC Area	877-459-6604	JN1	JN2	924.69	2071.27	426.78	955.97
Aetna Open Access -Basic- Washington, DC Area	877-459-6604	JN4	JN5	576.07	1288.13	265.88	594.52
CareFirst BlueChoice -High- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	670.35	1508.02	309.39	696.01
CareFirst BlueChoice -Std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	599.24	1348.06	276.57	622.18
Kaiser Foundation Health Plan Mid-Atlantic States -High- Washington, DC area	877-574-3337	E31	E32	606.54	1395.05	279.94	643.87
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Washington, DC area	877-574-3337	E34	E35	393.32	904.58	181.53	417.50
M.D. IPA -High- Washington, DC area	877-835-9861	JP1	JP2	681.53	1571.48	314.55	725.30
UnitedHealthcare Insurance Company -Value- DC Area	877-835-9861	L91	L92	529.36	1177.82	244.32	543.61

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Florida							
Aetna Value Plan - Most of Florida	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
AvMed Health Plans -High- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	649.96	1559.98	299.98	719.99
AvMed Health Plans -Std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	524.05	1257.86	241.87	580.55
Capital Health Plan -High- Tallahassee area	850-383-3311	EA1	EA2	514.15	1362.51	237.30	628.85
Coventry Health Plan of Florida -High- Southern Florida	800-441-5501	5E1	5E2	693.90	1665.39	320.26	768.64
Coventry Health Plan of Florida -Std- Southern Florida	800-441-5501	5E4	5E5	681.01	1634.47	314.31	754.37
Humana Value Plan - Tampa Area	888-393-6765	MJ4	MJ5	430.89	958.73	198.87	442.49
Humana Value Plan - South Florida Area	888-393-6765	QP4	QP5	430.89	958.73	198.87	442.49
Humana Medical Plan, Inc. -High- Orlando	888-393-6765	E21	E22	530.29	1179.92	244.75	544.58
Humana Medical Plan, Inc. -Std- Orlando	888-393-6765	E24	E25	477.27	1061.93	220.28	490.12
Humana Medical Plan, Inc. -High- South Florida	888-393-6765	EE1	EE2	697.02	1550.86	321.70	715.78
Humana Medical Plan, Inc. -Std- South Florida	888-393-6765	EE4	EE5	596.53	1327.28	275.32	612.59
Humana Medical Plan, Inc. -High- Daytona	888-393-6765	EX1	EX2	563.44	1253.66	260.05	578.61
Humana Medical Plan, Inc. -Std- Daytona	888-393-6765	EX4	EX5	507.11	1128.31	234.05	520.76
Humana Medical Plan, Inc. -High- Tampa	888-393-6765	LL1	LL2	1022.93	2276.00	472.12	1050.46
Humana Medical Plan, Inc. -Std- Tampa	888-393-6765	LL4	LL5	596.59	1327.41	275.35	612.65
UnitedHealthcare Insurance Company -Value- Tampa, Orlando, Miami	877-835-9861	LV1	LV2	552.11	1228.46	254.82	566.98

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Florida													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
AvMed Health Plans-High		\$15/\$40	\$250/day x 3	\$5	\$30/\$50/30%	No	80.65	86.84	80.78	95.75	NR*	NR*	65.92
AvMed Health Plans-Standard		\$25/\$45	\$300/day x 3	\$10	\$40/\$60/30%	No	80.65	86.84	80.78	95.75	NR*	NR*	65.92
Capital Health Plan-High		\$15/\$40	\$250	\$15 Tier 1	\$30 Tier 2/ \$50 Tier 3	No	88.44	91.94	91.3	96.77	NR*	NR*	75.6
Coventry Health Plan of Florida-High		\$15/\$30	Ded + \$150 x 3	\$3/\$20	\$40/\$60/20%	No	55.5	85.38	84.38	90.26	NR*	NR*	NR*
Coventry Health Plan of Florida-Standard		\$20/\$50	Ded + \$150 x 5	\$3/\$10	\$50/\$70/20%	No	55.5	85.38	84.38	90.26	NR*	NR*	NR*
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Medical Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	70.07	84.76	82.16	92.88	89.71	89.55	59.42
Humana Medical Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.07	84.76	82.16	92.88	89.71	89.55	59.42
Humana Medical Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Medical Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500+500	\$10	\$35/\$60	Yes							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Georgia							
Aetna Value Plan - All of Georgia	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Aetna Open Access -High- Atlanta and Athens Areas	877-459-6604	2U1	2U2	966.85	2218.62	446.24	1023.98
Humana Value Plan -Basic- Atlanta Area	888-393-6765	AD4	AD5	430.89	958.73	198.87	442.49
Humana Value Plan -Basic- Macon Area	888-393-6765	LM4	LM5	430.89	958.73	198.87	442.49
Humana Employers Health of Georgia, Inc. -High- Columbus	888-393-6765	CB1	CB2	596.59	1327.39	275.35	612.64
Humana Employers Health of Georgia, Inc. -Std- Columbus	888-393-6765	CB4	CB5	566.76	1261.04	261.58	582.02
Humana Employers Health of Georgia, Inc. -High- Atlanta	888-393-6765	DG1	DG2	645.69	1436.65	298.01	663.07
Humana Employers Health of Georgia, Inc. -Std- Atlanta	888-393-6765	DG4	DG5	596.59	1327.41	275.35	612.65
Humana Employers Health of Georgia, Inc. -High- Macon	888-393-6765	DN1	DN2	596.59	1327.39	275.35	612.64
Humana Employers Health of Georgia, Inc. -Std- Macon	888-393-6765	DN4	DN5	566.76	1261.04	261.58	582.02
Kaiser Foundation Health Plan of Georgia -High- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	588.60	1344.98	271.66	620.76
Kaiser Foundation Health Plan of Georgia -Std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	434.83	993.59	200.69	458.58
UnitedHealthcare Insurance Company -Value- Atlanta Region	877-835-9861	LV1	LV2	552.11	1228.46	254.82	566.98
Guam							
Calvos Selectcare -High- Guam, Northern Mariana Islands, Palau	671-479-7982	B41	B42	422.57	1152.84	195.03	532.08
Calvos Selectcare -Std- Guam, Northern Mariana Islands, Palau	671-479-7982	B44	B45	365.58	996.67	168.73	460.00
TakeCare -High- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK1	JK2	445.75	1171.34	205.73	540.62
TakeCare -Std- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK4	JK5	372.49	983.69	171.92	454.01

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Hawaii							
Aetna Value Plan - All of Hawaii	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
HMSA -High- All of Hawaii	800-776-4672	871	872	498.33	1109.25	230.00	511.96
Kaiser Foundation Health Plan of Hawaii-High-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	528.32	1178.13	243.84	543.75
Kaiser Foundation Health Plan of Hawaii-Std-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	364.61	813.06	168.28	375.26
Idaho							
Aetna Value Plan - Most of Idaho	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Altius Health Plans -High- Southern Region	800-377-4161	9K1	9K2	649.31	1428.55	299.68	659.33
Altius Health Plans -Std- Southern Region	800-377-4161	DK4	DK5	488.43	1074.52	225.43	495.93
Group Health Cooperative -High- most of Washington State&Northern Idaho	888-901-4636	541	542	702.91	1511.25	324.42	697.50
Group Health Cooperative -Std- most of Washington State&Northern Idaho	888-901-4636	544	545	482.52	1089.31	222.70	502.76
SelectHealth -High- Idaho South	800-538-5038	SF1	SF2	636.78	1420.51	293.90	655.62
SelectHealth -Std- Idaho South	800-538-5038	SF4	SF5	497.42	1109.64	229.58	512.14

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Illinois							
Aetna Value Plan - Most of Illinois	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Blue Cross and Blue Shield of Illinois -High- Illinois	855-676-4482	A21	A22	769.32	1746.44	355.07	806.05
Blue Preferred Plus POS -High- Madison and St. Clair counties	888-811-2092	9G1	9G2	869.25	1738.51	401.19	802.39
Health Alliance HMO -High- Central/E.Central/N.Cent/South/West Illinois	800-851-3379	FX1	FX2	740.65	1726.49	341.84	796.84
Health Alliance HMO -Std- Central/E.Central/N.Central/South/West Illinois	800-851-3379	K84	K85	629.37	1467.09	290.48	677.12
Humana Benefit Plan of Illinois, Inc. -High- Central and Northwestern Illinois	888-393-6765	9F1	9F2	1173.64	2611.35	541.68	1205.24
Humana Benefit Plan of Illinois, Inc. -Std- Central and Northwestern Illinois	888-393-6765	AB4	AB5	609.14	1355.36	281.14	625.55
Humana Value Plan - Central Illinois	888-393-6765	GB4	GB5	430.89	958.73	198.87	442.49
Humana Value Plan - Chicago Area	888-393-6765	MW4	MW5	430.89	958.73	198.87	442.49
Humana Health Plan, Inc. -High- Chicago	888-393-6765	751	752	974.78	2168.92	449.90	1001.04
Humana Health Plan, Inc. -Std- Chicago	888-393-6765	754	755	596.59	1327.41	275.35	612.65
Union Health Service -High- Chicago area	312-423-4200	761	762	557.83	1295.49	257.46	597.92
UnitedHealthcare Insurance Company -Value- Chicago Area	877-835-9861	L91	L92	529.36	1177.82	244.32	543.61
UnitedHealthcare Plan of the River Valley Inc. -High- West Central Illinois	800-747-1446	YH1	YH2	583.61	1378.74	269.36	636.34

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Indiana							
Aetna Value Plan - All of Indiana	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Health Alliance HMO -High- Western Indiana	800-851-3379	FX1	FX2	740.65	1726.49	341.84	796.84
Health Alliance HMO -Std- Western Indiana	800-851-3379	K84	K85	629.37	1467.09	290.48	677.12
Humana Value Plan - Lake/Porter/LaPorte Counties	888-393-6765	MW4	MW5	430.89	958.73	198.87	442.49
Humana Health Plan of Ohio -High- Portions of Indiana	888-393-6765	A61	A62	596.59	1327.39	275.35	612.64
Humana Health Plan of Ohio -Std- Portions of Indiana	888-393-6765	A64	A65	566.76	1261.04	261.58	582.02
Humana Health Plan, Inc. -High- Lake/Porter/LaPorte Counties	888-393-6765	751	752	974.78	2168.92	449.90	1001.04
Humana Health Plan, Inc. -Std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	596.59	1327.41	275.35	612.65
Humana Health Plan, Inc. -High- Southern Indiana	888-393-6765	MH1	MH2	596.59	1327.39	275.35	612.64
Humana Health Plan, Inc. -Std- Southern Indiana	888-393-6765	MH4	MH5	566.76	1261.04	261.58	582.02
Physicians Health Plan of Northern Indiana -High- Northeast Indiana	260-432-6690	DQ1	DQ2	771.38	1716.95	356.02	792.44
Iowa							
Aetna Value Plan - All of Iowa	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Coventry Health Care of Iowa -High- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	532.91	1252.36	245.96	578.01
Coventry Health Care of Iowa -Std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	402.33	945.49	185.69	436.38
Health Alliance HMO -High- Central and Eastern Iowa	800-851-3379	FX1	FX2	740.65	1726.49	341.84	796.84
Health Alliance HMO -Std- Central and Eastern Iowa	800-851-3379	K84	K85	629.37	1467.09	290.48	677.12
HealthPartners High Option - Northern Iowa	800-883-2177	V31	V32	660.05	1518.14	304.64	700.68
HealthPartners Standard Option - Northern Iowa	800-883-2177	V34	V35	366.58	843.14	169.19	389.14
Sanford Health Plan -High- Northwestern Iowa	800-752-5863	AU1	AU2	737.08	1695.94	340.19	782.74
Sanford Health Plan -Std- Northwestern Iowa	800-752-5863	AU4	AU5	707.31	1626.86	326.45	750.86
UnitedHealthcare Plan of the River Valley Inc. -High- Eastern and Central Iowa	800-747-1446	YH1	YH2	583.61	1378.74	269.36	636.34

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Indiana													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07	70.08
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes							
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+ /\$60+	No							
Humana Health Plan of Ohio-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan of Ohio-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	70.24	84.24	81.9	95.32	NR*	NR*	55.95
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Physicians Health Plan of Northern Indiana-High		\$20/\$40	20%	\$10	\$30/\$60	Yes	59.77	93.07	85.46	96.77	NR*	91.92	56.68
Iowa													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Coventry Health Care of Iowa-High		\$25/\$50	20%	\$3/ \$10	\$45/\$70/\$100	Yes	56.36	90.84	86.92	97.36	82.13	89.8	NR*
Coventry Health Care of Iowa-Standard		\$25/\$50	20%	\$3/ \$10	\$75 MAX/\$45M/ \$210/\$100	No	56.36	90.84	86.92	97.36	82.13	89.8	NR*
Health Alliance HMO-High		\$25/\$50	Nothing	\$10	\$40/\$80	Yes	80.22	90.41	88.34	95.6	91.67	89.07	70.08
Health Alliance HMO-Standard		\$25/\$50	20%	\$7	\$35/\$70	Yes							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+ /40%+	N/A							
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%+ /40%+	40%+	40%+	40%+ /40%+	N/A							
UnitedHealthcare Plan of the River Valley Inc.-High		\$25/\$50	20%	\$10	\$35/\$50	Yes	60.76	91.54	86.72	95.71	82.42	94.16	60.13

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kansas							
Aetna Value Plan - Most of Kansas	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	529.62	1244.66	244.44	574.46
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	566.65	1331.63	261.53	614.60
Humana Value Plan - Kansas City Area	888-393-6765	PH4	PH5	430.89	958.73	198.87	442.49
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	1271.90	2829.95	587.03	1306.13
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	596.59	1327.41	275.35	612.65
Kentucky							
Aetna Value Plan - Most of Kentucky	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Humana Health Plan of Ohio -High- Portions of Kentucky	888-393-6765	A61	A62	596.59	1327.39	275.35	612.64
Humana Health Plan of Ohio -Std- Portions of Kentucky	888-393-6765	A64	A65	566.76	1261.04	261.58	582.02
Humana Health Plan, Inc. -High- Louisville	888-393-6765	MH1	MH2	596.59	1327.39	275.35	612.64
Humana Health Plan, Inc. -Std- Louisville	888-393-6765	MH4	MH5	566.76	1261.04	261.58	582.02
Humana Health Plan, Inc. -High- Lexington	888-393-6765	MI1	MI2	596.59	1327.41	275.35	612.65
Humana Health Plan, Inc. -Std- Lexington	888-393-6765	MI4	MI5	566.76	1261.04	261.58	582.02
Louisiana							
Aetna Value Plan - Most of Louisiana	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Coventry Health Care of Louisiana -High- New Orleans Area	800-341-6613	BJ1	BJ2	721.72	1676.05	333.10	773.56
Coventry Health Care of Louisiana -Std- New Orleans Area	800-341-6613	BJ4	BJ5	567.08	1317.03	261.73	607.86
Humana Health Benefit Plan of Louisiana, Inc. -High- Baton Rouge	888-393-6765	AE1	AE2	596.59	1327.41	275.35	612.65
Humana Health Benefit Plan of Louisiana, Inc. -Std- Baton Rouge	888-393-6765	AE4	AE5	536.92	1194.68	247.81	551.39
Humana Health Benefit Plan of Louisiana, Inc. -High- New Orleans	888-393-6765	BC1	BC2	563.44	1253.66	260.05	578.61
Humana Health Benefit Plan of Louisiana, Inc. -Std- New Orleans	888-393-6765	BC4	BC5	507.11	1128.31	234.05	520.76

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Maine							
Aetna Value Plan - All of Maine	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Maryland							
Aetna Value Plan - All of Maryland	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Aetna Open Access -High- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	924.69	2071.27	426.78	955.97
Aetna Open Access -Basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	576.07	1288.13	265.88	594.52
CareFirst BlueChoice -High- All of Maryland	888-789-9065	2G1	2G2	670.35	1508.02	309.39	696.01
CareFirst BlueChoice -Std- All of Maryland	888-789-9065	2G4	2G5	599.24	1348.06	276.57	622.18
Kaiser Foundation Health Plan Mid-Atlantic States -High- Baltimore/Washington, DC areas	877-574-3337	E31	E32	606.54	1395.05	279.94	643.87
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	393.32	904.58	181.53	417.50
M.D. IPA -High- All of Maryland	877-835-9861	JP1	JP2	681.53	1571.48	314.55	725.30
UnitedHealthcare Insurance Company -Value- All of Maryland	877-835-9861	L91	L92	529.36	1177.82	244.32	543.61
Massachusetts							
Aetna Value Plan - Most of Massachusetts	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Fallon Community Health Plan -Basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	853.58	2074.50	393.96	957.46

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Michigan							
Aetna Value Plan - All of Michigan	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Bluecare Network of MI -High- East Region	800-662-6667	K51	K52	686.18	1564.42	316.70	722.04
Bluecare Network of MI -High- Southeast Region	800-662-6667	LX1	LX2	607.19	1456.85	280.24	672.39
Grand Valley Health Plan -High- Grand Rapids area	616-949-2410	RL1	RL2	672.17	1572.85	310.23	725.93
Grand Valley Health Plan -Std- Grand Rapids area	616-949-2410	RL4	RL5	628.46	1470.52	290.06	678.70
Health Alliance Plan -High- Southeastern Michigan/Flint Area	800-556-9765	521	522	679.08	1595.86	313.42	736.55
Health Alliance Plan -Std- Southeastern Michigan/Flint Area	800-556-9765	GY4	GY5	577.48	1357.09	266.53	626.35
HealthPlus of MI -High- East Michigan	800-332-9161	X51	X52	641.25	1538.64	295.96	710.14
Priority Health -High- Lower Peninsula in Michigan	800-446-5674	LE1	LE2	682.63	1638.30	315.06	756.14
Priority Health -Std- Lower Peninsula in Michigan	800-446-5674	LE4	LE5	580.62	1393.47	267.98	643.14
Minnesota							
Aetna Value Plan - Most of Minnesota	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
HealthPartners High Option - Minnesota	800-883-2177	V31	V32	660.05	1518.14	304.64	700.68
HealthPartners Standard Option - Minnesota	800-883-2177	V34	V35	366.58	843.14	169.19	389.14
Mississippi							
Aetna Value Plan - Most of Mississippi	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39

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						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Michigan													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Grand Valley Health Plan-High		\$0/\$10	Nothing	\$5	\$15/\$15	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Grand Valley Health Plan-Standard		\$0/\$20	\$500 x 3	\$10	N/A/\$40	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Health Alliance Plan-High		\$15/\$25	Nothing	\$8	\$40/\$60	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
Health Alliance Plan-Standard		\$30/\$50	10%	\$20	\$40/\$80	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
HealthPlus of MI-High		\$10/\$20	None	\$8	\$40/\$60	Yes	78.29	92.37	90.2	93.78	93.55	94.62	63.63
Priority Health-High		\$10/\$30	Nothing	\$10	\$40/\$60	Yes							
Priority Health-Standard		\$15/\$30	20% of charges	\$10	\$45/\$90	Yes							
Minnesota													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Mississippi													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Aetna Value Plan - Most of Missouri	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Blue Preferred Plus POS -High- StLouis/Central/SW areas	888-811-2092	9G1	9G2	869.25	1738.51	401.19	802.39
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	529.62	1244.66	244.44	574.46
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	566.65	1331.63	261.53	614.60
Humana Value Plan- Kansas City Area	888-393-6765	PH4	PH5	430.89	958.73	198.87	442.49
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	1271.90	2829.95	587.03	1306.13
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	596.59	1327.41	275.35	612.65
Montana							
Aetna Value Plan - South/Southeast/Western MT Areas	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Nebraska							
Aetna Value Plan - All of Nebraska	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Nevada							
Aetna Value Plan - Las Vegas Area	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Aetna Open Access -High- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	465.88	1357.33	215.02	626.46
Health Plan of Nevada -High- Las Vegas/Esmeralda and Nye counties	877-545-7378	NM1	NM2	448.54	1057.70	207.02	488.17
New Hampshire							
Aetna Value Plan - All of New Hampshire	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52

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

Plan Name – 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						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Missouri													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Blue Preferred Plus POS	In-Network	\$20/\$40	\$500	\$5	\$40/\$60/25 %/\$60/25%	Yes	71.53	91.24	88.24	95.74	NR*	91.05	NR*
Blue Preferred Plus POS	Out-Network	30% after ded.	30% after ded.	N/A	N/A	N/A							
Coventry Health Care of Kansas-High		\$30/\$60	25%	\$3/ \$12	\$50/\$75	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Coventry Health Care of Kansas-Standard		\$30/\$60	30%	\$3/ \$12	\$50/20%	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
Montana													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Nebraska													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Nevada													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Plan of Nevada-High		\$10/\$25	\$300	\$7	\$35/\$55/\$100	Yes	52.09	73.99	72.83	87.2	NR*	NR*	57.99
New Hampshire													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New Jersey							
Aetna Value Plan - All of New Jersey	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Aetna Open Access -High- Northern New Jersey	877-459-6604	JR1	JR2	1158.69	2665.33	534.78	1230.15
Aetna Open Access -Basic- Northern New Jersey	877-459-6604	JR4	JR5	854.79	1973.18	394.52	910.70
Aetna Open Access -High- Southern New Jersey	877-459-6604	P31	P32	1208.33	2915.51	557.69	1345.62
Aetna Open Access -Basic- Southern New Jersey	877-459-6604	P34	P35	1046.72	2417.00	483.10	1115.54
GHI Health Plan -High- Northern New Jersey	212-501-4444	801	802	778.38	1946.12	359.25	898.21
GHI Health Plan -Std- Northern New Jersey	212-501-4444	804	805	585.20	1328.84	270.09	613.31
New Mexico							
Aetna Value Plan - Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Lovelace Health Plan -High- All of New Mexico	800-808-7363	Q11	Q12	600.95	1412.26	277.36	651.81
Presbyterian Health Plan -High- All counties in New Mexico	800-356-2219	P21	P22	686.88	1559.96	317.02	719.98

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
New York							
Aetna Value Plan - Most of New York	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Aetna Open Access -High- NYC Area/Upstate NY	877-459-6604	JC1	JC2	904.04	2225.38	417.25	1027.10
Aetna Open Access -Basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	700.74	1702.70	323.42	785.86
CDPHP Universal Benefits, Inc. -High- Upstate, Hudson Valley, Central NY	877-269-2134	SG1	SG2	688.44	1743.54	317.74	804.71
CDPHP Universal Benefits, Inc. -Std- Upstate, Hudson Valley, Central NY	877-269-2134	SG4	SG5	524.92	1268.71	242.27	585.56
GHI Health Plan -High- All of New York	212-501-4444	801	802	778.38	1946.12	359.25	898.21
GHI Health Plan -Std- All of New York	212-501-4444	804	805	585.20	1328.84	270.09	613.31
HIP Health of Greater New York -High- NYC/LI/Capital Region/Hudson	800-447-8255	511	512	638.47	1691.99	294.68	780.92
Independent Health Association -High- Western New York	800-501-3439	QA1	QA2	645.00	1547.95	297.69	714.44
Independent Health Association -Std- Western New York	800-501-3439	C54	C55	635.07	1524.19	293.11	703.47
MVP Health Care -High- Eastern Region	888-687-6277	GA1	GA2	649.70	1627.69	299.86	751.24
MVP Health Care -Std- Eastern Region	888-687-6277	GA4	GA5	604.09	1517.75	278.81	700.50
MVP Health Care -High- Western Region	888-687-6277	GV1	GV2	599.34	1499.81	276.62	692.22
MVP Health Care -Std- Western Region	888-687-6277	GV4	GV5	536.97	1343.68	247.83	620.16
MVP Health Care -High- Central Region	888-687-6277	M91	M92	644.43	1615.10	297.43	745.43
MVP Health Care -Std- Central Region	888-687-6277	M94	M95	605.48	1512.38	279.45	698.02
MVP Health Care -High- Northern Region	888-687-6277	MF1	MF2	734.13	1837.12	338.83	847.90
MVP Health Care -Std- Northern Region	888-687-6277	MF4	MF5	698.95	1749.04	322.59	807.25
MVP Health Care -High- Mid-Hudson Region	888-687-6277	MX1	MX2	659.34	1649.40	304.31	761.26
MVP Health Care -Std- Mid-Hudson Region	888-687-6277	MX4	MX5	621.49	1558.92	286.84	719.50

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna Value Plan - All of North Carolina	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
North Dakota							
Aetna Value Plan - Most of North Dakota	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
HealthPartners High Option - Eastern North Dakota	800-883-2177	V31	V32	660.05	1518.14	304.64	700.68
HealthPartners Standard Option - Eastern North Dakota	800-883-2177	V34	V35	366.58	843.14	169.19	389.14
Sanford Health Plan -High- North Dakota	800-752-5863	C91	C92	713.85	1641.88	329.47	757.79
Sanford Health Plan -Std- North Dakota	800-752-5863	C94	C95	635.07	1578.92	293.11	728.73
Sanford Heart of America Health Plan -High- Northcentral North Dakota	800-525-5661	RU1	RU2	593.21	1524.60	273.79	703.66
Ohio							
Aetna Value Plan - All of Ohio	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
AultCare HMO -High- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	596.48	1464.34	275.30	675.85
HealthSpan Integrated Care -High- Cleveland/Akron areas	800-686-7100	641	642	737.82	1696.98	340.53	783.22
HealthSpan Integrated Care -Std- Cleveland/Akron areas	800-686-7100	644	645	541.28	1244.90	249.82	574.57
Humana Health Plan of Ohio -High- Greater Cincinnati Area	888-393-6765	A61	A62	596.59	1327.39	275.35	612.64
Humana Health Plan of Ohio -Std- Greater Cincinnati Area	888-393-6765	A64	A65	566.76	1261.04	261.58	582.02
The Health Plan of the Upper Ohio Valley -High- Eastern Ohio	800-624-6961	U41	U42	618.24	1397.28	285.34	644.90
Oklahoma							
Aetna Value Plan - All of Oklahoma	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Globalhealth, Inc. -High- Oklahoma	877-280-5600	IM1	IM2	545.61	1314.91	251.82	606.88

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Oregon							
Aetna Value Plan - Most of Oregon	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Kaiser Foundation Health Plan of Northwest -High- Portland/Salem areas	800-813-2000	571	572	624.72	1411.11	288.33	651.28
Kaiser Foundation Health Plan of Northwest -Std- Portland/Salem areas	800-813-2000	574	575	527.52	1235.28	243.47	570.13
Pennsylvania							
Aetna Value Plan - All of Pennsylvania	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Aetna Open Access -High- Philadelphia	877-459-6604	P31	P32	1208.33	2915.51	557.69	1345.62
Aetna Open Access -Basic- Philadelphia	877-459-6604	P34	P35	1046.72	2417.00	483.10	1115.54
Aetna Open Access -High- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	694.05	1736.02	320.33	801.24
Geisinger Health Plan -Std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	632.86	1455.59	292.09	671.81
HealthAmerica Pennsylvania -High- Greater Pittsburgh Area	866-351-5946	261	262	691.93	1626.00	319.35	750.46
Keystone Health Plan West -High- Pittsburgh	866-823-0925	NP1	NP2	444.02	1039.00	204.93	479.54
UPMC Health Plan -High- Western Pennsylvania	888-876-2756	8W1	8W2	662.29	1523.19	305.67	703.01
UPMC Health Plan -Std- Western Pennsylvania	888-876-2756	UW4	UW5	543.79	1250.77	250.98	577.28
Puerto Rico							
Humana Health Plans of Puerto Rico, Inc. -High- Puerto Rico	800-314-3121	ZJ1	ZJ2	329.31	732.70	151.99	338.17
Triple-S Salud, Inc. -High- All of Puerto Rico	787-774-6060	891	892	389.98	893.06	179.99	412.18
Rhode Island							
Aetna Value Plan - All of Rhode Island	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
South Carolina							
Aetna Value Plan - All of South Carolina	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78

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						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
Oregon													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ / 50%+	No							
Kaiser Foundation HP of Northwest-High		\$20/\$30	\$250	\$15	\$40/\$50	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Kaiser Foundation HP of Northwest-Standard		\$30/\$40	\$200/day up to \$600	\$20	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*	70.39
Pennsylvania													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.21	89.47	89.15	96.32	NR*	90.46	51.76
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ / 50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*	NR*
Geisinger Health Plan-Standard		\$20/\$35	20% after deduct	30% \$5/\$15	40% \$40/\$120/ 50% \$85/\$250	Yes	77.7	86.94	84.7	96.61	92.54	90.04	71.17
HealthAmerica Pennsylvania-High		\$25/\$50	15% after deduct	\$5	\$35/\$60	Yes	79.59	93.18	92.94	96.69	91.4	91.04	69.83
Keystone Health Plan West-High		\$20/\$40	100% after deduct	\$5	\$35/\$60	Yes							
UPMC Health Plan-High		10% after deduct	10% after deduct	\$5 after deduct	\$35 after deduct/ \$75	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
UPMC Health Plan-Standard		20% after deduct	20% after deduct	\$5 after deduct	\$35 after deduct/ \$75 after ded	Yes	63.41	88.23	88.42	95.58	89.68	89.01	61.23
Puerto Rico													
Humana Health Plans of Puerto Rico, Inc.	In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	87.1	84.62	85.11	96.73	NR*	NR*	NR*
Humana Health Plans of Puerto Rico, Inc.	Out-Network	\$10/\$10	\$50	N/A	N/A	Yes							
Triple-S Salud, Inc.	In-Network	\$7.50/\$10	None	\$0	\$20 or 25%/ 20% or 30%	Yes	71.92	89.21	87.74	96.95	89.52	NR*	57.19
Triple-S Salud, Inc.	Out-Network	\$7.50 & 10% + / \$10 & 10% +	10% +	N/A	N/A	No							
Rhode Island													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ / 50%+	No							
South Carolina													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ / 50%+	No							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
South Dakota							
Aetna Value Plan - Rapid City/Sioux Falls Area	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
HealthPartners High Option - Eastern South Dakota	800-883-2177	V31	V32	660.05	1518.14	304.64	700.68
HealthPartners Standard Option - Eastern South Dakota	800-883-2177	V34	V35	366.58	843.14	169.19	389.14
Sanford Health Plan -High- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	737.08	1695.94	340.19	782.74
Sanford Health Plan -Std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	707.31	1626.86	326.45	750.86
Tennessee							
Aetna Value Plan - Most of Tennessee	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Aetna Open Access -High- Memphis Area	877-459-6604	UB1	UB2	743.80	1896.55	343.29	875.33
Humana Health Plan, Inc. -High- Knoxville	888-393-6765	GJ1	GJ2	563.44	1253.66	260.05	578.61
Humana Health Plan, Inc. -Std- Knoxville	888-393-6765	GJ4	GJ5	507.11	1128.31	234.05	520.76

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
HMO/POS National Average						69.2	87.13	86.05	94.58	88.17	88.93	64.43	
South Dakota													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
Sanford Health Plan	In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%/40%	40%	40%+	40%+/\$40%+	N/A							
Sanford Health Plan	In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	N/A	58.29	90.77	88.55	97.62	NR*	90.56	62.24
Sanford Health Plan	Out-Network	40%+/\$40%+	40%+	40%+	40%+/\$40%+	N/A							
Tennessee													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	65.65	87.94	83.87	93.96	NR*	NR*	NR*
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Texas							
Aetna Value Plan - All of Texas	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Aetna Whole Health -Basic- Houston, TX area	877-459-6604	ES1	ES2	528.08	1392.04	243.73	642.48
Firstcare -High- Northwest Texas	800-884-4901	CK1	CK2	519.24	1194.22	239.65	551.18
Humana Value Plan - Corpus Christi Area	888-393-6765	TP4	TP5	430.89	958.73	198.87	442.49
Humana Value Plan - San Antonio Area	888-393-6765	TU4	TU5	430.89	958.73	198.87	442.49
Humana Value Plan - Austin Area	888-393-6765	TV4	TV5	430.89	958.73	198.87	442.49
Humana Health Plan of Texas -High- Houston	888-393-6765	EW1	EW2	563.44	1253.66	260.05	578.61
Humana Health Plan of Texas -Std- Houston	888-393-6765	EW4	EW5	507.11	1128.31	234.05	520.76
Humana Health Plan of Texas -High- Corpus Christi	888-393-6765	UC1	UC2	596.59	1327.41	275.35	612.65
Humana Health Plan of Texas -Std- Corpus Christi	888-393-6765	UC4	UC5	566.76	1261.04	261.58	582.02
Humana Health Plan of Texas -High- San Antonio	888-393-6765	UR1	UR2	1044.68	2324.40	482.16	1072.80
Humana Health Plan of Texas -Std- San Antonio	888-393-6765	UR4	UR5	596.59	1327.41	275.35	612.65
Humana Health Plan of Texas -High- Austin	888-393-6765	UU1	UU2	770.19	1713.66	355.47	790.92
Humana Health Plan of Texas -Std- Austin	888-393-6765	UU4	UU5	596.59	1327.41	275.35	612.65
Scott & White Health Plan -Std- Central TX & Some SE and SW Counties	800-321-7947	A84	A85	564.55	1296.25	260.56	598.27
UnitedHealthcare Benefits of Texas, Inc. -High- San Antonio	866-546-0510	GF1	GF2	791.98	1824.10	365.53	841.89
UnitedHealthcare Insurance Company -Value- San Antonio	877-835-9861	L91	L92	529.36	1177.82	244.32	543.61

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Utah							
Aetna Value Plan - Most of Utah	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Altius Health Plans -High- Wasatch Front	800-377-4161	9K1	9K2	649.31	1428.55	299.68	659.33
Altius Health Plans -Std- Wasatch Front	800-377-4161	DK4	DK5	488.43	1074.52	225.43	495.93
SelectHealth -High- Utah Statewide	800-538-5038	SF1	SF2	636.78	1420.51	293.90	655.62
SelectHealth -Std- Utah Statewide	800-538-5038	SF4	SF5	497.42	1109.64	229.58	512.14
Vermont							
Aetna Value Plan - All of Vermont	877-459-6604	EP4	EP5	512.83	1164.63	236.69	537.52
Virgin Islands							
Triple-S Salud, Inc. -High- US Virgin Islands	800-981-3241	851	852	493.68	1130.57	227.85	521.80
Virginia							
Aetna Value Plan - Most of Virginia	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
Aetna Open Access -High- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	924.69	2071.27	426.78	955.97
Aetna Open Access -Basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	576.07	1288.13	265.88	594.52
Aetna Whole Health -Basic- Roanoke, VA area	877-459-6604	D91	D92	500.09	1392.04	230.81	642.48
Aetna Whole Health -Basic- Newport News, VA area	877-459-6604	J91	J92	464.75	1209.85	214.50	558.39
CareFirst BlueChoice -High- Northern Virginia	888-789-9065	2G1	2G2	670.35	1508.02	309.39	696.01
CareFirst BlueChoice -Std- Northern Virginia	888-789-9065	2G4	2G5	599.24	1348.06	276.57	622.18
Innovation Health Plan -High- Northern Virginia	800-245-7919	LQ1	LQ2	522.02	1223.00	240.93	564.46
Kaiser Foundation Health Plan Mid-Atlantic States -High- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	606.54	1395.05	279.94	643.87
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	393.32	904.58	181.53	417.50
M.D. IPA -High- Northern Virginia	877-835-9861	JP1	JP2	681.53	1571.48	314.55	725.30
Piedmont Community Healthcare -High- Lynchburg area	888-674-3368	2C1	2C2	501.67	1148.75	231.54	530.19
UnitedHealthcare Insurance Company -Value- Northern Virginia	877-835-9861	L91	L92	529.36	1177.82	244.32	543.61

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

*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna Value Plan - Most of Washington	877-459-6604	G54	G55	518.05	1176.41	239.10	542.96
Aetna Open Access -High- Seattle and Spokane areas	877-459-6604	C31	C32	604.24	1649.46	278.88	761.29
Group Health Cooperative -High- Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	702.91	1511.25	324.42	697.50
Group Health Cooperative -Std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	482.52	1089.31	222.70	502.76
KPS Health Plans -Std- All of Washington	800-552-7114	L11	L12	581.53	1255.26	268.40	579.35
KPS Health Plans -High- All of Washington	800-552-7114	VT1	VT2	720.37	1574.08	332.48	726.50
Kaiser Foundation Health Plan of Northwest -High- Vancouver/Longview	800-813-2000	571	572	624.72	1411.11	288.33	651.28
Kaiser Foundation Health Plan of Northwest -Std- Vancouver/Longview	800-813-2000	574	575	527.52	1235.28	243.47	570.13
West Virginia							
Aetna Value Plan - Most of West Virginia	877-459-6604	F54	F55	527.58	1198.08	243.50	552.96
The Health Plan of the Upper Ohio Valley -High- Northern/Central West Virginia	800-624-6961	U41	U42	618.24	1397.28	285.34	644.90
Wisconsin							
Aetna Value Plan - All of Wisconsin	877-459-6604	JS4	JS5	604.70	1373.19	279.09	633.78
Aetna Whole Health -Basic- Milwaukee, WI area	877-459-6604	F71	F72	436.71	1203.39	201.56	555.41
Dean Health Plan -High- South Central Wisconsin	800-279-1301	WD1	WD2	776.12	1940.27	358.21	895.51
Dean Health Plan -Std- South Central Wisconsin	800-279-1301	WD4	WD5	521.00	1302.49	240.46	601.15
Group Health Cooperative -High- South Central Wisconsin	800-605-4327	WJ1	WJ2	597.46	1494.00	275.75	689.54
HealthPartners High Option - Western Wisconsin	800-883-2177	V31	V32	660.05	1518.14	304.64	700.68
HealthPartners Standard Option - Western Wisconsin	800-883-2177	V34	V35	366.58	843.14	169.19	389.14
MercyCare HMO -High- South Central Wisconsin	800-895-2421	EY1	EY2	649.37	1624.16	299.71	749.61
Physicians Plus -High- South Central Counties in Wisconsin	800-545-5015	LW1	LW2	649.52	1655.01	299.78	763.85
Wyoming							
Aetna Value Plan - All of Wyoming	877-459-6604	H44	H45	528.93	1201.18	244.12	554.39
Altius Health Plans -High- Uinta County	800-377-4161	9K1	9K2	649.31	1428.55	299.68	659.33
Altius Health Plans -Std- Uinta County	800-377-4161	DK4	DK5	488.43	1074.52	225.43	495.93

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

*Not Reportable

Appendix E

FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 82 through 101)

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 \$1,300 for Self and \$2,600 for Family coverage) and annual out-of-pocket limits (not to exceed \$6,450 for Self and \$12,900 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 care 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. HSAs are subject to a number of rules and limitations established by the Department of the Treasury.

Visit www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx for more information. The 2015 maximum contribution limits are \$3,350 for Self Only coverage and \$6,650 for Self and Family coverage. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible.

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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

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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	<p>May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents (even if they are not covered by the HDHP), or to pay the plan's deductible.</p> <p>See IRS Publication 502 for a complete list of eligible expenses.</p>	<p>May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, or to pay the plan's deductible.</p> <p>See IRS Publication 502 for a complete list of eligible expenses.</p>
PORTABLE	Yes, you can take this account with you when you change plans, separate from service, or retire.	<p>If you retire and remain in your HDHP, you may continue to use and accumulate credits in your HRA.</p> <p>If you terminate employment or change health plans, only eligible expenses incurred while covered under that HDHP will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited.</p>
ANNUAL ROLLOVER	Yes, funds accumulate without a maximum cap.	Yes, credits accumulate without a maximum cap.

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

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FEHB Plan Comparison Charts

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

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

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

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FEHB Plan Comparison Charts

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP- Nationwide	800-718-1299	474	475	401.35	902.92	185.24	416.73
GEHA High Deductible Health Plan Nationwide	800-821-6136	341	342	440.85	1006.89	203.47	464.72
MHBP - Consumer Option -HDHP- Nationwide	800-694-9901	481	482	556.62	1261.22	256.90	582.10
NALC -CDHP- Nationwide	888-636-6252	324	325	433.85	942.05	200.24	434.79

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Appendix E

FEHB Plan Comparison Charts

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

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

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

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

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

Benefits Type		Premium Contribution Self/Family	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
APWU Health Plan	In-Network	\$1200/\$2400	\$600/\$1,200	\$3,000/\$4,500	15%	None	15%	Nothing	25%/25%/25%
APWU Health Plan	Out-Network	\$1200/\$2400	\$600/\$1,200	\$9,000/\$9,000	40%+diff.	None	40%+diff.	Nothing up to \$1200	Not Covered
GEHA High Deductible Health Plan	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$6,000/\$12,000	5%	5%	5%	Nothing	25%/25%/25%
GEHA High Deductible Health Plan	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$6,000/\$12,000	25%	25%	25%	Ded/25%	25%+/25%+/25%+
MHBP - Consumer Option	In-Network	\$70/\$141	\$2,000/\$4,000	\$5,000/\$10,000	\$15	\$75 day-\$750	Nothing	Nothing	\$10/\$25/\$40
MHBP - Consumer Option	Out-Network	\$70/\$141	\$2,000/\$4,000	\$7,500/\$15,000	40%	40%	40%	Not Covered	Not Covered
NALC	In-Network	\$1,200/\$2,400	\$2,000/\$4,000	\$6,600/\$13,200	20%	20%	20%	Nothing	\$10/\$40/\$60
NALC	Out-Network	\$1,200/\$2,400	\$4,000/\$8,000	\$12,000/\$24,000	50%	50%	50%	50%	50%/50%/50%+

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

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

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

Member Survey Results								
High Deductible 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
HDHP National Average		65.43	90.4	88.06	94.58	86.94	87.86	59.88
Aetna HealthFund - Nationwide	22	72.35	91.91	87.48	96.36	NR	91.42	61.43
GEHA High Deductible Health Plan - Nationwide	34	60.53	88.18	87.37	93.97	82.48	80.34	58.51
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	63.4	91.1	89.32	93.4	91.39	91.82	59.69
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		64.21	89.86	84.5	94.72	84.19	87.08	66.38
APWU Health Plan - Nationwide	47	62.94	90.46	84.31	94.54	84.06	81.05	66.38
Humana Coverage First - IN	MW	59.13	88	83.61	95.27	NR	88.62	NR
Humana CoverageFirst - TX	TP, TU	70.55	91.12	85.58	94.34	84.31	91.56	NR

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Aetna Direct -CDHP- Serving all 50 states and DC	877-459-6604	N61	N62	455.11	1027.91
Aetna HealthFund -HDHP- Serving all 50 states and DC	877-459-6604	224	225	491.53	1076.47	226.86	496.83

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Alabama					
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Alaska							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Arizona							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Arkansas							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
California							
Aetna HealthFund -CDHP- Most of California	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Colorado							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Alabama									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Alaska									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Arizona									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Arkansas									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
California									
AAetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$6
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Colorado									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Connecticut					
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
Delaware							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
District of Columbia							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
CareFirst BlueChoice -HDHP- Washington, D.C. Metro Area	888-789-9065	B61	B62	580.34	1294.50	267.85	597.46
Florida							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Coventry Health Plan of Florida -HDHP- Southern Florida	800-441-5501	J41	J42	427.09	1059.76	197.12	489.12
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	589.49	1311.64	272.07	605.37
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	505.29	1124.26	233.21	518.89
Georgia							
Aetna HealthFund -CDHP- All of Georgia	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	561.45	1249.17	259.13	576.54
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	561.45	1249.17	259.13	576.54
Guam							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	192.92	506.00	89.04	233.54

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Hawaii							
Aetna HealthFund -CDHP- All of Hawaii	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Idaho							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	365.60	757.42	168.74	349.58
Illinois							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Humana CoverageFirst -CDHP- Central Illinois	888-393-6765	GB1	GB2	561.45	1249.17	259.13	576.54
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	561.45	1249.17	259.13	576.54
Indiana							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	561.45	1249.17	259.13	576.54
Physicians Health Plan of Northern Indiana -HDHP- Northeast In	260-432-6690	DQ4	DQ5	501.45	1106.47	231.44	510.68
Iowa							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	356.96	851.89	164.75	393.18
Kansas							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Coventry Health Care of Kansas -HDHP Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	588.16	1382.23	271.46	637.95
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	505.29	1124.26	233.21	518.89

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Kentucky							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	505.29	1124.26	233.21	518.89
Louisiana							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Maine							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
Maryland							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
CareFirst BlueChoice -HDHP- All of Maryland	888-789-9065	B61	B62	580.34	1294.50	267.85	597.46
Massachusetts							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
Michigan							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Minnesota							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Mississippi							
Aetna HealthFund CDHP-Most of Mississippi	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Missouri							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Coventry Health Care of Kansas-HDHPKansas City Metro Area(KS and MO)	800-969-3343	9H1	9H2	588.16	1382.23	271.46	637.95
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	505.29	1124.26	233.21	518.89
Montana							
Aetna HealthFund CDHP - South/Southeast/Western MT Areas	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Nebraska							
Aetna HealthFund -CDHP- All of Nebraska	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Nevada							
Aetna HealthFund -CDHP- Las Vegas Area	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
New Hampshire							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
New Jersey							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
New Mexico							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
New York							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	461.35	1109.53	212.93	512.09

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
North Carolina							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
North Dakota							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Ohio							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	356.11	718.97	164.36	331.83
Oklahoma							
Aetna HealthFund -CDHP- All of Oklahoma	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Oregon							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Pennsylvania							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
HealthAmerica Pennsylvania - HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	562.45	1277.47	259.59	589.60
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	497.36	1122.64	229.55	518.14
Rhode Island							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
South Carolina							
Aetna HealthFund -CDHP- All of South Carolina	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27

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

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
South Dakota							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Area	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Tennessee							
Aetna HealthFund CDHP- Most of Tennessee	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Texas							
Aetna HealthFund -CDHP- All of Texas	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	567.34	1262.34	261.85	582.62
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	561.17	1248.59	259.00	576.27
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	589.70	1312.11	272.17	605.59
Utah							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	365.60	757.42	168.74	349.58
Vermont							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	EP1	EP2	643.39	1461.16	296.95	674.38
Virginia							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
CareFirst BlueChoice -HDHP- Northern Virginia	888-789-9065	B61	B62	580.34	1294.50	267.85	597.46

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
South Dakota									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Tennessee									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Texas									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Utah									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
Vermont									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Virginia									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60

High Deductible and Consumer-Driven Health Plans

See pages 82-83 for an explanation of the columns on these pages.

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		Total Biweekly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Washington							
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	G51	G52	627.19	1424.28	289.47	657.36
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	468.04	1022.80	216.02	472.06
West Virginia							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	F51	F52	589.36	1338.35	272.01	617.70
Wisconsin							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	JS1	JS2	737.77	1675.42	340.51	773.27
Wyoming							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	H41	H42	600.06	1362.70	276.95	628.94
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	365.60	757.42	168.74	349.58

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
Washington									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
KPS Health Plans	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	20%	None	20%	Nothing	\$10/\$35/\$50 30 day \$100 90 day
KPS Health Plans	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	40%	None	40%	Not Covered	Not Covered
West Virginia									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Wisconsin									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Wyoming									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50

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Appendix F

FEDVIP Program Features

Waiting Periods

Dental - limited only to orthodontic services on most plans; for all other services, 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. 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

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. Please Note: *The health care law does not change the age or unmarried requirement for dependents under FEDVIP.*

First Payor – Under this rule, the FEHB plan is considered the primary payor and pays first, while the FEDVIP plan is considered the secondary payor. No more than 100% of any claim is paid by both plans.

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 may 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 transfers to other 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 12 month waiting period for orthodontic benefits. This means that you must be covered continuously by the same plan and option for 12 months before your child is 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
Marriage	Yes	Yes	No	No	Yes
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 (enrollee or spouse)	No	No	No	Yes	No
Returning to pay status from active military duty (enrollee or spouse)	Yes (if first time enrollment or cancelled during LWOP)	No	No	No	Yes (if enrollment cancelled during LWOP)
Annuity/compensation restored	Yes	Yes	Yes	No	No
Transferring to an eligible position	No	No	No	Yes	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 except for enrollment due to a loss of dental or vision insurance. 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/healthcare-insurance/dental-vision/plan-information/premiums/dentalpremium.pdf 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/healthcare-insurance/dental-vision/plan-information/premiums/visionpremium.pdf 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 are continuously enrolled in the same dental plan and/or option 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 12-month waiting period.

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:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Aetna High (In-Network Benefits)	1-877-459-6604 aetnafeds.com/dental	0%	40%	60%	50%	\$0	\$4,000 per year per person - in-network \$2,000 per year per person - out-of-network \$2,000 lifetime max per person (orthodontic services only) 12-month waiting period for orthodontia services
Aetna High (Out-of-Network Benefits)		0%	40%	60%	50%	\$0	
Delta Dental Standard (In-Network Benefits)	1-855-410-3255 deltadentalfeds.org	0%	45%	65%	50%	\$0	\$1,500 standard option in-network annual non-orthodontic maximum per person \$600 standard option out-of-network annual non-orthodontic maximum per person
Delta Dental Standard (Out-of-Network Benefits)		0%	45%	65%	50%	\$75	\$4,000 high option in-network annual non-orthodontic maximum per person \$3,000 high option out-of-network annual non-orthodontic maximum per person
Delta Dental High (In-Network Benefits)		0%	30%	50%	50%	\$0	\$2,000 standard option in-network lifetime max per person (orthodontic services only) \$1,000 standard option out-of-network lifetime max per person (orthodontic services only)
Delta Dental High (Out-of-Network Benefits)		0%	30%	50%	50%	\$50	\$2,000 high option lifetime max per person (orthodontic services only) in-network and out-of-network 12 month waiting period for orthodontia services
FEP BlueDental Standard (In-Network Benefits)		0%	45%	65%	50%	\$0	\$1,500 standard option in-network annual non-orthodontic maximum per person \$750 standard option out-of-network annual non-orthodontic maximum per person
FEP BlueDental Standard (Out-of-Network Benefits)		40%	60%	80%	50%	\$75	\$2,000 standard option in-network lifetime max per person (orthodontic services only) \$1,000 standard option out-of-network lifetime max per person (orthodontic services only)
FEP BlueDental High (In-Network Benefits)		0%	30%	50%	50%	\$0	\$15,000 high option in-network annual non-orthodontic maximum per person \$3,000 high option out-of-network annual non-orthodontic maximum per person
FEP BlueDental High (Out-of-Network Benefits)		10%	40%	60%	50%	\$50	\$3,500 high option lifetime max per person (orthodontic services only) in-network and out-of-network 12 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 Dental Plans Open to All

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
GEHA Standard (In-Network Benefits)	1-877-434-2336 gehadental.com	0%	45%	65%	30%	\$0	\$15,000 per year per person (high option) or \$2,500 per year per person (standard option) \$2,500 lifetime max per person (high option orthodontic services only) \$2,500 lifetime max per person (standard option orthodontic services only) 12 month waiting period for orthodontia services
GEHA Standard (Out-of-Network Benefits)		0%	45%	65%	30%	\$0	
GEHA High (In-Network Benefits)		0%	20%	50%	30%	\$0	
GEHA High (Out-of-Network Benefits)		0%	20%	50%	30%	\$0	
MetLife Standard (In-Network Benefits)	1-888-865-6854 federaldental.metlife.com	0%	45%	65%	50%	\$0	\$1,500 standard option in-network annual non-orthodontic maximum per person \$2,000 standard option in-network lifetime max per person for orthodontics \$600 standard option out-of-network annual non-orthodontic maximum per person \$1,000 standard option out-of-network lifetime max per person for orthodontics \$20,000 high option in-network annual non-orthodontic maximum per person \$3,500 high option in-network lifetime max per person for orthodontics \$20,000 high option out-of-network annual non-orthodontic maximum per person \$3,500 high option out-of-network lifetime max per person for orthodontics There is no calendar year deductible for Class D services No 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) uccifedvip.com	0%	20%	50%	50%	\$0	\$10,000 per year per person \$3,000 lifetime max per person (orthodontic services only) 12-month waiting period for orthodontic 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*

Plan Name	Telephone & Website	You pay:				Deductible	Calendar Year Maximum
		Class A	Class B	Class C	Class D		
Humana High (Open to residents of the Southeastern, Midwestern, and Mid-Atlantic states)	1-877-692-2468 feds.humana.com	0%	Flat Rate	Flat Rate	Flat Rate	\$0	\$15,000 per year per person Unlimited lifetime orthodontic coverage Out-of-network benefits NOT provided No waiting period for orthodontia services
EmblemHealth High (in-network benefits) (Open to NY and Northern NJ residents and parts of CT and PA)	212-501-4444 ghi.com	0%	0%	0%	0%	\$0	No annual maximum \$3,000 lifetime max per person (orthodontic services only) Out-of-network benefits available – paid at the same in-network rate 12-month waiting period for orthodontia services
EmblemHealth High (out-of-network benefits)		0%	0%	0%	0%	\$50 self/\$150 self & family/self plus one Class B and Class C	
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 ssspr.com	0%	30%	60% / 30%	50%	\$0	No annual maximum \$2,000 lifetime max per person (orthodontic services only) Out-of-network benefits NOT provided 24 month waiting period for orthodontia services
Dominion Dental High	1-855-836-6337 FederalDentalPlans.com	0%	20%	40%	65%	\$0	No annual maximum benefit No lifetime maximum Out-of-network benefits NOT provided except emergency services No waiting period for orthodontia services
Dominion Dental Standard (Open to residents of DC, DE, MD, PA, and parts of VA and NJ)		0%	40%	60%	65%	\$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)

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	Covered Lens Options	Additional Features
Aetna Vision Standard	Every 24 months	Every 12 months	Every 12 months	\$0 exam/ \$10 lenses/ \$0 materials	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressive Polycarbonate Scratch-resistant coating Standard anti-reflective coating Photochromic lenses	\$120 frame allowance plus 20% off remaining cost, \$120 contact lens allowance plus 15% off remaining cost, varying reimbursement amounts for out of network care, FSFEDS paperless reimbursement available, discounts on Laser vision correction, additional lens options, retinal imaging and 2nd pairs of eyeglasses. Replacement contact lens program.
Aetna Vision High	Every 12 months	Every 12 months	Every 12 months	\$0 exam/ \$10 lenses/ \$0 materials	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressive UV Coating Tinted Lenses Polycarbonate Scratch-resistant coating Standard anti-reflective coating Photochromic lenses	\$150 frame allowance plus 20% off remaining cost, \$150 contact lens allowance plus 15% off remaining cost, varying reimbursement amounts for out of network care, FSFEDS paperless reimbursement available, discounts on Laser vision correction, additional lens options, retinal imaging and 2nd pairs of eyeglasses.
FEP BlueVision Standard	Every 24 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular UV Coating Scratch-resistant coating Polycarbonate	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 FSFEDS paperless reimbursement available
FEP BlueVision High	Every 12 months	Every 12 months	Every 12 months	\$0	Single Lined Bifocal Lined Trifocal Lenticular Standard Progressives UV Coating Scratch-resistant coating Transitions® Polycarbonate	Breakage warranty; Laser vision correction discount; low vision coverage. \$150 plus 20% of remaining cost frame allowance \$150 allowance to purchase contact lenses (materials) 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 FSFEDS paperless reimbursement available
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 Lenses that transition to light	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

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	Covered Lens Options	Additional Features
UnitedHealthcare Vision Plan High	Every 24 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 Lenses that transition to light Standard anti-reflective 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 \$120 allowance for contacts and contact lens exam 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 (including 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 \$150 allowance for contacts and contact lens exam 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

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
AK	entire state	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
AL	356-358	1	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AL	rest of state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
AR	entire state	2	2	2	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
AZ	850-853	3	5	5	2	2	2	2	1	1	1	N/A	N/A	4	N/A	N/A
AZ	rest of state	3	5	5	3	3	2	2	1	1	1	N/A	N/A	3	N/A	N/A
CA	900-908, 910-918, 922-931	3	5	5	4	4	4	4	5	5	3	N/A	N/A	5	N/A	N/A
CA	919-921	3	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	939-941, 943-952, 954	4	5	5	5	5	5	5	5	5	5	N/A	N/A	5	N/A	N/A
CA	942, 956-958	4	5	5	5	5	4	4	4	4	4	N/A	N/A	5	N/A	N/A
CA	rest of state	4	5	5	3	3	4	4	5	5	4	N/A	N/A	4	N/A	N/A
CO	800-806	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CO	rest of state	3	4	4	3	3	4	4	4	4	3	N/A	N/A	5	N/A	N/A
CT	060-063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
CT	064-069	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
DC	entire area	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
DE	entire state	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
FL	330-334	2	4	4	3	3	3	3	3	3	3	N/A	N/A	2	N/A	N/A
FL	rest of state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GA	300-303, 305, 311, 399	3	2	2	2	2	3	3	2	2	1	N/A	N/A	2	N/A	N/A
GA	rest of state	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
GU	entire area	5	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
HI	entire state	4	5	5	5	5	3	3	4	4	4	N/A	N/A	N/A	N/A	N/A
IA	entire state	3	4	4	2	2	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
ID	entire state	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
IL	600-608	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IL	rest of state	3	2	2	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
IN	460-462, 472	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
IN	463-464	2	2	2	3	3	3	3	4	4	3	N/A	N/A	2	N/A	N/A
IN	470	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
IN	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	2	N/A	N/A
KS	entire state	3	4	4	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
KY	410, 452, 459	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
KY	rest of state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
LA	entire state	2	1	1	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
MA	010-011, 013	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	014-027, 055	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MA	rest of state	5	5	5	3	3	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
MD	200,202-212, 214, 217	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
MD	219	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
MD	rest of state	2	5	5	2	2	2	2	4	4	4	2	2	3	N/A	N/A
ME	038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
ME	rest of state	5	5	5	3	3	3	3	2	2	3	N/A	N/A	N/A	N/A	N/A
MI	480-485	3	4	4	3	3	3	3	3	3	2	N/A	N/A	N/A	N/A	N/A
MI	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MN	550-555, 563	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
MN	rest of state	3	4	4	2	2	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
MO	entire state	3	4	4	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
MS	entire state	2	1	1	1	1	1	1	1	1	1	N/A	N/A	3	N/A	N/A
MT	entire state	4	1	1	1	1	2	2	1	1	1	N/A	N/A	N/A	N/A	N/A
NC	275-277, 283	4	2	2	2	2	2	2	1	1	2	N/A	N/A	5	N/A	N/A
NC	rest of state	4	2	2	1	1	2	2	1	1	2	N/A	N/A	4	N/A	N/A
ND	entire state	3	1	1	4	4	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NE	entire state	1	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
NH	030-033, 038	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NH	rest of state	5	5	5	4	4	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
NJ	070,072-075,077-079,085-089	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NJ	080-084	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
NJ	rest of state	3	5	5	4	4	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NM	entire state	3	4	4	1	1	3	3	1	1	2	N/A	N/A	N/A	N/A	N/A
NV	entire state	2	5	5	1	1	3	3	2	2	4	N/A	N/A	N/A	N/A	N/A
NY	005, 100-119, 124-126	3	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	1	N/A
NY	063	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	1	N/A
NY	140-143	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
NY	rest of state	4	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	1	N/A
OH	430-432	2	1	1	1	1	2	2	1	1	2	N/A	N/A	2	N/A	N/A
OH	440-443	2	1	1	1	1	2	2	1	1	3	N/A	N/A	2	N/A	N/A
OH	450-452	2	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
OH	453-455	2	1	1	1	1	2	2	1	1	2	N/A	N/A	1	N/A	N/A
OH	rest of state	3	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A

Appendix J

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Dental Rating Regional Chart

Rating Areas

*Please note that regional plans may not cover the entirety of the State/Zip shown in Appendix J.
For further detail regarding service area, see plan specific brochures at www.opm.gov/healthcare-insurance/dental-vision/.

State	State/Zip (First 3)	Aetna	Delta Std	Delta High	FEP BlueDental Std	FEP BlueDental High	GEHA Std	GEHA High	MetLife Std	MetLife High	United Concordia	Dominion* Std	Dominion* High	Humana*	Emblem*	Triple-S* Salud
OK	entire state	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
OR	970-973	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
OR	rest of state	5	5	5	2	2	3	3	3	3	4	N/A	N/A	N/A	N/A	N/A
PA	153-154, 156, 160-162	1	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PA	173-174	2	5	5	3	3	4	4	4	4	4	4	4	N/A	N/A	N/A
PA	183	3	5	5	5	5	5	5	5	5	5	1	1	N/A	1	N/A
PA	189-196	2	4	4	3	3	3	3	3	3	2	5	5	N/A	N/A	N/A
PA	rest of state	3	2	2	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A
PR	entire area	3	1	1	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	1
RI	entire state	5	5	5	5	5	4	4	5	5	5	N/A	N/A	N/A	N/A	N/A
SC	entire state	4	5	5	1	1	2	2	1	1	1	N/A	N/A	4	N/A	N/A
SD	entire state	3	5	5	1	1	1	1	1	1	1	N/A	N/A	N/A	N/A	N/A
TN	422	1	1	1	1	1	1	1	1	1	1	N/A	N/A	1	N/A	N/A
TN	rest of state	1	1	1	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	739	2	3	3	1	1	2	2	1	1	1	N/A	N/A	3	N/A	N/A
TX	750-754, 760-762	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	770, 772-775	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
TX	rest of state	2	2	2	1	1	2	2	1	1	1	N/A	N/A	1	N/A	N/A
UT	entire state	2	5	5	1	1	1	1	1	1	3	N/A	N/A	3	N/A	N/A
VA	200-205, 220-227	2	5	5	3	3	4	4	4	4	4	4	4	3	N/A	N/A
VA	231-232, 238	3	3	3	2	2	2	2	1	1	2	3	3	3	N/A	N/A
VA	rest of state	3	3	3	1	1	2	2	1	1	1	4	4	4	N/A	N/A
VI	entire area	2	5	5	5	5	1	1	1	1	5	N/A	N/A	N/A	N/A	N/A
VT	entire state	5	5	5	4	4	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WA	980-985	5	5	5	5	5	5	5	5	5	5	N/A	N/A	N/A	N/A	N/A
WA	986	4	5	5	3	3	3	3	4	4	5	N/A	N/A	N/A	N/A	N/A
WA	rest of state	5	5	5	4	4	4	4	4	4	4	N/A	N/A	N/A	N/A	N/A
WI	530-532, 534	3	5	5	3	3	2	2	2	2	3	N/A	N/A	N/A	N/A	N/A
WI	540	2	4	4	4	4	3	3	4	4	3	N/A	N/A	N/A	N/A	N/A
WI	rest of state	3	5	5	3	3	2	2	2	2	2	N/A	N/A	N/A	N/A	N/A
WV	254	2	5	5	3	3	4	4	4	4	4	N/A	N/A	3	N/A	N/A
WV	rest of state	4	2	2	1	1	2	2	1	1	1	N/A	N/A	2	N/A	N/A
WY	834	4	5	5	3	3	2	2	1	1	2	N/A	N/A	N/A	N/A	N/A
WY	rest of state	4	5	5	1	1	1	1	1	1	2	N/A	N/A	N/A	N/A	N/A
Inter-national	INTER	2	5	5	5	5	1	1	5	5	5	N/A	N/A	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.

Plan Name	Option	Rating Region	Biweekly Premium			Monthly Premium		
			Self Only	Self Plus One	Self & Family	Self Only	Self Plus One	Self & Family
Aetna PPO	High (In and Out-of-Network Benefits)	1	\$13.56	\$27.13	\$40.69	\$29.38	\$58.78	\$88.16
		2	\$14.94	\$29.87	\$44.81	\$32.37	\$64.72	\$97.09
		3	\$15.89	\$31.80	\$47.68	\$34.43	\$68.90	\$103.31
		4	\$17.53	\$35.08	\$52.61	\$37.98	\$76.01	\$113.99
		5	\$19.04	\$38.08	\$57.12	\$41.25	\$82.51	\$123.76
Delta Dental PPO	Standard (In and Out-of-Network Benefits)	1	\$8.74	\$17.48	\$26.22	\$18.94	\$37.87	\$56.81
		2	\$9.52	\$19.05	\$28.57	\$20.63	\$41.28	\$61.90
		3	\$10.27	\$20.53	\$30.81	\$22.25	\$44.48	\$66.76
		4	\$10.83	\$21.64	\$32.47	\$23.47	\$46.89	\$70.35
		5	\$12.37	\$24.74	\$37.11	\$26.80	\$53.60	\$80.41
Delta Dental PPO	High (In and Out-of-Network Benefits)	1	\$16.72	\$33.44	\$50.16	\$36.23	\$72.45	\$108.68
		2	\$18.34	\$36.67	\$55.01	\$39.74	\$79.45	\$119.19
		3	\$20.11	\$40.22	\$60.33	\$43.57	\$87.14	\$130.72
		4	\$21.39	\$42.79	\$64.19	\$46.35	\$92.71	\$139.08
		5	\$24.88	\$49.77	\$74.65	\$53.91	\$107.84	\$161.74
FEP BlueDental PPO	Standard (In and Out-of-Network Benefits)	1	\$9.42	\$18.85	\$28.27	\$20.41	\$40.84	\$61.25
		2	\$10.72	\$21.43	\$32.15	\$23.23	\$46.43	\$69.66
		3	\$11.87	\$23.74	\$35.61	\$25.72	\$51.44	\$77.16
		4	\$12.52	\$25.04	\$37.56	\$27.13	\$54.25	\$81.38
		5	\$13.84	\$27.69	\$41.53	\$29.99	\$60.00	\$89.98
FEP BlueDental PPO	High (In and Out-of-Network Benefits)	1	\$16.37	\$32.74	\$49.11	\$35.47	\$70.94	\$106.41
		2	\$18.63	\$37.25	\$55.88	\$40.37	\$80.71	\$121.07
		3	\$20.64	\$41.28	\$61.92	\$44.72	\$89.44	\$134.16
		4	\$21.80	\$43.61	\$65.41	\$47.23	\$94.49	\$141.72
		5	\$24.11	\$48.22	\$72.33	\$52.24	\$104.48	\$156.72
GEHA PPO	Standard (In and Out-of-Network Benefits)	1	\$9.03	\$18.07	\$27.12	\$19.57	\$39.15	\$58.76
		2	\$9.92	\$19.85	\$29.77	\$21.49	\$43.01	\$64.50
		3	\$11.27	\$22.53	\$33.79	\$24.42	\$48.82	\$73.21
		4	\$12.16	\$24.32	\$36.48	\$26.35	\$52.69	\$79.04
		5	\$13.50	\$27.01	\$40.50	\$29.25	\$58.52	\$87.75
GEHA PPO	High (In and Out-of-Network Benefits)	1	\$15.28	\$30.57	\$45.86	\$33.11	\$66.24	\$99.36
		2	\$16.80	\$33.61	\$50.45	\$36.40	\$72.82	\$109.31
		3	\$19.07	\$38.16	\$57.23	\$41.32	\$82.68	\$124.00
		4	\$20.59	\$41.19	\$61.81	\$44.61	\$89.25	\$133.92
		5	\$22.87	\$45.76	\$68.66	\$49.55	\$99.15	\$148.76
MetLife PPO	Standard (In and Out-of-Network Benefits)	1	\$8.96	\$17.92	\$26.89	\$19.41	\$38.83	\$58.26
		2	\$9.71	\$19.43	\$29.14	\$21.04	\$42.10	\$63.14
		3	\$10.78	\$21.55	\$32.33	\$23.36	\$46.69	\$70.05
		4	\$11.96	\$23.92	\$35.88	\$25.91	\$51.83	\$77.74
		5	\$13.14	\$26.28	\$39.43	\$28.47	\$56.94	\$85.43
MetLife PPO	High (In and Out-of-Network Benefits)	1	\$16.58	\$33.16	\$49.74	\$35.92	\$71.85	\$107.77
		2	\$18.56	\$37.11	\$55.67	\$40.21	\$80.41	\$120.62
		3	\$20.22	\$40.44	\$60.66	\$43.81	\$87.62	\$131.43
		4	\$21.89	\$43.79	\$65.68	\$47.43	\$94.88	\$142.31
		5	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
United Concordia PPO	High (In and Out-of-Network Benefits)	1	\$13.75	\$27.51	\$41.25	\$29.79	\$59.61	\$89.38
		2	\$15.44	\$30.89	\$46.32	\$33.45	\$66.93	\$100.36
		3	\$17.13	\$34.26	\$51.41	\$37.12	\$74.23	\$111.39
		4	\$18.83	\$37.65	\$56.48	\$40.80	\$81.58	\$122.37
		5	\$20.52	\$41.03	\$61.55	\$44.46	\$88.90	\$133.36

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
Dominion Dental HMO	Standard (In-Network Benefits Only except for emergency services)	1	\$5.99	\$11.98	\$17.97	\$12.98	\$25.96	\$38.94
		2	\$6.25	\$12.50	\$18.75	\$13.54	\$27.08	\$40.63
		3	\$6.97	\$13.95	\$20.92	\$15.10	\$30.23	\$45.33
		4	\$8.32	\$16.64	\$24.96	\$18.03	\$36.05	\$54.08
		5	\$8.87	\$17.75	\$26.62	\$19.22	\$38.46	\$57.68
Dominion Dental HMO	High (In-Network Benefits Only except for emergency services)	1	\$10.21	\$20.42	\$30.63	\$22.12	\$44.24	\$66.37
		2	\$10.58	\$21.17	\$31.75	\$22.92	\$45.87	\$68.79
		3	\$11.12	\$22.25	\$33.37	\$24.09	\$48.21	\$72.30
		4	\$12.94	\$25.89	\$38.83	\$28.04	\$56.10	\$84.13
		5	\$15.20	\$30.41	\$45.61	\$32.93	\$65.89	\$98.82
Humana	High (In-Network Benefits Only except for emergency services)	1	\$9.74	\$19.46	\$29.20	\$21.10	\$42.16	\$63.27
		2	\$10.31	\$20.61	\$30.92	\$22.34	\$44.66	\$66.99
		3	\$11.16	\$22.33	\$33.48	\$24.18	\$48.38	\$72.54
		4	\$13.54	\$27.08	\$40.62	\$29.34	\$58.67	\$88.01
		5	\$14.49	\$28.98	\$43.47	\$31.40	\$62.79	\$94.19
EmblemHealth PPO	High (In and Out-of-Network Benefits)	1	\$17.28	\$34.54	\$51.82	\$37.44	\$74.84	\$112.28
Triple S Salud PPO	High (In-Network Benefits Only except for services rendered by orthodontists)	1	\$4.57	\$9.14	\$11.98	\$9.90	\$19.80	\$25.96

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	\$14.94	\$29.87	\$44.81	\$32.37	\$64.72	\$97.09
Delta Dental Standard	\$12.37	\$24.74	\$37.11	\$26.80	\$53.60	\$80.41
Delta Dental High	\$24.88	\$49.77	\$74.65	\$53.91	\$107.84	\$161.74
FEP BlueDental Standard	\$13.84	\$27.69	\$41.53	\$29.99	\$60.00	\$89.98
FEP BlueDental High	\$24.11	\$48.22	\$72.33	\$52.24	\$104.48	\$156.72
GEHA Standard	\$9.03	\$18.07	\$27.12	\$19.57	\$39.15	\$58.76
GEHA High	\$15.28	\$30.57	\$45.86	\$33.11	\$66.24	\$99.36
MetLife Standard	\$13.14	\$26.28	\$39.43	\$28.47	\$56.94	\$85.43
MetLife High	\$24.50	\$49.00	\$73.50	\$53.08	\$106.17	\$159.25
United Concordia	\$20.52	\$41.03	\$61.55	\$44.46	\$88.90	\$133.36

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
Aetna Vision	1-877-459-6604 aetnafeds.com/vision	Standard	\$3.18	\$6.08	\$8.93	\$6.89	\$13.17	\$19.35
		High	\$6.17	\$11.75	\$17.25	\$13.37	\$25.46	\$37.38
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.73	\$7.45	\$11.18	\$8.08	\$16.14	\$24.22
		High	\$4.71	\$9.42	\$14.14	\$10.21	\$20.41	\$30.64
UnitedHealthcare Vision Plan	1-866-249-1999 TTY: 1-800-524-3157 myuhcvision.com/fedvip	Standard	\$2.91	\$5.69	\$8.47	\$6.31	\$12.33	\$18.35
		High	\$4.12	\$8.04	\$11.97	\$8.93	\$17.42	\$25.94
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.67	\$7.33	\$11.01	\$7.95	\$15.88	\$23.86
		High	\$6.34	\$12.69	\$19.04	\$13.74	\$27.50	\$41.25

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
Aetna Vision	1-877-459-6604 aetnafeds.com/vision	Standard	\$3.18	\$6.08	\$8.93	\$6.89	\$13.17	\$19.35
		High	\$6.17	\$11.75	\$17.25	\$13.37	\$25.46	\$37.38
FEP BlueVision	1-888-550-2583 fepblue.org	Standard	\$3.73	\$7.45	\$11.18	\$8.08	\$16.14	\$24.22
		High	\$4.71	\$9.42	\$14.14	\$10.21	\$20.41	\$30.64
UnitedHealthcare Vision Plan	1-866-249-1999 TTY: 1-800-524-3157 myuhcvision.com/fedvip	Standard	\$2.91	\$5.69	\$8.47	\$6.31	\$12.33	\$18.35
		High	\$4.12	\$8.04	\$11.97	\$8.93	\$17.42	\$25.94
VSP (Vision Service Plan)	1-800-807-0764 choosevsp.com	Standard	\$3.67	\$7.33	\$11.01	\$7.95	\$15.88	\$23.86
		High	\$6.34	\$12.69	\$19.04	\$13.74	\$27.50	\$41.25

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

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

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

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

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

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

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

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

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

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

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

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

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

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