The 2012 FEHB Guide
For Tribal Employees

Visit us at: www.opm.gov/tribalprograms
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to FEHB and the Initial Enrollment Opportunity</td>
<td>3</td>
</tr>
<tr>
<td>Federal Employees Health Benefits (FEHB) Program</td>
<td>4</td>
</tr>
<tr>
<td>FEHB Program Health Information Technology and Price/Cost Transparency</td>
<td>6</td>
</tr>
<tr>
<td>Pre-Existing Condition Insurance Program</td>
<td>7</td>
</tr>
<tr>
<td>Appendix A: FEHB Program Features</td>
<td>8</td>
</tr>
<tr>
<td>Appendix B: Choosing an FEHB Plan</td>
<td>9</td>
</tr>
<tr>
<td>Appendix C: Qualifying Life Events</td>
<td>12</td>
</tr>
<tr>
<td>Appendix D: FEHB Member Survey Results</td>
<td>13</td>
</tr>
<tr>
<td>Appendix E: FEHB Plan Comparison Charts</td>
<td>15</td>
</tr>
<tr>
<td>• Fee-for-Service</td>
<td>16</td>
</tr>
<tr>
<td>• Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product</td>
<td>21</td>
</tr>
<tr>
<td>• High Deductible and Consumer-Driven Health Plans</td>
<td>46</td>
</tr>
<tr>
<td>Medicaid and the Children’s Health Insurance Program (CHIP)</td>
<td>61</td>
</tr>
</tbody>
</table>
This page intentionally left blank
Introduction to FEHB and the Initial Enrollment Opportunity

The purpose of this guide is to provide you basic information about the benefits offered to you as the employee of an entitled tribe, tribal organization, or urban Indian organization that has chosen to participate in the Federal Employees Health Benefits (FEHB) Program. This Guide will assist you during the initial enrollment opportunity with the process of selecting and enrolling in a plan that meets your health care needs.

Things to consider:

1. See page 4 for general information on FEHB (including eligibility) and Appendix B for guidance on choosing a plan;

2. If you decide to enroll, examine the 2012 brochure of each plan you are interested in to ensure the benefits and premiums meet your needs and the plan is available in your geographic area; and,

3. Contact your employing office for information on how to enroll.

How do I get more information about this Program?

Visit the FEHB Program online at www.opm.gov/tribalprograms for information including:
- How to compare health plans and choose the one that meets your needs
- Health plan websites and plan brochures
- Getting quality healthcare
- Medicare and FEHB
What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to eligible employees of entitled tribes, tribal organizations, and urban Indian organizations. It also covers eligible family members of such employees. If you leave tribal employment, the FEHB Program offers temporary continuation of coverage (TCC) and an opportunity to convert your enrollment to non-group (private) coverage.

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

Key FEHB facts

- You can choose from Fee-for-Service plans with comprehensive coverage and higher premiums, Health Maintenance Organizations or Consumer-Driven and High Deductible plans that offer catastrophic risk protection with higher deductibles, health savings/reimbursable accounts and lower premiums.
- There are no waiting periods and no pre-existing condition limitations.
- All nationwide FEHB plans offer international coverage.
- There are separate and/or different provider networks for each plan.
- Utilizing an in-network provider may reduce your out-of-pocket costs.
- FEHB coverage continues each year; you will not need to re-enroll. Please note that your premiums and benefits may change. The FEHB Program is part of the annual Federal Benefits Open Season.
- If your employing office participates in Premium Conversion, FEHB enrollment changes can only be made during Open Season or if you experience a qualifying life event. Premium Conversion allows employees to use pre-tax dollars to pay their FEHB premiums. Check with your employing office to see if your employer participates in Premium Conversion.

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.

Am I eligible to enroll?

Most employees are eligible; those who are not eligible usually have limited appointments of short duration, or work sporadically only during certain seasons or when needed by their employing office. If you are employed by a tribe, tribal organization, or urban Indian organization that participates in the FEHB Program and your employing office has not provided you information about FEHB enrollment, you should contact them for information.
Which family members are eligible?

Family Members covered under your Self and Family FEHB enrollment are:

- Your spouse (including a valid common law marriage); and
- Children under age 26, including legally adopted children, recognized natural (born out of wedlock) children and stepchildren.

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

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?

The premiums for your FEHB enrollment are shared by you and your employing office. Your employing office pays, at a minimum, the lesser of: 72% of the average total premium of all plans weighted by the number of enrollees in each, or 75% of the premium for the specific plan you choose. If you are an employee of a tribe, tribal organization, or urban Indian organization that participates in Premium Conversion and you have chosen to participate, you automatically pay your share of the premium through a payroll deduction using pre-tax dollars. The charts in Appendix E provide cost information for all plans in the FEHB Program. Please note that the provided rates are the maximum amount you will be required to pay for your premium. Your employing office may choose to pay a higher portion of your premium. Check with your employing office for exact rates. You may have other out of pocket costs in addition to your premium such as copays, coinsurance, and deductibles.

When can I enroll?

If you are employed at a tribe, tribal organization, or urban Indian organization that has recently elected to purchase health insurance through the FEHB Program, you now have an opportunity to enroll in coverage. Your employing office will provide you with the exact dates of your initial enrollment opportunity and your effective date of coverage.

If you chose not to enroll during the initial enrollment opportunity, you may 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. If you do not participate in premium conversion, you may change your enrollment type or cancel coverage at any time. If you participate in premium conversion, you may enroll, change your enrollment type, or change plans outside of Open Season only 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.

How do I enroll?

You may be able to enroll using the Health Benefits Election Form (SF 2809). Contact your employing office for details.
Did You Know... Health Information Technology can improve your health!

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

What are examples of HIT at work?

- You can go online to review your medical, pharmacy, and laboratory claims information;

- If you complete a Health Risk Assessment (HRA), your health plan can identify you as a candidate for case management or disease management and offer suggestions on healthy lifestyle strategies and how to reduce or eliminate health risks. Health plans can provide you with tips and educational material about good health habits, information about routine care that is age and gender appropriate.

- Physicians can have the very best clinical guidelines at their fingertips for managing and treating diseases;

- While with a patient, a physician can enter a prescription on a computer where potential allergies and adverse reactions are shown immediately;

- Computer alerts are sent to physicians to remind them of a patient’s preventive care needs and to track referrals and test results.

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

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

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

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

No one is more responsible for your health care than you – HIT tools can help.
Do you know someone who needs health insurance but can't get it? The Pre-Existing Condition Insurance Plan (PCIP) may help.

An individual is eligible to buy coverage in PCIP if:

- He or she has a pre-existing medical condition or has been denied coverage because of the health condition;
- He or she has been without health coverage for at least the last six months. (If the individual currently has insurance coverage that does not cover the pre-existing condition or is enrolled in a state high risk pool then that person is not eligible for PCIP);
- He or she is a citizen or national of the United States or resides in the U.S. legally.


*Please note that PCIP is not a part of the FEHB Program.*
Appendix A
FEHB Program Features

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

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

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

Employing Office Contributions. Your employing office pays, at a minimum, 72 percent of the average premium of all plans toward the total cost of your premium. Please check with your employing office for exact rates.

Salary deduction. You pay your share of the premium through a payroll deduction. If you are employed at a tribe, tribal organization, or urban Indian organization which participates in Premium Conversion, you have the choice to have your premiums deducted before tax.

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

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

* 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 employing office).

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

* for you and your family if you leave your job,
* for your covered child if he or she turns age 26, or
* for your former spouse.

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

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

If you lose coverage under the FEHB Program, you should automatically receive a Certificate of Group Health Plan Coverage from the last FEHB plan to cover you. If not, the plan must give you one on request. This certificate may be important to qualify for benefits if you join a non-FEHB plan.
What type of health plan is best for you?
This chart compares the different types of plans from which you can choose to enroll.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Choice of doctors, hospitals, pharmacies, and other providers</th>
<th>Specialty care</th>
<th>Out-of-pocket costs</th>
<th>Paperwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fee-for-Service w/PPO (Preferred Provider Organization)</td>
<td>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.</td>
<td>Referral not required to get benefits.</td>
<td>You pay fewer costs if you use a PPO provider than if you don’t.</td>
<td>Some, if you don’t use network providers.</td>
</tr>
<tr>
<td>Health Maintenance Organization</td>
<td>You generally must use the plan’s network to reduce your out-of-pocket costs.</td>
<td>Referral generally required from primary care doctor to get benefits.</td>
<td>Your out-of-pocket costs are generally limited to copayments.</td>
<td>Little, if any.</td>
</tr>
<tr>
<td>Point-of-Service</td>
<td>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.</td>
<td>Referral generally required to get maximum benefits.</td>
<td>You pay less if you use a network provider than if you don’t.</td>
<td>Little, if you use the network. You have to file your own claims if you don’t use the network.</td>
</tr>
<tr>
<td>Consumer-Driven Plans</td>
<td>You may use network and non-network providers. You will pay more by not using the network.</td>
<td>Referral not required to get maximum benefits.</td>
<td>You will pay an annual deductible and cost-sharing. You pay less if you use the network.</td>
<td>Some, if you don’t use network providers.</td>
</tr>
<tr>
<td>High Deductible Health Plans w/Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)</td>
<td>Some plans are network only, others pay something even if you do not use a network provider.</td>
<td>Referral not required to get maximum benefits from PPOs.</td>
<td>You will pay an annual deductible and cost-sharing. You pay less if you use the network.</td>
<td>If you have an HSA or HRA account, you may have to file a claim to obtain reimbursement.</td>
</tr>
</tbody>
</table>
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/fehbcompare. You can also find help in selecting a plan using tools provided by PlanSmartChoice at www.opm.gov/insure/health/tribes/planinfo.

Ask yourself these questions:

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

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

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

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

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

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

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

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

Definitions

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

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

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

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

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

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

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

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

**Premium Conversion** - A program to allow employees of entitled tribes, tribal organizations, or urban Indian organizations to use pre-tax dollars to pay health insurance premiums to the Federal Employees Health Benefits (FEHB) Program. If a tribal employer offers its tribal employees an opportunity to participate in premium conversion through its premium conversion plan in compliance with Internal Revenue Service rules, then tribal employees can choose to have their FEHB premiums deducted before or after taxes through their tribal employer’s plan.

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

**Qualifying Life Events** - An event that may allow participants in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events only 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)

Premium conversion allows employees who are eligible for FEHB the opportunity to pay their share of FEHB premiums with pre-tax dollars. In order for employees of a tribe, tribal organization, or urban Indian organization to participate in Premium Conversion, their employing office must have a Premium Conversion plan. Ask your human resources office for details. If your employing office permits Premium Conversion, you may chose not to participate.

Premium Conversion plans are governed by the Internal Revenue Code and IRS rules govern when a participant may change his or her enrollment outside of the annual Open Season. When an employee experiences a qualifying life event, changes to the employee’s FEHB enrollment may be permitted. Individuals who don’t participate in Premium Conversion may cancel their enrollment or change to Self Only at any time.

Below is a brief list of 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 your human resources office.

<table>
<thead>
<tr>
<th>Change in family status that results in increase or decrease in number of eligible family members.</th>
<th>From Not Enrolled to Enrolled</th>
<th>From Self Only to Self and Family</th>
<th>From One Plan or Option to Another</th>
<th>Cancel or Change to Self Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in family status that results in increase or decrease in number of eligible family members.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Any change in employee’s employment status that could result in entitlement to coverage.</td>
<td>Yes</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Employee restored to employment position after serving in uniformed services</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>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.</td>
<td>Not Applicable</td>
<td>Yes</td>
<td>Yes</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Employee or eligible family member loses coverage under FEHB or another group insurance plan.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Enrolled employee or eligible family member gains coverage under FEHB or another group insurance plan.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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 Federal Employees Health Benefits plans with 500 or more subscribers mail the
Consumers Assessment of Healthcare Providers and Systems (CAHPS)\(^1\) to a random sample of plan
members. For Health Maintenance Organizations (HMO)/Point-of-Service (POS) and High
Deductible Health Plans (HDHP) and Consumer-Driven Health Plans (CDHP), the sample includes
all commercial plan members, including non-FEHB members. For Fee-for-Service (FFS)/Preferred
Provider Organization (PPO) plans, the sample includes FEHB 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 16 through 19)

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

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

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 35.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 60.

Please note that the premium rates provided are the maximum amount you will be expected to pay for your premium. Your employing office may choose to pay a higher portion of your premium. Please check with your employing office for exact rates.
**Nationwide Fee-for-Service**

**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. Please note that the provided premium rates are the maximum amount you will be expected to pay for your premium. Check with your employing office for exact rates.

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

---

<table>
<thead>
<tr>
<th>Plan Name: Open to All</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>APWU Health Plan (APWU) -high</td>
<td>800-222-2798</td>
<td>471</td>
<td>472</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std</td>
<td>Local phone #</td>
<td>104</td>
<td>105</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic</td>
<td>Local phone #</td>
<td>111</td>
<td>112</td>
</tr>
<tr>
<td>GEHA Benefit Plan (GEHA) -high</td>
<td>800-821-6136</td>
<td>311</td>
<td>312</td>
</tr>
<tr>
<td>GEHA Benefit Plan (GEHA) -std</td>
<td>800-821-6136</td>
<td>314</td>
<td>315</td>
</tr>
<tr>
<td>MHBP -std</td>
<td>800-410-7778</td>
<td>454</td>
<td>455</td>
</tr>
<tr>
<td>MHBP -Value Plan</td>
<td>800-410-7778</td>
<td>414</td>
<td>415</td>
</tr>
<tr>
<td>NALC -high</td>
<td>888-636-6252</td>
<td>321</td>
<td>322</td>
</tr>
<tr>
<td>SAMBA -high</td>
<td>800-638-6589</td>
<td>441</td>
<td>442</td>
</tr>
<tr>
<td>SAMBA -std</td>
<td>800-638-6589</td>
<td>444</td>
<td>445</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Name: Open Only to Specific Groups</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compass Rose Health Plan (CRHP) -high</td>
<td>800-769-6953</td>
<td>421</td>
<td>422</td>
</tr>
<tr>
<td>Foreign Service Benefit Plan (FSBP) -high</td>
<td>202-833-4910</td>
<td>401</td>
<td>402</td>
</tr>
<tr>
<td>Panama Canal Area Benefit Plan (PCABP) -high*</td>
<td>800-424-8196</td>
<td>431</td>
<td>432</td>
</tr>
<tr>
<td>Rural Carrier Benefit Plan (Rural) -high</td>
<td>800-638-8432</td>
<td>381</td>
<td>382</td>
</tr>
</tbody>
</table>
**Prescription Drug Payment Levels** Plans use a variety of terms to define what you pay for prescription drugs such as *generic, brand name, Tier I, Tier II, Level I, etc.* The 2 to 3 payment levels that plans use follow: **Level I** includes most generic drugs, but may include some preferred brands. **Level II** may include generics and preferred brands not included in Level I. **Level III** includes all other covered drugs, with some exceptions for specialty drugs. Many plans are basing how much you pay for prescription drugs on what they are charged.

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

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.**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit Type</th>
<th>deductible</th>
<th>copay ($)</th>
<th>coinsurance (%)</th>
<th>prescription Drugs</th>
<th>mail order discounts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Per Person</td>
<td>Hospital Inpatient</td>
<td>Medical-Surgical – You Pay</td>
<td>Level I</td>
<td>Level II</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calendar Year</td>
<td>Prescription Drug</td>
<td>Doctors</td>
<td>Hospital Inpatient</td>
<td>R&amp;B</td>
</tr>
<tr>
<td>APWU - high</td>
<td>PPO</td>
<td>$275</td>
<td>None</td>
<td>None</td>
<td>$18</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$500</td>
<td>None</td>
<td>None</td>
<td>$300</td>
<td>30%</td>
</tr>
<tr>
<td>BCBS - std</td>
<td>PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$250</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$350</td>
<td>35%</td>
</tr>
<tr>
<td>BCBS - basic</td>
<td>PPO</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$150/day x 5</td>
<td>$25</td>
</tr>
<tr>
<td>GEHA - high</td>
<td>PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$100</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$300</td>
<td>30%</td>
</tr>
<tr>
<td>GEHA - std</td>
<td>PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$350</td>
</tr>
<tr>
<td>MHPB - std</td>
<td>PPO</td>
<td>$400</td>
<td>None</td>
<td>None</td>
<td>$200</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$600</td>
<td>None</td>
<td>None</td>
<td>$500</td>
<td>30%</td>
</tr>
<tr>
<td>MHPB - Value</td>
<td>PPO</td>
<td>$600</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>$30</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$900</td>
<td>Not Covered</td>
<td>None</td>
<td>None</td>
<td>40%</td>
</tr>
<tr>
<td>NALC - high</td>
<td>PPO</td>
<td>$300</td>
<td>None</td>
<td>None</td>
<td>$200</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$300</td>
<td>None</td>
<td>None</td>
<td>$350</td>
<td>30%</td>
</tr>
<tr>
<td>SAMBA - high</td>
<td>PPO</td>
<td>$300</td>
<td>None</td>
<td>None</td>
<td>$200</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$300</td>
<td>None</td>
<td>None</td>
<td>$300</td>
<td>30%</td>
</tr>
<tr>
<td>SAMBA - std</td>
<td>PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$150 up to $450</td>
<td>$20</td>
</tr>
<tr>
<td></td>
<td>Non-PPO</td>
<td>$350</td>
<td>None</td>
<td>None</td>
<td>$200 up to $600</td>
<td>35%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Overall Plan Satisfaction</th>
<th>Getting Needed Care</th>
<th>Getting Care Quickly</th>
<th>How Well Doctors Communicate</th>
<th>Customer Service</th>
<th>Claims Processing</th>
<th>Plan Information on Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APWU Health Plan -high</strong></td>
<td>77.4</td>
<td>91.6</td>
<td>91</td>
<td>94.8</td>
<td>89.7</td>
<td>92.9</td>
</tr>
<tr>
<td>(FFS) National Average</td>
<td>47</td>
<td>78</td>
<td>89.8</td>
<td>92.1</td>
<td>93.8</td>
<td>83.7</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan -std</td>
<td>10</td>
<td>10</td>
<td>78.8</td>
<td>92.4</td>
<td>88.4</td>
<td>94.4</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan -basic</td>
<td>11</td>
<td>11</td>
<td>71.7</td>
<td>90.7</td>
<td>87.6</td>
<td>93.9</td>
</tr>
<tr>
<td>GEHA Benefit Plan -high</td>
<td>31</td>
<td>31</td>
<td>85.5</td>
<td>92.8</td>
<td>91.1</td>
<td>94.3</td>
</tr>
<tr>
<td>GEHA Benefit Plan -std</td>
<td>31</td>
<td>31</td>
<td>77.3</td>
<td>89.4</td>
<td>88</td>
<td>93.4</td>
</tr>
<tr>
<td>MHBP -std</td>
<td>45</td>
<td>45</td>
<td>70.6</td>
<td>91.6</td>
<td>91.7</td>
<td>94.3</td>
</tr>
<tr>
<td>MHBP -Value Plan</td>
<td>41</td>
<td>41</td>
<td>56.4</td>
<td>87.9</td>
<td>87.7</td>
<td>95.5</td>
</tr>
<tr>
<td>NALC -high</td>
<td>32</td>
<td>32</td>
<td>81.1</td>
<td>93.4</td>
<td>91.4</td>
<td>95.1</td>
</tr>
<tr>
<td>SAMBA -high</td>
<td>44</td>
<td>44</td>
<td>74.5</td>
<td>92.3</td>
<td>93.3</td>
<td>95.2</td>
</tr>
<tr>
<td>SAMBA -std</td>
<td>44</td>
<td>44</td>
<td>89.3</td>
<td>94.6</td>
<td>93.7</td>
<td>96.8</td>
</tr>
</tbody>
</table>

### Plan Name: Open Only to Specific Groups

<table>
<thead>
<tr>
<th>Compass Rose Health Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS National Average</td>
</tr>
<tr>
<td>(FFS) National Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Service Benefit Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS National Average</td>
</tr>
<tr>
<td>(FFS) National Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Panama Canal Area Benefit Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS National Average</td>
</tr>
<tr>
<td>(FFS) National Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural Carrier Benefit Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFS National Average</td>
</tr>
<tr>
<td>(FFS) National Average</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Location</th>
<th>Plan Code</th>
<th>Overall plan satisfaction</th>
<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Arizona</td>
<td>10</td>
<td>81.9</td>
<td>93</td>
<td>89.8</td>
<td>94.7</td>
<td>91.4</td>
<td>96.2</td>
<td>74.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>75.2</td>
<td>89.5</td>
<td>89.5</td>
<td>92.9</td>
<td>88.3</td>
<td>93.9</td>
<td>64.2</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>California</td>
<td>10</td>
<td>77.1</td>
<td>93</td>
<td>94</td>
<td>94.7</td>
<td>89.9</td>
<td>95.5</td>
<td>67.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>65.6</td>
<td>88.5</td>
<td>81.8</td>
<td>92.7</td>
<td>87.1</td>
<td>89.4</td>
<td>65.9</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>District of Columbia</td>
<td>10</td>
<td>79.4</td>
<td>91.4</td>
<td>89.7</td>
<td>93.1</td>
<td>88.3</td>
<td>91.2</td>
<td>70.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>64.6</td>
<td>84.3</td>
<td>83.8</td>
<td>90.2</td>
<td>86.2</td>
<td>93.3</td>
<td>62.6</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Florida</td>
<td>10</td>
<td>86.4</td>
<td>93.6</td>
<td>94.3</td>
<td>93.4</td>
<td>88.8</td>
<td>95.7</td>
<td>76.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>76.4</td>
<td>92.2</td>
<td>89.5</td>
<td>92</td>
<td>88.3</td>
<td>93.5</td>
<td>67.1</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Illinois</td>
<td>10</td>
<td>82.9</td>
<td>92.8</td>
<td>90.4</td>
<td>94.5</td>
<td>92.8</td>
<td>96.7</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>75.9</td>
<td>91.3</td>
<td>89</td>
<td>94</td>
<td>82.3</td>
<td>93.3</td>
<td>67.2</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Maryland</td>
<td>10</td>
<td>83.2</td>
<td>94.1</td>
<td>91.4</td>
<td>94.1</td>
<td>86.4</td>
<td>93.7</td>
<td>74.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>71.3</td>
<td>98.2</td>
<td>91.1</td>
<td>92.8</td>
<td>87.8</td>
<td>92.4</td>
<td>66.7</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Texas</td>
<td>10</td>
<td>83.5</td>
<td>93.3</td>
<td>90.8</td>
<td>94</td>
<td>89</td>
<td>95.9</td>
<td>72.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>80.3</td>
<td>92.1</td>
<td>87.2</td>
<td>92.4</td>
<td>91</td>
<td>96.9</td>
<td>68.6</td>
</tr>
<tr>
<td>Blue Cross and Blue Shield Service Benefit Plan - Standard Benefit Plan</td>
<td>Virginia</td>
<td>10</td>
<td>86.3</td>
<td>94.3</td>
<td>92.8</td>
<td>95.6</td>
<td>90.6</td>
<td>96.5</td>
<td>74.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>75.8</td>
<td>90.3</td>
<td>91.9</td>
<td>93.5</td>
<td>87.7</td>
<td>95.5</td>
<td>67.9</td>
</tr>
</tbody>
</table>
Appendix E
FEHB Plan Comparison Charts

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 22 through 45)

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.

Please check with your employing office for exact rates.

with your employing office for exact premium rates.

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

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

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

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

Member Survey Results – See Appendix D for a description.

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

21
# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arizona</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Aetna Open Access -high- Phoenix and Tucson Areas</td>
<td>877-459-6604</td>
<td>WQ1</td>
<td>WQ2</td>
</tr>
<tr>
<td>Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties</td>
<td>800-289-2818</td>
<td>A71</td>
<td>A72</td>
</tr>
<tr>
<td>Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties</td>
<td>800-289-2818</td>
<td>A74</td>
<td>A75</td>
</tr>
<tr>
<td><strong>Arkansas</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>QualChoice - high - All of Arkansas</td>
<td>800-235-7111</td>
<td>DH1</td>
<td>DH2</td>
</tr>
<tr>
<td>QualChoice - std - All of Arkansas</td>
<td>800-235-7111</td>
<td>DH4</td>
<td>DH5</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Aetna Open Access -high- Los Angeles and San Diego Areas</td>
<td>877-459-6604</td>
<td>2X1</td>
<td>2X2</td>
</tr>
<tr>
<td>Blue Shield of CA Access+HMO -high- Southern Region</td>
<td>800-880-8086</td>
<td>SI1</td>
<td>SI2</td>
</tr>
<tr>
<td>Health Net of California -high- Northern Region</td>
<td>800-522-0088</td>
<td>LB1</td>
<td>LB2</td>
</tr>
<tr>
<td>Health Net of California -std- Northern Region</td>
<td>800-522-0088</td>
<td>LB4</td>
<td>LB5</td>
</tr>
<tr>
<td>Health Net of California -high- Southern Region</td>
<td>800-522-0088</td>
<td>LP1</td>
<td>LP2</td>
</tr>
<tr>
<td>Health Net of California -std- Southern Region</td>
<td>800-522-0088</td>
<td>LP4</td>
<td>LP5</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of California -high- Northern California</td>
<td>800-464-4000</td>
<td>591</td>
<td>592</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of California -std- Northern California</td>
<td>800-464-4000</td>
<td>594</td>
<td>595</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of California -high- Southern California</td>
<td>800-464-4000</td>
<td>621</td>
<td>622</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of California -std- Southern California</td>
<td>800-464-4000</td>
<td>624</td>
<td>625</td>
</tr>
<tr>
<td>UnitedHealthcare of California formerly Pacificare of CA -high- Most of California</td>
<td>866-546-0510</td>
<td>CY1</td>
<td>CY2</td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Colorado -high- Denver/Boulder/Southern Colorado areas</td>
<td>800-632-9700</td>
<td>651</td>
<td>652</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Colorado -std- Denver/Boulder/Southern Colorado areas</td>
<td>800-632-9700</td>
<td>654</td>
<td>655</td>
</tr>
<tr>
<td><strong>Delaware</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Aetna Open Access -high- Kent/New Castle/Sussex areas</td>
<td>877-459-6604</td>
<td>P31</td>
<td>P32</td>
</tr>
<tr>
<td>Aetna Open Access -basic- Kent/New Castle/Sussex areas</td>
<td>877-459-6604</td>
<td>P34</td>
<td>P35</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/ Level III</td>
<td>Mail order discount</td>
</tr>
<tr>
<td><strong>Arizona</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Health Net of Arizona, Inc.-High</td>
<td>$15/$30</td>
<td>$200/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Health Net of Arizona, Inc.-Std</td>
<td>$15/$40</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Arkansas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>QualChoice- In-Network</td>
<td>$20/$30</td>
<td>$100max$500</td>
<td>0</td>
</tr>
<tr>
<td>QualChoice- Out-Network</td>
<td>40%/40%</td>
<td>40% N/A</td>
<td>N/A / N/A</td>
</tr>
<tr>
<td>QualChoice- In-Network</td>
<td>$20/$40</td>
<td>$200max$1,000</td>
<td>$5</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Blue Shield of CA Access+HMO-High</td>
<td>$20/$30</td>
<td>$150/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Health Net of California-High</td>
<td>$15/$30</td>
<td>$100/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td>Health Net of California-Std</td>
<td>$30/$50</td>
<td>$500</td>
<td>$15</td>
</tr>
<tr>
<td>Health Net of California-High</td>
<td>$15/$30</td>
<td>$100/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td>Health Net of California-Std</td>
<td>$30/$50</td>
<td>$500</td>
<td>$15</td>
</tr>
<tr>
<td>Kaiser Foundation HP of California -High</td>
<td>$15/$25</td>
<td>$250</td>
<td>$10</td>
</tr>
<tr>
<td>Kaiser Foundation HP of California -Std</td>
<td>$30/$40</td>
<td>$500</td>
<td>$15</td>
</tr>
<tr>
<td>Kaiser Foundation HP of California -High</td>
<td>$10/$20</td>
<td>$250</td>
<td>$10</td>
</tr>
<tr>
<td>Kaiser Foundation HP of California -Std</td>
<td>$20/$40</td>
<td>$500</td>
<td>$15</td>
</tr>
<tr>
<td>United Healthcare of California -High</td>
<td>$20/$35</td>
<td>$150/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Colorado</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation HP of Colorado -High</td>
<td>$20/$40</td>
<td>$250</td>
<td>$10</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Colorado -Std</td>
<td>$25/$45</td>
<td>$250/day x 3</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Delaware</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$150/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$15/$35</td>
<td>20% Plan Allow</td>
<td>$5</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Telephone Number</td>
<td>Enrollment Code</td>
<td>Your Maximum Monthly Premium</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>District of Columbia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high - Washington, DC Area</td>
<td>877-459-6604</td>
<td>JN1, JN2</td>
<td>337.96, 760.72</td>
</tr>
<tr>
<td>Aetna Open Access - basic - Washington, DC Area</td>
<td>877-459-6604</td>
<td>JN4, JN3</td>
<td>124.46, 291.28</td>
</tr>
<tr>
<td>CareFirst BlueChoice - high - Washington, D.C. Metro Area</td>
<td>888-789-9065</td>
<td>2G1, 2G2</td>
<td>139.99, 322.55</td>
</tr>
<tr>
<td>CareFirst BlueChoice Healthy Blue Option - std - Washington, D.C. Metro Area</td>
<td>888-789-9065</td>
<td>2G4, 2G5</td>
<td>128.83, 289.82</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States - high - Washington, DC area</td>
<td>877-574-3337</td>
<td>E31, E32</td>
<td>148.00, 368.35</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States - std - Washington, DC area</td>
<td>877-574-3337</td>
<td>E34, E35</td>
<td>89.69, 206.29</td>
</tr>
<tr>
<td>M.D. IPA - high - Washington, DC area</td>
<td>877-835-9861</td>
<td>JP1, JP2</td>
<td>165.79, 412.60</td>
</tr>
<tr>
<td><strong>Florida</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMO - Med Health Plan - high - Broward, Dade and Palm Beach</td>
<td>800-882-8633</td>
<td>ML1, ML2</td>
<td>182.74, 506.80</td>
</tr>
<tr>
<td>HMO - Med Health Plan - std - Broward, Dade and Palm Beach</td>
<td>800-882-8633</td>
<td>ML4, ML5</td>
<td>122.65, 294.38</td>
</tr>
<tr>
<td>Capital Health Plan-high - Tallahassee area</td>
<td>850-383-3311</td>
<td>EA1, EA2</td>
<td>102.27, 271.01</td>
</tr>
<tr>
<td>Coventry Health Care of Florida - high - Southern Florida</td>
<td>800-441-5501</td>
<td>SE1, SE2</td>
<td>121.85, 362.27</td>
</tr>
<tr>
<td>Coventry Health Care of Florida - std - Southern Florida</td>
<td>800-441-5501</td>
<td>SE4, SE5</td>
<td>110.28, 284.94</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc. - high - South Florida</td>
<td>888-393-6765</td>
<td>EE1, EE2</td>
<td>164.90, 378.82</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc. - std - South Florida</td>
<td>888-393-6765</td>
<td>EE4, EE5</td>
<td>120.83, 271.87</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc. - high - Tampa</td>
<td>888-393-6765</td>
<td>LL1, LL2</td>
<td>340.27, 773.41</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc. - std - Tampa</td>
<td>888-393-6765</td>
<td>LL4, LL5</td>
<td>134.57, 310.59</td>
</tr>
<tr>
<td><strong>Georgia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high - Atlanta and Athens Areas</td>
<td>877-459-6604</td>
<td>2U1, 2U2</td>
<td>282.32, 673.49</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - high - Columbus</td>
<td>888-393-6765</td>
<td>CB1, CB2</td>
<td>134.59, 310.61</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - std - Columbus</td>
<td>888-393-6765</td>
<td>CB4, CB5</td>
<td>124.19, 286.98</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - high - Atlanta</td>
<td>888-393-6765</td>
<td>DG1, DG2</td>
<td>129.15, 290.58</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - std - Atlanta</td>
<td>888-393-6765</td>
<td>DG4, DG5</td>
<td>124.19, 279.42</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - high - Macon</td>
<td>888-393-6765</td>
<td>DN1, DN2</td>
<td>134.59, 310.61</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc. - std - Macon</td>
<td>888-393-6765</td>
<td>DN4, DN5</td>
<td>127.55, 268.98</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Georgia - high - Atlanta, Athens, Columbus, Macon, Savannah</td>
<td>888-865-8613</td>
<td>F81, F82</td>
<td>169.38, 388.35</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Georgia - std - Atlanta, Athens, Columbus, Macon, Savannah</td>
<td>888-865-8613</td>
<td>F84, F85</td>
<td>97.46, 222.70</td>
</tr>
</tbody>
</table>
### Plan Name – Location

#### District of Columbia

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Primary care/ Specialist office copay</th>
<th>Hospital per stay deductible</th>
<th>Prescription Drugs</th>
<th>Mail order discount</th>
<th>Overall plan satisfaction</th>
<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Open Access-High</td>
<td>$15/$30</td>
<td>$150/day x 3</td>
<td>$5</td>
<td>$35/$65</td>
<td>Yes</td>
<td>65.9</td>
<td>87.1</td>
<td>87</td>
<td>91.8</td>
<td>90.1</td>
<td>87.4</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$20/$35</td>
<td>10% Plan Allow</td>
<td>$10</td>
<td>$35/$65</td>
<td>Yes</td>
<td>65.9</td>
<td>87.1</td>
<td>87</td>
<td>91.8</td>
<td>90.1</td>
<td>87.4</td>
</tr>
<tr>
<td>CareFirst BlueChoice-High</td>
<td>$25/$35</td>
<td>$200</td>
<td>Nothing</td>
<td>$30/$50</td>
<td>Yes</td>
<td>61.8</td>
<td>86.2</td>
<td>84.6</td>
<td>91.7</td>
<td>72.2</td>
<td>86.4</td>
</tr>
<tr>
<td>CareFirst BlueChoice In-Network</td>
<td>Nothing/$35</td>
<td>$200</td>
<td>Nothing</td>
<td>$30/$50</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CareFirst BlueChoice Out-Network</td>
<td>$70/$70</td>
<td>$500</td>
<td>Nothing</td>
<td>$30/$50</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation HP Mid-Atlantic States -High</td>
<td>$10/$20</td>
<td>$100</td>
<td>$7/$17 Net $30/$30/$45/$65</td>
<td>Yes</td>
<td>76.7</td>
<td>84.7</td>
<td>87.4</td>
<td>92.2</td>
<td>81.6</td>
<td>87.3</td>
<td>71.6</td>
</tr>
<tr>
<td>Kaiser Foundation HP Mid-Atlantic States -Std</td>
<td>$20/$30</td>
<td>$250/day x 3</td>
<td>$12/$22Net $35/$35/$30/$70</td>
<td>Yes</td>
<td>76.7</td>
<td>84.7</td>
<td>87.4</td>
<td>92.2</td>
<td>81.6</td>
<td>87.3</td>
<td>71.6</td>
</tr>
<tr>
<td>M.D. IPA-High</td>
<td>$25/$40</td>
<td>$150/day x 3</td>
<td>$7</td>
<td>$30/$150/$250</td>
<td>Yes</td>
<td>63.2</td>
<td>83.8</td>
<td>87.1</td>
<td>92.5</td>
<td>84.1</td>
<td>90</td>
</tr>
</tbody>
</table>

#### Florida

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Primary care/ Specialist office copay</th>
<th>Hospital per stay deductible</th>
<th>Prescription Drugs</th>
<th>Mail order discount</th>
<th>Overall plan satisfaction</th>
<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnMed Health Plan-High</td>
<td>$15/$40</td>
<td>$150/day x 5</td>
<td>$5</td>
<td>$30/$50/$30%</td>
<td>No</td>
<td>72.4</td>
<td>86.9</td>
<td>85.3</td>
<td>91.3</td>
<td>89.4</td>
<td>85.3</td>
</tr>
<tr>
<td>AnMed Health Plan-Std</td>
<td>$25/$45</td>
<td>$175/day x 5</td>
<td>$10</td>
<td>$40/$60/$30%</td>
<td>No</td>
<td>72.4</td>
<td>86.9</td>
<td>85.3</td>
<td>91.3</td>
<td>89.4</td>
<td>85.3</td>
</tr>
<tr>
<td>Capital Health Plan-High</td>
<td>$15/$25</td>
<td>$250</td>
<td>$15</td>
<td>$30/$50</td>
<td>No</td>
<td>86.2</td>
<td>86.2</td>
<td>89.6</td>
<td>94.2</td>
<td>90.9</td>
<td>97.8</td>
</tr>
<tr>
<td>Coventry Health Plan of Florida-High</td>
<td>$15/$30</td>
<td>$150 x 3</td>
<td>$3/$20</td>
<td>$40/$60/$20%</td>
<td>No</td>
<td>50.2</td>
<td>81.2</td>
<td>82.2</td>
<td>89.9</td>
<td>78.7</td>
<td>87.3</td>
</tr>
<tr>
<td>Coventry Health Plan of Florida-Standard</td>
<td>$20/$50</td>
<td>$100 x 5</td>
<td>$10</td>
<td>$50/$70/$20%</td>
<td>No</td>
<td>50.2</td>
<td>81.2</td>
<td>82.2</td>
<td>89.9</td>
<td>78.7</td>
<td>87.3</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td>52.4</td>
<td>82.8</td>
<td>86.6</td>
<td>92.6</td>
<td>82.8</td>
<td>84.9</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc.-Standard</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td>52.4</td>
<td>82.8</td>
<td>86.6</td>
<td>92.6</td>
<td>82.8</td>
<td>84.9</td>
</tr>
<tr>
<td>Humana Medical Plan, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Medical Plan, Inc.-Standard</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Georgia

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Primary care/ Specialist office copay</th>
<th>Hospital per stay deductible</th>
<th>Prescription Drugs</th>
<th>Mail order discount</th>
<th>Overall plan satisfaction</th>
<th>Getting needed care</th>
<th>Getting care quickly</th>
<th>How well doctors communicate</th>
<th>Customer service</th>
<th>Claims processing</th>
<th>Plan Information on Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
<td>$35/$65</td>
<td>Yes</td>
<td>56.9</td>
<td>88.8</td>
<td>83.5</td>
<td>92.7</td>
<td>88.2</td>
<td>87.3</td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc.-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Employers Health of Georgia, Inc-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
<td>$40/$60</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation HP of Georgia -High</td>
<td>$10/$25</td>
<td>$350</td>
<td>$10/$20 Comm $30/$40 Comm</td>
<td>Yes</td>
<td>76.8</td>
<td>84.5</td>
<td>84</td>
<td>92.2</td>
<td>81.8</td>
<td>82.2</td>
<td>61.4</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Georgia -Std</td>
<td>$20/$30</td>
<td>$250/day x 3</td>
<td>$15/$25 Comm $30/$40 Comm</td>
<td>Yes</td>
<td>76.8</td>
<td>84.5</td>
<td>84</td>
<td>92.2</td>
<td>81.8</td>
<td>82.2</td>
<td>61.4</td>
</tr>
</tbody>
</table>
# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
<td>Self only</td>
</tr>
<tr>
<td><strong>Guam</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TakeCare -high- Guam/N.MarianaIslands/Belau(Palau)</td>
<td>671-647-3526</td>
<td>JK1 JK2</td>
<td>124.47</td>
</tr>
<tr>
<td>TakeCare -std- Guam/N.MarianaIslands/Belau(Palau)</td>
<td>671-647-3526</td>
<td>JK4 JK5</td>
<td>110.43</td>
</tr>
<tr>
<td><strong>Hawaii</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HMSA -high- All of Hawaii</td>
<td>808-948-6499</td>
<td>871 872</td>
<td>118.47</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Hawaii -high- Hawaii/Lanai/Maui/Molokai/Oahu</td>
<td>808-432-5955</td>
<td>631 632</td>
<td>136.65</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Hawaii -std- Hawaii/Lanai/Maui/Molokai/Oahu</td>
<td>808-432-5955</td>
<td>634 635</td>
<td>61.62</td>
</tr>
<tr>
<td><strong>Idaho</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans -high- Southern Region</td>
<td>800-377-4161</td>
<td>9K1 9K2</td>
<td>197.86</td>
</tr>
<tr>
<td>Altius Health Plans -std- Southern Region</td>
<td>800-377-4161</td>
<td>DK4 DK5</td>
<td>106.51</td>
</tr>
<tr>
<td>Group Health Cooperative -high- Kootenai and Latah</td>
<td>888-901-4636</td>
<td>541 542</td>
<td>196.99</td>
</tr>
<tr>
<td>Group Health Cooperative -std- Kootenai and Latah</td>
<td>888-901-4636</td>
<td>544 545</td>
<td>95.59</td>
</tr>
<tr>
<td><strong>Illinois</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access -high- Chicago Area</td>
<td>877-459-6604</td>
<td>IK1 IK2</td>
<td>342.33</td>
</tr>
<tr>
<td>Blue Preferred Plus POS -high- Madison and St. Clair counties</td>
<td>888-811-2092</td>
<td>9G1 9G2</td>
<td>262.08</td>
</tr>
<tr>
<td>Health Alliance HMO -high- Central/E.Central/N. Cen/South/West</td>
<td>800-851-3379</td>
<td>FX1 FX2</td>
<td>218.46</td>
</tr>
<tr>
<td>Humana Benefit Plan of Illinois, Inc. -high- Central and Northwestern</td>
<td>888-393-6765</td>
<td>9F1 9F2</td>
<td>395.83</td>
</tr>
<tr>
<td>Humana Benefit Plan of Illinois, Inc. -std- Central and Northwestern</td>
<td>888-393-6765</td>
<td>AB4 AB5</td>
<td>134.59</td>
</tr>
<tr>
<td>Humana Health Plan Inc. -high- Chicago</td>
<td>888-393-6765</td>
<td>7S1 7S2</td>
<td>299.71</td>
</tr>
<tr>
<td>Humana Health Plan Inc. -std- Chicago</td>
<td>888-393-6765</td>
<td>7S4 7S5</td>
<td>134.57</td>
</tr>
<tr>
<td>Union Health Service -high- Chicago area</td>
<td>312-829-4224</td>
<td>761 762</td>
<td>128.27</td>
</tr>
<tr>
<td>United Healthcare of the Midwest -high- Southwest Illinois</td>
<td>877-835-9861</td>
<td>B91 B92</td>
<td>193.53</td>
</tr>
<tr>
<td>UnitedHealthcare Plan of the River Valley Inc. -high- West Central Illinois</td>
<td>800-747-1446</td>
<td>YH1 YH2</td>
<td>132.76</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/Level III</td>
<td>Overall plan satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Guam</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TakeCare-High</td>
<td>$20/$40</td>
<td>$100/day for 5 days</td>
<td>$10</td>
</tr>
<tr>
<td>TakeCare-Std</td>
<td>$25/$40</td>
<td>$150/day for 5 days</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Hawaii</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HNSA-</td>
<td>In-Network</td>
<td>$150</td>
<td>$100</td>
</tr>
<tr>
<td>HNSA-</td>
<td>Out-Network</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Hawaii -High</td>
<td>$20/$20</td>
<td>$100</td>
<td>$15</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Hawaii -Std</td>
<td>$30/$30</td>
<td>10%</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Idaho</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans-High</td>
<td>$20/$30</td>
<td>$200</td>
<td>$7</td>
</tr>
<tr>
<td>Altius Health Plans-Std</td>
<td>$20/$35</td>
<td>None</td>
<td>$7</td>
</tr>
<tr>
<td>Group Health Cooperative-High</td>
<td>$25/$25</td>
<td>$350/day x 3</td>
<td>$20</td>
</tr>
<tr>
<td>Group Health Cooperative-Std</td>
<td>$25+20%</td>
<td>$500/day x 3</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Illinois</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Blue Preferred Plus POS</td>
<td>In-Network</td>
<td>$250</td>
<td>$50</td>
</tr>
<tr>
<td>Blue Preferred Plus POS</td>
<td>Out-Network</td>
<td>30% after decl.</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Alliance HMO-High</td>
<td>$20/$30</td>
<td>$200/5 days</td>
<td>$15</td>
</tr>
<tr>
<td>Humana BP of Illinois Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana BP of Illinois Inc.-Std</td>
<td>$25/$40</td>
<td>$400 x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Union Health Service-High</td>
<td>$15/$15</td>
<td>None</td>
<td>$15</td>
</tr>
<tr>
<td>UHC of the Midwest, Inc.-High</td>
<td>$25/$40</td>
<td>$450</td>
<td>$7</td>
</tr>
<tr>
<td>UHC Plan of the River Valley, Inc.-High</td>
<td>$20/$45</td>
<td>Nothing</td>
<td>$10</td>
</tr>
</tbody>
</table>
# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high- Northern Indiana Area</td>
<td>877-459-6604</td>
<td>IK1  IK2</td>
<td>342.33</td>
</tr>
<tr>
<td>Health Alliance HMO - high- Western Indiana</td>
<td>800-851-3379</td>
<td>FX1  FX2</td>
<td>218.46</td>
</tr>
<tr>
<td>Humana Health Plan Inc. - high- Lake/Porter/LaPorte Counties</td>
<td>888-393-6765</td>
<td>751  752</td>
<td>209.71</td>
</tr>
<tr>
<td>Humana Health Plan Inc. - std- Lake/Porter/LaPorte Counties</td>
<td>888-393-6765</td>
<td>754  755</td>
<td>134.57</td>
</tr>
<tr>
<td>Humana Health Plan Inc. - high- Southern Indiana</td>
<td>888-393-6765</td>
<td>MH1  MH2</td>
<td>174.59</td>
</tr>
<tr>
<td>Humana Health Plan Inc. - std- Southern Indiana</td>
<td>888-393-6765</td>
<td>MH4  MH5</td>
<td>134.59</td>
</tr>
<tr>
<td>Physicians Health Plan of Northern Indiana - high- Northeast Indiana</td>
<td>260-432-6690</td>
<td>DQ1  DQ2</td>
<td>191.03</td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Iowa - high- Central/Eastern/Western Iowa</td>
<td>800-257-4692</td>
<td>SV1  SV2</td>
<td>118.64</td>
</tr>
<tr>
<td>Coventry Health Care of Iowa - std- Central/Eastern/Western Iowa</td>
<td>800-257-4692</td>
<td>SY4  SY5</td>
<td>92.43</td>
</tr>
<tr>
<td>Health Alliance HMO - high- Central Iowa</td>
<td>800-851-3379</td>
<td>FX1  FX2</td>
<td>218.46</td>
</tr>
<tr>
<td>HealthPartners - high- Northern Iowa</td>
<td>952-883-5000</td>
<td>V31  V32</td>
<td>328.86</td>
</tr>
<tr>
<td>HealthPartners - std- Northern Iowa</td>
<td>952-883-5000</td>
<td>V34  V35</td>
<td>89.87</td>
</tr>
<tr>
<td>Sanford Health Plan - high- Northwestern Iowa</td>
<td>800-752-5863</td>
<td>AU1  AU2</td>
<td>254.21</td>
</tr>
<tr>
<td>Sanford Health Plan - std- Northwestern Iowa</td>
<td>800-752-5863</td>
<td>AU4  AU5</td>
<td>229.06</td>
</tr>
<tr>
<td>United Healthcare Plan of the River Valley Inc. - high- Eastern and Central Iowa</td>
<td>800-747-1446</td>
<td>YH1  YH2</td>
<td>132.76</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high- Kansas City Area</td>
<td>877-459-6604</td>
<td>HY1  HY2</td>
<td>118.17</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas - high- Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>HA1  HA2</td>
<td>121.96</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas - std- Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>HA4  HA5</td>
<td>100.96</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - high- Kansas City Area</td>
<td>888-393-6765</td>
<td>MS1  MS2</td>
<td>457.14</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - std- Kansas City Area</td>
<td>888-393-6765</td>
<td>MS4  MS5</td>
<td>134.57</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/Level III</td>
<td>Mail order discount</td>
</tr>
<tr>
<td><strong>HMO/POS National Average</strong></td>
<td>65.9</td>
<td>85.5</td>
<td>85.5</td>
</tr>
<tr>
<td><strong>Indiana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Health Alliance HMO-High</td>
<td>$20/$30</td>
<td>$200/5 days</td>
<td>$15</td>
</tr>
<tr>
<td>Humana Health Plan Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Iowa-High</td>
<td>$20/$45</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Coventry Health Care of Iowa-Std</td>
<td>$20/$45</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>Health Alliance HMO-High</td>
<td>$20/$30</td>
<td>$200/5 days</td>
<td>$15</td>
</tr>
<tr>
<td>HealthPartners-High</td>
<td>$25/$45</td>
<td></td>
<td>Nothing</td>
</tr>
<tr>
<td>HealthPartners-Std</td>
<td>$25/$45</td>
<td></td>
<td>Nothing</td>
</tr>
<tr>
<td>Sanford Health Plan- In-Network</td>
<td>$20/$30</td>
<td>$100/day x 5</td>
<td>$15</td>
</tr>
<tr>
<td>Sanford Health Plan- Out-Network</td>
<td>40%</td>
<td>40%</td>
<td>N/A</td>
</tr>
<tr>
<td>Sanford Health Plan- In-Network</td>
<td>$25/$25</td>
<td>$100/day x 5</td>
<td>$15</td>
</tr>
<tr>
<td>Sanford Health Plan- Out-Network</td>
<td>40%</td>
<td>40%</td>
<td>N/A</td>
</tr>
<tr>
<td>UHC Plan of the River Valley, Inc.-High</td>
<td>$25/$45</td>
<td></td>
<td>Nothing</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas-High</td>
<td>$20/$60</td>
<td>None</td>
<td>$3/$12</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas-Std</td>
<td>$30/$60</td>
<td>None</td>
<td>$3/$12</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
</tr>
</tbody>
</table>
# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kentucky</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Health Plan, Inc. -high- Louisville</td>
<td>888-393-6765</td>
<td>MH1 MH2</td>
<td>174.59 400.62</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. -std- Louisville</td>
<td>888-393-6765</td>
<td>MH4 MH5</td>
<td>134.59 310.61</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. -high- Lexington</td>
<td>888-393-6765</td>
<td>MI1 MI2</td>
<td>133.98 308.12</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. -std- Lexington</td>
<td>888-393-6765</td>
<td>MI4 MI5</td>
<td>114.12 256.77</td>
</tr>
<tr>
<td><strong>Louisiana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Louisiana -high- New Orleans area</td>
<td>800-341-6613</td>
<td>BJ1 BJ2</td>
<td>190.17 478.55</td>
</tr>
<tr>
<td>Coventry Health Care of Louisiana -std- New Orleans area</td>
<td>800-341-6613</td>
<td>BJ4 BJ5</td>
<td>130.35 313.08</td>
</tr>
<tr>
<td><strong>Maryland</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access -high- Northern/Central/Southern Maryland Areas</td>
<td>877-459-6604</td>
<td>JN1 JN2</td>
<td>337.96 760.72</td>
</tr>
<tr>
<td>Aetna Open Access -basic- Northern/Central/Southern Maryland Areas</td>
<td>877-459-6604</td>
<td>JN4 JN5</td>
<td>124.46 291.28</td>
</tr>
<tr>
<td>CareFirst BlueChoice -high- All of Maryland</td>
<td>888-789-9065</td>
<td>2G1 2G2</td>
<td>139.99 322.55</td>
</tr>
<tr>
<td>CareFirst BlueChoice Healthy Blue Option-std- All of Maryland</td>
<td>888-789-9065</td>
<td>2G4 2G5</td>
<td>128.83 289.82</td>
</tr>
<tr>
<td>Coventry Health Care -high- All of Maryland</td>
<td>800-833-7423</td>
<td>IG1 IG2</td>
<td>108.06 271.19</td>
</tr>
<tr>
<td>Coventry Health Care -std- All of Maryland</td>
<td>800-833-7423</td>
<td>IG4 IG5</td>
<td>100.49 251.21</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States -high- Baltimore/Washington, DC</td>
<td>877-574-3337</td>
<td>E31 E32</td>
<td>148.00 368.35</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States -std- Baltimore/Washington, DC areas</td>
<td>877-574-3337</td>
<td>E34 E35</td>
<td>89.69 206.29</td>
</tr>
<tr>
<td>M.D. IPA -high- All of Maryland</td>
<td>877-835-9861</td>
<td>JP1 JP2</td>
<td>165.79 412.60</td>
</tr>
<tr>
<td><strong>Massachusetts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fallon Community Health Plan -basic- Central/Eastern Massachusetts</td>
<td>800-868-5200</td>
<td>JG1 JG2</td>
<td>211.73 594.90</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/ Level III</td>
<td>Mail order discount</td>
</tr>
<tr>
<td>HMO/POS National Average</td>
<td>65.9</td>
<td>85.5</td>
<td>85.5</td>
</tr>
</tbody>
</table>

**Kentucky**

- Humana Health Plan, Inc. -High: $20/$35 + $250/day x 3 + $10 + $40/$60 = Yes
- Humana Health Plan, Inc. -Std: $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. -Std: $25/$40 + $500/day x 3 + $10 + $40/$60 = Yes

**Louisiana**

- Coventry Health Care of Louisiana-High: $25/$45 + $100 + $5 + $40/$75 = Yes 57.9 | 86.6 | 85.3 | 96.4 | 79.3 | 84.3 | 67.7
- Coventry Health Care of Louisiana-Std: $30/$55 + 30% + $5 + $40/$75 = Yes 57.9 | 86.6 | 85.3 | 96.4 | 79.3 | 84.3 | 67.7

**Maryland**

- Aetna Open Access-High: $15/$30 + $150/day x 3 + $5 + $35/$65 = Yes 65.9 | 87.1 | 87 | 91.8 | 90.1 | 87.4 | 66.7
- Aetna Open Access-Basic: $20/$35 + 10% Plan Allow + $10 + $35/$65 = Yes 65.9 | 87.1 | 87 | 91.8 | 90.1 | 87.4 | 66.7
- CareFirst BlueChoice-High: $25/$35 + $200 + Nothing + $30/$50 = Yes 61.8 | 86.2 | 84.6 | 91.7 | 72.2 | 84.6 | 53.2
- CareFirst BlueChoice In-Network: Nothing/$35 + $200 + Nothing + $30/$50 = Yes
- CareFirst BlueChoice Out-Network: $70/$70 + $500 + Nothing + $30/$50 = Yes
- Coventry Health Care-High: $20/$40 + $200/day x 3 + $3/$15 + $30/$60 = Yes 47.7 | 81 | 81.1 | 93.5 | 70.8 | 81.8 | 55.3
- Coventry Health Care-Std: $20/$40 + $200/day x 3 + $3/$15 + $30/$60 = Yes 47.7 | 81 | 81.1 | 93.5 | 70.8 | 81.8 | 55.3
- Kaiser Foundation HP Mid-Atlantic States -High: $10/$20 + $100 + $7/$17 Net + $30/$50/$45/$65 = Yes 76.7 | 84.7 | 87.4 | 92.2 | 81.6 | 87.3 | 71.6
- Kaiser Foundation HP Mid-Atlantic States -Std: $20/$30 + $250/day x 3 + $12/$22Net $35/$55/$50/$70 = Yes 76.7 | 84.7 | 87.4 | 92.2 | 81.6 | 87.3 | 71.6
- M.D. IPA-High: $25/$40 + $150/day x 3 + $7 + $50/$150/$250 = Yes 63.2 | 83.8 | 87.1 | 92.5 | 84.1 | 90 | 65

**Massachusetts**

- Fallon Community Health Plan-Basic: $25/$35 + $1500/$750max + $10 + $30/$60 = Yes 61 | 86.2 | 88.3 | 95 | 82.8 | 79.9 | 62.7
### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Michigan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bluecare Network of MI - high - Traverse City</td>
<td>800-662-6667</td>
<td>H61</td>
<td>H62</td>
</tr>
<tr>
<td>Bluecare Network of MI - high - Grand Rapids</td>
<td>800-662-6667</td>
<td>J31</td>
<td>J32</td>
</tr>
<tr>
<td>Bluecare Network of MI - high - East Region</td>
<td>800-662-6667</td>
<td>K51</td>
<td>K52</td>
</tr>
<tr>
<td>Bluecare Network of MI - high - Southeast Region</td>
<td>800-662-6667</td>
<td>LXI</td>
<td>LX2</td>
</tr>
<tr>
<td>Grand Valley Health Plan - high - Grand Rapids area</td>
<td>616-949-2410</td>
<td>RL1</td>
<td>RL2</td>
</tr>
<tr>
<td>Grand Valley Health Plan - std - Grand Rapids area</td>
<td>616-949-2410</td>
<td>RL4</td>
<td>RL5</td>
</tr>
<tr>
<td>Health Alliance Plan - high - Southeastern Michigan/Flint area</td>
<td>800-556-9765</td>
<td>S21</td>
<td>S22</td>
</tr>
<tr>
<td>Health Alliance Plan - std - Southeastern Michigan/Flint area</td>
<td>800-556-9765</td>
<td>GY4</td>
<td>GY5</td>
</tr>
<tr>
<td>HealthPlus MI - high - East Central Michigan</td>
<td>800-332-9161</td>
<td>X51</td>
<td>X52</td>
</tr>
<tr>
<td>Physicians Health Plan - std - Mid-Michigan</td>
<td>866-539-3342</td>
<td>9U4</td>
<td>9U5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners - high - All of Minnesota</td>
<td>952-883-5000</td>
<td>V31</td>
<td>V32</td>
</tr>
<tr>
<td>HealthPartners - std - All of Minnesota</td>
<td>952-883-5000</td>
<td>V34</td>
<td>V35</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high - Kansas City area</td>
<td>877-459-6604</td>
<td>HY1</td>
<td>HY2</td>
</tr>
<tr>
<td>Blue Preferred - high - StLouis/Central/SW areas</td>
<td>888-811-2092</td>
<td>9G1</td>
<td>9G2</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas - high - Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>HA1</td>
<td>HA2</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas - std - Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>HA4</td>
<td>HA5</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - high - Kansas City</td>
<td>888-393-6765</td>
<td>MS1</td>
<td>MS2</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - std - Kansas City</td>
<td>888-393-6765</td>
<td>MS4</td>
<td>MS5</td>
</tr>
<tr>
<td>United Healthcare of the Midwest - high - St. Louis Area</td>
<td>877-835-9861</td>
<td>B91</td>
<td>B92</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs Level I</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Overall plan satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Michigan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bluecare Network of MI-High</td>
<td>$15/$25</td>
<td>Nothing</td>
<td>$5</td>
</tr>
<tr>
<td>Bluecare Network of MI-High</td>
<td>$15/$25</td>
<td>Nothing</td>
<td>$5</td>
</tr>
<tr>
<td>Bluecare Network of MI-High</td>
<td>$15/$25</td>
<td>Nothing</td>
<td>$5</td>
</tr>
<tr>
<td>Grand Valley Health Plan-High</td>
<td>$10/$10</td>
<td>Nothing</td>
<td>$5</td>
</tr>
<tr>
<td>Grand Valley Health Plan-Std</td>
<td>$20/$20</td>
<td>$500 x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Health Alliance Plan-High</td>
<td>$10/$20</td>
<td>Nothing</td>
<td>$5</td>
</tr>
<tr>
<td>Health Alliance Plan-Std</td>
<td>$15/$30</td>
<td>Nothing</td>
<td>$10</td>
</tr>
<tr>
<td>HealthPlus MI-High</td>
<td>$10/$20</td>
<td>None</td>
<td>$8</td>
</tr>
<tr>
<td>Physicians Health Plan of Mid-Michigan-Std</td>
<td>$20/Nothing</td>
<td>20%</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Minnesota</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners-High</td>
<td>$25/$45</td>
<td>Nothing</td>
<td>$12</td>
</tr>
<tr>
<td>HealthPartners-Std</td>
<td>$0 for 3, then 20%/$0 for 3, then 20%</td>
<td>20% in/40% out</td>
<td>$9</td>
</tr>
<tr>
<td><strong>Missouri</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Blue Preferred Plus POS In-Network</td>
<td>$25/$25</td>
<td>$500</td>
<td>$10</td>
</tr>
<tr>
<td>Blue Preferred Plus POS Out-Network</td>
<td>$25/$25</td>
<td>30% after ded/ 30% after ded</td>
<td>N/A</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas-High</td>
<td>$20/$60</td>
<td>20%</td>
<td>$3/ $12</td>
</tr>
<tr>
<td>Coventry Health Care of Kansas-Std</td>
<td>$30/$60</td>
<td>20%</td>
<td>$3/ $12</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc.-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>United Healthcare of the Midwest, Inc.-High</td>
<td>$25/$40</td>
<td>$450</td>
<td>$7</td>
</tr>
</tbody>
</table>
### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nevada</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access -high- Clark County and Las Vegas areas</td>
<td>877-459-6604</td>
<td>HF1 HF2</td>
<td>105.82 336.46</td>
</tr>
<tr>
<td>Health Plan of Nevada -high- Las Vegas area</td>
<td>800-777-1840</td>
<td>NM1 NM2</td>
<td>104.48 246.35</td>
</tr>
<tr>
<td><strong>New Jersey</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access -high- Northern New Jersey</td>
<td>877-459-6604</td>
<td>JR1 JR2</td>
<td>416.28 985.62</td>
</tr>
<tr>
<td>Aetna Open Access -basic- Northern New Jersey</td>
<td>877-459-6604</td>
<td>JR4 JR5</td>
<td>244.16 594.88</td>
</tr>
<tr>
<td>Aetna Open Access -high- Southern</td>
<td>877-459-6604</td>
<td>P31 P32</td>
<td>623.87 1578.61</td>
</tr>
<tr>
<td>Aetna Open Access -basic- Southern</td>
<td>877-459-6604</td>
<td>P34 P35</td>
<td>339.95 816.55</td>
</tr>
<tr>
<td>GHI Health Plan -high- Northern New Jersey</td>
<td>212-501-4444</td>
<td>801 802</td>
<td>254.41 744.55</td>
</tr>
<tr>
<td>GHI Health Plan -std- Northern New Jersey</td>
<td>212-501-4444</td>
<td>804 805</td>
<td>116.81 272.70</td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovelace Health Plan -high- All of New Mexico</td>
<td>800-808-7363</td>
<td>Q11 Q12</td>
<td>228.73 585.61</td>
</tr>
<tr>
<td>Presbyterian Health Plan -high- All counties in New Mexico</td>
<td>800-356-2219</td>
<td>P21 P22</td>
<td>173.70 410.76</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------------------</td>
<td>-------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Nevada</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>Level I: $10</td>
</tr>
<tr>
<td>Health Plan of Nevada-High</td>
<td>$10/$20</td>
<td>$150</td>
<td>Level I: $10</td>
</tr>
<tr>
<td><strong>New Jersey</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$150/day x 5</td>
<td>Level I: $10</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$15/$35</td>
<td>20% Plan Allow</td>
<td>Level I: $5</td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$150/day x 5</td>
<td>Level I: $10</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$15/$35</td>
<td>20% Plan Allow</td>
<td>Level I: $5</td>
</tr>
<tr>
<td>GHI Health Plan- In-Network</td>
<td>$15/$15</td>
<td>$100</td>
<td>Level I: $15</td>
</tr>
<tr>
<td>GHI Health Plan- Out-Network</td>
<td>$25/$25</td>
<td>+50% of sch.</td>
<td>Level I: $15</td>
</tr>
<tr>
<td>GHI Health Plan-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New Mexico</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lovelace Health Plan-High</td>
<td>$20/$35</td>
<td>$250 after ded</td>
<td>Level I: $5</td>
</tr>
<tr>
<td>Presbyterian Health Plan-High</td>
<td>$25/$35</td>
<td>$100 x 5 days</td>
<td>Level I: $10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high - NYC Area/Upstate NY</td>
<td>877-459-6604</td>
<td>JC1 JC2</td>
<td>322.51 886.75</td>
</tr>
<tr>
<td>Aetna Open Access - basic - NYC Area/Upstate NY</td>
<td>877-459-6604</td>
<td>JC4 JC3</td>
<td>185.21 530.23</td>
</tr>
<tr>
<td>Blue Choice - high - Rochester area</td>
<td>800-462-0108</td>
<td>MK1 MK2</td>
<td>220.50 546.39</td>
</tr>
<tr>
<td>Blue Choice - std - Rochester area</td>
<td>800-462-0108</td>
<td>MK4 MK5</td>
<td>133.32 436.43</td>
</tr>
<tr>
<td>CDPHP Universal Benefits - high - Upstate, Hudson Valley, Central New York</td>
<td>877-269-2134</td>
<td>SG1 SG2</td>
<td>172.70 558.93</td>
</tr>
<tr>
<td>CDPHP Universal Benefits - std - Upstate, Hudson Valley, Central New York</td>
<td>877-269-2134</td>
<td>SG4 SG5</td>
<td>107.61 277.61</td>
</tr>
<tr>
<td>GHI HMO Select - high - Brnx/Bklyn/Manhat/Queen/Richmon/Westeche</td>
<td>877-244-4466</td>
<td>6V1 6V2</td>
<td>378.34 1091.00</td>
</tr>
<tr>
<td>GHI HMO Select - high - Capital/Hudson Valley Regions</td>
<td>877-244-4466</td>
<td>X41 X42</td>
<td>271.48 809.53</td>
</tr>
<tr>
<td>GHI Health Plan - high - All of New York</td>
<td>212-501-4444</td>
<td>801 802</td>
<td>254.41 744.55</td>
</tr>
<tr>
<td>GHI Health Plan - std - Most of New York</td>
<td>212-501-4444</td>
<td>804 805</td>
<td>116.81 272.70</td>
</tr>
<tr>
<td>HIP of Greater New York - high - New York City area</td>
<td>800-HIP-TALK</td>
<td>511 512</td>
<td>204.14 709.73</td>
</tr>
<tr>
<td>HIP of Greater New York - std - New York City area</td>
<td>800-HIP-TALK</td>
<td>514 515</td>
<td>137.24 532.44</td>
</tr>
<tr>
<td>Independent Health Assoc - high - Western New York</td>
<td>800-501-3439</td>
<td>QA1 QA2</td>
<td>149.28 481.69</td>
</tr>
<tr>
<td>MVP Health Care - high - Eastern Region</td>
<td>888-687-6277</td>
<td>GA1 GA2</td>
<td>133.62 439.62</td>
</tr>
<tr>
<td>MVP Health Care - std - Eastern Region</td>
<td>888-687-6277</td>
<td>GA4 GA5</td>
<td>119.30 298.49</td>
</tr>
<tr>
<td>MVP Health Care - high - Western Region</td>
<td>800-950-3224</td>
<td>GV1 GV2</td>
<td>130.96 413.03</td>
</tr>
<tr>
<td>MVP Health Care - std - Western Region</td>
<td>800-950-3224</td>
<td>GV4 GV5</td>
<td>114.24 285.84</td>
</tr>
<tr>
<td>MVP Health Care - high - Central Region</td>
<td>888-687-6277</td>
<td>M91 M92</td>
<td>160.48 510.79</td>
</tr>
<tr>
<td>MVP Health Care - std - Central Region</td>
<td>888-687-6277</td>
<td>M94 M95</td>
<td>125.26 355.96</td>
</tr>
<tr>
<td>MVP Health Care - high - Northern Region</td>
<td>888-687-6277</td>
<td>MF1 MF2</td>
<td>239.39 708.28</td>
</tr>
<tr>
<td>MVP Health Care - std - Northern Region</td>
<td>888-687-6277</td>
<td>MF4 MF5</td>
<td>167.01 527.00</td>
</tr>
<tr>
<td>MVP Health Care - high - Mid-Hudson Region</td>
<td>888-687-6277</td>
<td>MX1 MX2</td>
<td>169.02 531.74</td>
</tr>
<tr>
<td>MVP Health Care - std - Mid-Hudson Region</td>
<td>888-687-6277</td>
<td>MX4 MX5</td>
<td>126.38 365.69</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Plan Information on Costs</td>
<td>Prescription Drugs</td>
<td>Member Survey Results</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------</td>
<td>--------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level I</td>
<td>Level II/Level III</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Level I %</td>
<td>Level II %</td>
</tr>
<tr>
<td>New York</td>
<td></td>
<td>66.4</td>
<td>85.6</td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$150/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$15/$35</td>
<td>20% Plan Allow</td>
<td>$5</td>
</tr>
<tr>
<td>Blue Choice-High</td>
<td>$20/$20</td>
<td>$240</td>
<td>$10</td>
</tr>
<tr>
<td>Blue Choice-Std</td>
<td>$25/$40</td>
<td>$500</td>
<td>$7</td>
</tr>
<tr>
<td>CDPHP Universal Benefits, Inc.-High</td>
<td>$20/$30</td>
<td>$100 x 5</td>
<td>25%</td>
</tr>
<tr>
<td>CDPHP Universal Benefits, Inc.-Std</td>
<td>$25/$40</td>
<td>$500+10%</td>
<td>30%</td>
</tr>
<tr>
<td>GHI HMO Select-High</td>
<td>$25/$40</td>
<td>$500</td>
<td>$10</td>
</tr>
<tr>
<td>GHI HMO Select-High</td>
<td>$25/$40</td>
<td>$500</td>
<td>$10</td>
</tr>
<tr>
<td>GHI Health Plan-</td>
<td>In-Network</td>
<td>$150</td>
<td>$15</td>
</tr>
<tr>
<td>GHI Health Plan-</td>
<td>Out-Network</td>
<td>$100</td>
<td>$15</td>
</tr>
<tr>
<td>HIP of Greater New York-High</td>
<td>$10/$20</td>
<td>None</td>
<td>$15</td>
</tr>
<tr>
<td>HIP of Greater New York-Std</td>
<td>$20/$40</td>
<td>$500</td>
<td>$15</td>
</tr>
<tr>
<td>Independent Health Assoc.-</td>
<td>In-Network</td>
<td>$20/$20</td>
<td>$250</td>
</tr>
<tr>
<td>Independent Health Assoc.-</td>
<td>Out-Network</td>
<td>$20/$20</td>
<td>$250</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$25/$25</td>
<td>$500</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$30/$50</td>
<td>$750</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$25/$25</td>
<td>$500</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$30/$50</td>
<td>$750</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$25/$25</td>
<td>$500</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$30/$50</td>
<td>$750</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$25/$25</td>
<td>$500</td>
<td>$5</td>
</tr>
<tr>
<td>MVP Health Care-High</td>
<td>$30/$50</td>
<td>$750</td>
<td>$5</td>
</tr>
</tbody>
</table>
### Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td><strong>North Dakota</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners -high- Eastern North Dakota</td>
<td>952-883-5000      </td>
<td>V31      </td>
<td>V32      </td>
</tr>
<tr>
<td>HealthPartners -std- Eastern North Dakota</td>
<td>952-883-5000      </td>
<td>V34      </td>
<td>V35      </td>
</tr>
<tr>
<td>Heart of America Health Plan -high- Northcentral North Dakota</td>
<td>800-525-5661      </td>
<td>RU1      </td>
<td>RU2      </td>
</tr>
</tbody>
</table>

| **Ohio**             |                  |           |               |           |               |
| AltCare HMO -high- Stark/Carroll/Holmes/Tuscarawas/Wayne Co. | 330-363-6360 &nbsp; &nbsp; &nbsp; | 3A1 &nbsp; | 3A2 &nbsp; | 177.28 &nbsp; | 525.57 &nbsp; |
| HMO Health Ohio -high- Northeast Ohio | 800-522-2066 &nbsp; &nbsp; &nbsp; | L41 &nbsp; | L42 &nbsp; | 362.24 &nbsp; | 899.30 &nbsp; |
| Kaiser Foundation Health Plan of Ohio -high- Cleveland/Akron areas | 800-686-7100 &nbsp; &nbsp; &nbsp; | 641 &nbsp; | 642 &nbsp; | 250.23 &nbsp; | 603.44 &nbsp; |
| Kaiser Foundation Health Plan of Ohio -std- Cleveland/Akron areas | 800-686-7100 &nbsp; &nbsp; &nbsp; | 644 &nbsp; | 645 &nbsp; | 108.04 &nbsp; | 248.49 &nbsp; |
| The Health Plan of the Upper Ohio Valley -high- Eastern Ohio | 800-624-6961 &nbsp; &nbsp; &nbsp; | U41 &nbsp; | U42 &nbsp; | 151.95 &nbsp; | 355.29 &nbsp; |

| **Oklahoma**         |                  |           |               |           |               |
| Globalhealth, Inc. -high- Oklahoma | 877-280-2990 &nbsp; &nbsp; &nbsp; | IM1 &nbsp; | IM2 &nbsp; | 97.79 &nbsp; | 235.66 &nbsp; |

<p>| <strong>Oregon</strong>           |                  |           |               |           |               |
| Kaiser Foundation Health Plan of Northwest -high- Portland/Salem areas | 800-813-2000       | 571   | 572   | 209.21   | 483.79   |
| Kaiser Foundation Health Plan of Northwest -std- Portland/Salem areas | 800-813-2000       | 574   | 575   | 116.77   | 268.24   |</p>
<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Primary care/ Specialist office copay</th>
<th>Hospital per stay deductible</th>
<th>Prescription Drugs</th>
<th>Member Survey Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/Level III</td>
<td>Mail order discount</td>
<td>Overall plan satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>North Dakota</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners-High</td>
<td>$25/$45</td>
<td>Nothing</td>
<td>$12</td>
<td>$45/$90</td>
</tr>
<tr>
<td>HealthPartners-Std</td>
<td>$0 or $3, then 20%/ $0 or $3, then 20%</td>
<td>20% in/40% out</td>
<td>$9</td>
<td>$40/$70</td>
</tr>
<tr>
<td>Heart of America Health Plan-High - In-Network</td>
<td>$15/$25</td>
<td>None</td>
<td>50%</td>
<td>50%/50%</td>
</tr>
<tr>
<td>Heart of America Health Plan-High - Out-Network</td>
<td>$15/$25</td>
<td>None</td>
<td>20%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AultCare HMO-High</td>
<td>$15/$20</td>
<td>$150</td>
<td>$15</td>
<td>$30/$45</td>
</tr>
<tr>
<td>HMO Health Ohio-High</td>
<td>$20/$20</td>
<td>$250</td>
<td>$20</td>
<td>$30/$40</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Ohio-High</td>
<td>$20/$20</td>
<td>$250</td>
<td>$10</td>
<td>$30/$30</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Ohio-Std</td>
<td>$30/$40</td>
<td>$500</td>
<td>$15</td>
<td>$40/$40</td>
</tr>
<tr>
<td>The Health Plan of the Upper Ohio Valley-High</td>
<td>$10/$20</td>
<td>$250</td>
<td>$15</td>
<td>$30/$50</td>
</tr>
<tr>
<td><strong>Oklahoma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GlobalHealth, Inc.-High</td>
<td>$15/$35</td>
<td>$150/day x 3</td>
<td>$10</td>
<td>$30/$40</td>
</tr>
<tr>
<td><strong>Oregon</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Foundation HP of Northwest-High</td>
<td>$15/$25</td>
<td>$200</td>
<td>$15</td>
<td>$40/$40</td>
</tr>
<tr>
<td>Kaiser Foundation HP of Northwest-Std</td>
<td>$25/$35</td>
<td>$500</td>
<td>$20</td>
<td>$40/$40</td>
</tr>
</tbody>
</table>
# Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pennsylvania</strong></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Aetna Open Access - high- Philadelphia</td>
<td>877-459-6604</td>
<td>P31</td>
<td>P32</td>
</tr>
<tr>
<td>Aetna Open Access - basic- Philadelphia</td>
<td>877-459-6604</td>
<td>P34</td>
<td>P35</td>
</tr>
<tr>
<td>Aetna Open Access - high- Pittsburgh and Western PA Areas</td>
<td>877-459-6604</td>
<td>YE1</td>
<td>YE2</td>
</tr>
<tr>
<td>Geisinger Health Plan - std- Northeastern/Central/South Central areas</td>
<td>800-447-4000</td>
<td>GG4</td>
<td>GG5</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania - high- Greater Pittsburgh area</td>
<td>866-351-5946</td>
<td>261</td>
<td>262</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania - std- Central Pennsylvania</td>
<td>866-351-5946</td>
<td>SW4</td>
<td>SW5</td>
</tr>
<tr>
<td>UPMC Health Plan - high- Western Pennsylvania</td>
<td>888-876-2756</td>
<td>8W1</td>
<td>8W2</td>
</tr>
<tr>
<td>UPMC Health Plan - std- Western Pennsylvania</td>
<td>888-876-2756</td>
<td>UW4</td>
<td>UW5</td>
</tr>
<tr>
<td><strong>Puerto Rico</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana Health Plans of Puerto Rico, Inc. - high- Puerto Rico</td>
<td>800-314-3121</td>
<td>ZJ1</td>
<td>ZJ2</td>
</tr>
<tr>
<td>Triple S Salud, Inc. - high- All of Puerto Rico</td>
<td>787-774-6060</td>
<td>891</td>
<td>892</td>
</tr>
<tr>
<td><strong>South Dakota</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners - high- Eastern South Dakota</td>
<td>952-883-5000</td>
<td>V31</td>
<td>V32</td>
</tr>
<tr>
<td>HealthPartners - std- Eastern South Dakota</td>
<td>952-883-5000</td>
<td>V34</td>
<td>V35</td>
</tr>
<tr>
<td>Sanford Health Plan - high- Eastern/Central/Rapid City Areas</td>
<td>800-752-5863</td>
<td>AU1</td>
<td>AU2</td>
</tr>
<tr>
<td>Sanford Health Plan - std- Eastern/Central/Rapid City Areas</td>
<td>800-752-5863</td>
<td>AU4</td>
<td>AU5</td>
</tr>
<tr>
<td><strong>Tennessee</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high- Memphis Area</td>
<td>877-459-6604</td>
<td>UB1</td>
<td>UB2</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - high- Knoxville</td>
<td>888-393-6765</td>
<td>GJ1</td>
<td>GJ2</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - std- Knoxville</td>
<td>888-393-6765</td>
<td>GJ4</td>
<td>GJ5</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/ Level III</td>
<td>Mail order discount</td>
</tr>
<tr>
<td>HMO/POS National Average</td>
<td>65.9</td>
<td>85.5</td>
<td>85.5</td>
</tr>
<tr>
<td><strong>Pennsylvania</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$150/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td>Aetna Open Access-Basic</td>
<td>$15/$35</td>
<td>20% Plan Allow</td>
<td>$5</td>
</tr>
<tr>
<td>Geisinger Health Plan-Std</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-High</td>
<td>$25/$50</td>
<td>15%</td>
<td>$5</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-Std</td>
<td>$25/$50</td>
<td>15%</td>
<td>$5</td>
</tr>
<tr>
<td>UPMC Health Plan-High</td>
<td>$20/$35</td>
<td>None</td>
<td>$5</td>
</tr>
<tr>
<td>UPMC Health Plan-Std</td>
<td>$20/$35</td>
<td>None</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Puerto Rico</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana HP of Puerto Rico - In-Network</td>
<td>$5/$5</td>
<td>None</td>
<td>$2.50</td>
</tr>
<tr>
<td>Humana HP of Puerto Rico - Out-Network</td>
<td>$10/$10</td>
<td>$50</td>
<td>N/A</td>
</tr>
<tr>
<td>Triple-S Salud, Inc.- In-Network</td>
<td>$7.50/$10</td>
<td>None</td>
<td>$5 or $12</td>
</tr>
<tr>
<td>Triple-S Salud, Inc.- Out-Network</td>
<td>$7.50+30%/10+10%</td>
<td>10%+</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>South Dakota</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthPartners-High</td>
<td>$25/$45</td>
<td>Nothing</td>
<td>$12</td>
</tr>
<tr>
<td>HealthPartners-Std</td>
<td>$0 or $3, then 20%/ $0 for 5, then 20%</td>
<td>20% in/40% out</td>
<td>$9</td>
</tr>
<tr>
<td>Sanford Health Plan- In-Network</td>
<td>$20/$30</td>
<td>$100/day x 5</td>
<td>$15</td>
</tr>
<tr>
<td>Sanford Health Plan- Out-Network</td>
<td>$20/$30</td>
<td>40%</td>
<td>N/A</td>
</tr>
<tr>
<td>Sanford Health Plan- In-Network</td>
<td>$25/$25</td>
<td>$100/day x 5</td>
<td>$15</td>
</tr>
<tr>
<td>Sanford Health Plan- Out-Network</td>
<td>$25/$25</td>
<td>40%</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Tennessee</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan, Inc. - Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
</tr>
</tbody>
</table>
## Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Texas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aetna Open Access - high- Austin and San Antonio Areas</td>
<td>877-459-6604</td>
<td>P11 P12</td>
<td>347.90 992.55</td>
</tr>
<tr>
<td>Firstcare - high- West Texas</td>
<td>800-884-4901</td>
<td>CK1 CK2</td>
<td>122.70 574.75</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - high- Corpus Christi</td>
<td>888-393-6765</td>
<td>UC1 UC2</td>
<td>183.45 420.55</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - std- Corpus Christi</td>
<td>888-393-6765</td>
<td>UC4 UC5</td>
<td>134.59 310.59</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - high- San Antonio</td>
<td>888-393-6765</td>
<td>UR1 UR2</td>
<td>446.96 1013.46</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - std- San Antonio</td>
<td>888-393-6765</td>
<td>UR4 UR5</td>
<td>134.57 310.59</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - high- Austin</td>
<td>888-393-6765</td>
<td>UU1 UU2</td>
<td>195.58 447.83</td>
</tr>
<tr>
<td>Humana Health Plan of Texas - std- Austin</td>
<td>888-393-6765</td>
<td>UU4 UU5</td>
<td>134.59 310.61</td>
</tr>
<tr>
<td>UnitedHealthcare Benefits of Texas, Inc., formerly Pacificare of TX - high- San Antonio</td>
<td>866-546-0510</td>
<td>GF1 GF2</td>
<td>194.74 476.38</td>
</tr>
</tbody>
</table>

### Utah

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altius Health Plans - high- Wasatch Front</td>
<td>800-377-4161</td>
<td>9K1 9K2</td>
<td>197.86 423.02</td>
</tr>
<tr>
<td>Altius Health Plans - std- Wasatch Front</td>
<td>800-377-4161</td>
<td>DK4 DK5</td>
<td>106.31 234.31</td>
</tr>
<tr>
<td>SelectHealth - high- Urban and Suburban Utah</td>
<td>800-538-5038</td>
<td>SF1 SF2</td>
<td>219.66 471.29</td>
</tr>
</tbody>
</table>

### Virgin Islands

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triple-S Salud, Inc. - high- US Virgin Islands</td>
<td>800-981-3241</td>
<td>851 852</td>
<td>103.05 234.02</td>
</tr>
</tbody>
</table>

### Virginia

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Open Access - high- Northern/Central/Richmond Virginia Areas</td>
<td>877-459-6604</td>
<td>JN1 JN2</td>
<td>337.96 760.72</td>
</tr>
<tr>
<td>Aetna Open Access - basic- Northern/Central/Richmond Virginia Areas</td>
<td>877-459-6604</td>
<td>JN4 JN5</td>
<td>124.46 291.28</td>
</tr>
<tr>
<td>CareFirst BlueChoice - high- Northern Virginia</td>
<td>888-789-9065</td>
<td>2G1 2G2</td>
<td>139.99 322.55</td>
</tr>
<tr>
<td>CareFirst BlueChoice Healthy Blue Option-std- Northern Virginia</td>
<td>866-296-7363</td>
<td>2G4 2G5</td>
<td>128.83 289.82</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States - high- Northern Virginia/Fredericksburg area</td>
<td>877-574-3337</td>
<td>E31 E32</td>
<td>148.00 368.35</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan Mid-Atlantic States - std- Northern Virginia/Fredericksburg area</td>
<td>877-574-3337</td>
<td>E34 E35</td>
<td>89.69 206.29</td>
</tr>
<tr>
<td>M.D. IPA - high- N.VA/Cntl VA/Richmond</td>
<td>877-835-9861</td>
<td>JP1 JP2</td>
<td>165.79 412.60</td>
</tr>
<tr>
<td>Optima Health Plan - high- Hampton Roads and Richmond areas</td>
<td>800-206-1060</td>
<td>9R1 9R2</td>
<td>166.81 449.19</td>
</tr>
<tr>
<td>Optima Health Plan - std- Hampton Roads and Richmond areas</td>
<td>800-206-1060</td>
<td>9R4 9R5</td>
<td>93.33 220.83</td>
</tr>
<tr>
<td>Piedmont Community Healthcare - high- Lynchburg area</td>
<td>888-674-3368</td>
<td>2C1 2C2</td>
<td>127.71 292.43</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td></td>
<td>Level I</td>
<td>Level II/ Level III</td>
<td>Mail order discount</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actua Open Access-High</td>
<td>$20/$35</td>
<td>$250/day x 4</td>
<td>$10</td>
</tr>
<tr>
<td>Firstcare-High</td>
<td>$20/$55</td>
<td>$200/day x 5</td>
<td>$15</td>
</tr>
<tr>
<td>Humana Health Plan of Texas-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan of Texas-Std</td>
<td>$25/$40</td>
<td>$500/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>Humana Health Plan of Texas-High</td>
<td>$20/$35</td>
<td>$250/day x 3</td>
<td>$10</td>
</tr>
<tr>
<td>UnitedHealthcare Benefits of Texas-High</td>
<td>$20/$40</td>
<td>$250/day x 5</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Utah</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altrius Health Plans-High</td>
<td>$20/$30</td>
<td>$200</td>
<td>$7</td>
</tr>
<tr>
<td>Altrius Health Plans-Std</td>
<td>$20/$35</td>
<td>None</td>
<td>$7</td>
</tr>
<tr>
<td>SelectHealth-High</td>
<td>$15/$25</td>
<td>$100</td>
<td>$5</td>
</tr>
<tr>
<td><strong>Virgin Islands</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triple-S Salud, Inc.-</td>
<td>$7.50/$10</td>
<td>$7.50 &amp; 10%+</td>
<td>None</td>
</tr>
<tr>
<td>Triple-S Salud, Inc.-</td>
<td>$7.50/$10</td>
<td>$7.50 &amp; 10%+</td>
<td>None</td>
</tr>
<tr>
<td><strong>Virginia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actua Open Access-High</td>
<td>$15/$30</td>
<td>$150/day x3</td>
<td>$5</td>
</tr>
<tr>
<td>Actua Open Access-Basic</td>
<td>$20/$35</td>
<td>$10% Plan Allow</td>
<td>$10</td>
</tr>
<tr>
<td>CareFirst BlueChoice-High</td>
<td>$25/$35</td>
<td>$200</td>
<td>$10</td>
</tr>
<tr>
<td>CareFirst BlueChoice</td>
<td>Nothing/$35</td>
<td>Nothing</td>
<td>$30/$50</td>
</tr>
<tr>
<td>CareFirst BlueChoice</td>
<td>$70/$70</td>
<td>$500</td>
<td>$30/$50</td>
</tr>
<tr>
<td>Kaiser Foundation HP-High</td>
<td>$10/$20</td>
<td>$100</td>
<td>$7/$17 Net</td>
</tr>
<tr>
<td>Kaiser Foundation HP-Std</td>
<td>$20/$30</td>
<td>$250/day x 3</td>
<td>$12/$22Net</td>
</tr>
<tr>
<td>M.D. IPA-High</td>
<td>$25/$35</td>
<td>$150/day x 3</td>
<td>$7</td>
</tr>
<tr>
<td>Optima Health Plan-High</td>
<td>$5/$10 child-13/$30</td>
<td>$200</td>
<td>$10</td>
</tr>
<tr>
<td>Optima Health Plan-Std</td>
<td>$20/$30</td>
<td>None</td>
<td>$5</td>
</tr>
<tr>
<td>Piedmont Community HC-High</td>
<td>$35/$35</td>
<td>20%</td>
<td>$15</td>
</tr>
</tbody>
</table>
## Health Maintenance Organization (HMO) and Point-of-Service (POS) Plans

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

<table>
<thead>
<tr>
<th>Plan Name – Location</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Washington</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Health Cooperative - high-Western WA/Central WA/Spokane/Pullman</td>
<td>888-901-4636</td>
<td>541 542</td>
<td>196.99 391.10</td>
</tr>
<tr>
<td>Group Health Cooperative - std- Western WA/Central WA/Spokane/Pullman</td>
<td>888-901-4636</td>
<td>544 545</td>
<td>95.59 215.79</td>
</tr>
<tr>
<td>KPS Health Plans - std- All of Washington</td>
<td>800-552-7114</td>
<td>L11 L12</td>
<td>106.50 229.88</td>
</tr>
<tr>
<td>KPS Health Plans - high- All of Washington</td>
<td>800-552-7114</td>
<td>VT1 VT2</td>
<td>236.38 357.18</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Northwest - high- Vancouver/Longview</td>
<td>800-813-2000</td>
<td>571 572</td>
<td>209.21 483.79</td>
</tr>
<tr>
<td>Kaiser Foundation Health Plan of Northwest - std- Vancouver/Longview</td>
<td>800-813-2000</td>
<td>574 575</td>
<td>116.77 268.24</td>
</tr>
<tr>
<td><strong>West Virginia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Health Plan of the Upper Ohio Valley - high- Northern/Central West Virginia</td>
<td>800-624-6961</td>
<td>U41 U42</td>
<td>151.95 355.29</td>
</tr>
<tr>
<td><strong>Wisconsin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean Health Plan - high- South Central Wisconsin</td>
<td>800-279-1301</td>
<td>WD1 WD2</td>
<td>150.28 484.40</td>
</tr>
<tr>
<td>Group Health Cooperative - high- South Central Wisconsin</td>
<td>608-828-4827</td>
<td>WJ1 WJ2</td>
<td>125.04 353.04</td>
</tr>
<tr>
<td>HealthPartners - high- Western Wisconsin</td>
<td>952-883-5000</td>
<td>V31 V32</td>
<td>328.86 784.27</td>
</tr>
<tr>
<td>HealthPartners - std- Western Wisconsin</td>
<td>952-883-5000</td>
<td>V34 V35</td>
<td>89.87 206.71</td>
</tr>
<tr>
<td>MercyCare HMO - high- South Central Wisconsin</td>
<td>800-895-2421</td>
<td>EY1 EY2</td>
<td>127.65 378.75</td>
</tr>
<tr>
<td>Physicians Plus - high- Dane County</td>
<td>800-545-5015</td>
<td>LW1 LW2</td>
<td>125.39 381.42</td>
</tr>
<tr>
<td><strong>Wyoming</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans - high- Uinta County</td>
<td>800-377-4161</td>
<td>9K1 9K2</td>
<td>197.86 423.02</td>
</tr>
<tr>
<td>Altius Health Plans - std- Uinta County</td>
<td>800-377-4161</td>
<td>DK4 DK5</td>
<td>106.51 234.31</td>
</tr>
<tr>
<td>Plan Name – Location</td>
<td>Primary care/ Specialist office copay</td>
<td>Hospital per stay deductible</td>
<td>Prescription Drugs Level I</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HMO/POS National Average</strong></td>
<td><strong>65.9</strong></td>
<td><strong>85.5</strong></td>
<td><strong>85.5</strong></td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Health Cooperative-High</td>
<td>$25/$25</td>
<td>$350/day x 3</td>
<td>$20</td>
</tr>
<tr>
<td>Group Health Cooperative-Std</td>
<td>$25+20%/$25+20%</td>
<td>$500/day x 3</td>
<td>$20</td>
</tr>
<tr>
<td>KPS Health Plans-Std</td>
<td>In-Network</td>
<td>$15/3 or 20%/20%</td>
<td>Nothing</td>
</tr>
<tr>
<td>KPS Health Plans-</td>
<td>Out-Network</td>
<td>$15/3 + 40%/+diff/40%+diff</td>
<td>Nothing</td>
</tr>
<tr>
<td>KPS Health Plans-High</td>
<td>In-Network</td>
<td>$30/$30</td>
<td>None</td>
</tr>
<tr>
<td>KPS Health Plans-</td>
<td>Out-Network</td>
<td>$30+40%/+diff/30+40%/+diff</td>
<td>None</td>
</tr>
<tr>
<td>Kaiser Foundation HP-High</td>
<td>$15/$25</td>
<td>$200</td>
<td>$15</td>
</tr>
<tr>
<td>Kaiser Foundation HP-Std</td>
<td>$25/$35</td>
<td>$500</td>
<td>$20</td>
</tr>
<tr>
<td><strong>West Virginia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HP of the Upper Ohio Valley-High</td>
<td>$10/$20</td>
<td>$250</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Wisconsin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dean Health Plans-High</td>
<td>$10/$10</td>
<td>None</td>
<td>$10</td>
</tr>
<tr>
<td>Group Health Cooperative-High</td>
<td>$10/$10</td>
<td>None</td>
<td>$5</td>
</tr>
<tr>
<td>HealthPartners-High</td>
<td>$25/$45</td>
<td>Nothing</td>
<td>$12</td>
</tr>
<tr>
<td>HealthPartners-Std</td>
<td>$9 for 3, then 20%/ $8 for 3, then 20%</td>
<td>$9</td>
<td>$40/$70</td>
</tr>
<tr>
<td>MercyCare HMO-High</td>
<td>$10/$10</td>
<td>Nothing</td>
<td>$10</td>
</tr>
<tr>
<td>Physicians Plus-High</td>
<td>$10/$10</td>
<td>Nothing</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Wyoming</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans-High</td>
<td>$20/$30</td>
<td>$200</td>
<td>$7</td>
</tr>
<tr>
<td>Altius Health Plans-Std</td>
<td>$20/$35</td>
<td>None</td>
<td>$7</td>
</tr>
</tbody>
</table>
Appendix E
FEHB Plan Comparison Charts

High Deductible and Consumer-Driven Health Plans
With a Health Savings Account or Health Reimbursement Arrangement
(Pages 52 through 64)

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

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

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

The HDHP features higher annual deductibles (a minimum of $1,200 for Self and $2,400 for Family coverage) and annual out-of-pocket limits (not to exceed $6,050 for Self and $12,100 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

Health Savings Account (HSA)

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

Visit www.ustreas.gov/offices/public-affairs/hsa for more information. The 2012 maximum contribution limits are $3,100 for Self Only coverage and $6,250 for Self and Family coverage. If you are over 55, you can make an additional “catch up” contribution. You can use funds in your account to help pay your health plan deductible.
Appendix E
FEHB Plan Comparison Charts

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

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

Health Reimbursement Arrangement (HRA)

Health Reimbursement Arrangements are a common feature of Consumer-Driven Health Plans. They may be referred to by the health plan under a different name, such as personal care account. They are also available to enrollees in High Deductible Health Plans who are not eligible for an HSA. HRAs are similar to HSAs except:
- An enrollee cannot make deposits into an HRA;
- A health plan may impose a ceiling on the value of an HRA;
- Interest is not earned on an HRA; and
- The amount in an HRA is not transferable if the enrollee leaves the health plan.

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

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

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

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

**FEHB Plan Comparison Charts**

**High Deductible and Consumer-Driven Health Plans**

*With a Health Savings Account or Health Reimbursement Arrangement*

<table>
<thead>
<tr>
<th></th>
<th>Health Savings Account (HSA)</th>
<th>Health Reimbursement Arrangement (HRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ELIGIBILITY</strong></td>
<td>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.</td>
<td>You must enroll in a High Deductible Health Plan (HDHP).</td>
</tr>
<tr>
<td><strong>FUNDING</strong></td>
<td>The plan deposits a monthly “premium pass through” into your account.</td>
<td>The plan deposits the credit amount directly into your account.</td>
</tr>
<tr>
<td><strong>CONTRIBUTIONS</strong></td>
<td>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.</td>
<td>Only that portion of the premium specified by the health plan will be contributed. You cannot add your own money to an HRA.</td>
</tr>
<tr>
<td><strong>DISTRIBUTIONS</strong></td>
<td>May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents (even if they are not covered by the HDHP), or to pay the plan’s deductible. See IRS Publication 502 for a complete list of eligible expenses.</td>
<td>May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the HDHP, or to pay the plan’s deductible. See IRS Publication 502 for a complete list of eligible expenses.</td>
</tr>
<tr>
<td><strong>PORTABLE</strong></td>
<td>Yes, you can take this account with you when you change plans, separate from service, or retire.</td>
<td>If you retire and remain in your HDHP you may continue to use and accumulate credits in your HRA. If you terminate employment or change health plans, only eligible expenses incurred while covered under that HDHP will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited.</td>
</tr>
<tr>
<td><strong>ANNUAL ROLLOVER</strong></td>
<td>Yes, funds accumulate without a maximum cap.</td>
<td>Yes, credits accumulate without a maximum cap.</td>
</tr>
</tbody>
</table>

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

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

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

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

The tables on the following pages highlight what you are expected to pay for selected features under each plan and the maximum amount you are expected to pay for premiums. 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 and contact your employing office for exact premium rates.

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

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apwu Health Plan - CDHP - Nationwide</td>
<td>866-833-3463</td>
<td>Self only</td>
<td>Self only</td>
</tr>
<tr>
<td>GEHA High Deductible Health Plan - HDHP - Nationwide</td>
<td>800-821-6136</td>
<td>474</td>
<td>475</td>
</tr>
<tr>
<td>MHIP Consumer Option - HDHP - Nationwide</td>
<td>800-694-9901</td>
<td>341</td>
<td>342</td>
</tr>
<tr>
<td></td>
<td></td>
<td>481</td>
<td>482</td>
</tr>
</tbody>
</table>
20%, or a flat deductible amount (e.g., $200 per admission). This amount does not include charges from physicians or for services that may not be charged by the hospital such as laboratory or radiology.

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

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

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

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

---

**Appendix E**
**FEHB Plan Comparison Charts**

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

---

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution Self/Family</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFWU Health Plan</td>
<td>In-Network</td>
<td>$1200/$2400</td>
<td>$600/$1,200</td>
<td>$3,000/$4,500</td>
<td>15%</td>
<td>None</td>
<td>15%</td>
<td>Nothing</td>
<td>25%/25%/25%/25%/25%</td>
</tr>
<tr>
<td>AFWU Health</td>
<td>Out-Network</td>
<td>$1200/$2400</td>
<td>$600/$1,200</td>
<td>$9,000/$9,000</td>
<td>40%/diff.</td>
<td>None</td>
<td>40%/diff.</td>
<td>Nothing up to $1200</td>
<td>Not Covered</td>
</tr>
<tr>
<td>GEHA HDHP</td>
<td>In-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>Nothing</td>
<td>25%/25%/25%/25%/25%</td>
</tr>
<tr>
<td>GEHA HDHP</td>
<td>Out-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
<td>Nothing Del/25%</td>
<td>25%/25%/25%/25%/25%</td>
</tr>
<tr>
<td>MHBP Consumer Option</td>
<td>In-Network</td>
<td>$70/$141</td>
<td>$2,000/$4,000</td>
<td>$5,000/$10,000</td>
<td>$15</td>
<td>$75 day-$750</td>
<td>Nothing</td>
<td>Nothing</td>
<td>$10/$25/$40</td>
</tr>
<tr>
<td>MHBP Consumer Option</td>
<td>Out-Network</td>
<td>$70/$141</td>
<td>$2,000/$4,000</td>
<td>$7,500/$15,000</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>Overall Plan Satisfaction</th>
<th>Getting Needed Care</th>
<th>Getting Care Quickly</th>
<th>How Well Doctors Communicate</th>
<th>Customer Service</th>
<th>Claims Processing</th>
<th>Plan Information on Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your overall experience with your health plan?</td>
<td>How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health</td>
<td>When you needed care right away, how often did you get care as soon as you thought you needed?</td>
<td>How often did your personal doctor explain things in a way that was easy to understand?</td>
<td>How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?</td>
<td>How often did written materials or the Internet provide the information you needed about how your health plan works?</td>
<td>How often did your health plan’s customer service give you the information or help you needed?</td>
</tr>
</tbody>
</table>

### Member Survey Results

<table>
<thead>
<tr>
<th><strong>High Deductible Health Plans</strong></th>
<th><strong>Plan Code</strong></th>
<th><strong>Overall plan satisfaction</strong></th>
<th><strong>Getting needed care</strong></th>
<th><strong>Getting care quickly</strong></th>
<th><strong>How well doctors communicate</strong></th>
<th><strong>Customer service</strong></th>
<th><strong>Claims processing</strong></th>
<th><strong>Plan Information on Costs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HDHP National Average</strong></td>
<td>59.2</td>
<td>86.3</td>
<td>88.5</td>
<td>93.1</td>
<td>85</td>
<td>88.9</td>
<td>57.7</td>
<td></td>
</tr>
<tr>
<td>Aetna Health Fund - Nationwide</td>
<td>22</td>
<td>60</td>
<td>85.6</td>
<td>89.3</td>
<td>93.5</td>
<td>85.9</td>
<td>90</td>
<td>59.2</td>
</tr>
<tr>
<td>GEHA High Deductible Health Plan - Nationwide</td>
<td>34</td>
<td>63.7</td>
<td>86.4</td>
<td>88.5</td>
<td>92.3</td>
<td>85.2</td>
<td>87.6</td>
<td>59.3</td>
</tr>
<tr>
<td>MHPB Consumer Option - Nationwide</td>
<td>48</td>
<td>54</td>
<td>86.8</td>
<td>87.7</td>
<td>93.6</td>
<td>83.9</td>
<td>89.2</td>
<td>54.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Consumer-Driven Health Plans</strong></th>
<th><strong>Plan Code</strong></th>
<th><strong>Overall plan satisfaction</strong></th>
<th><strong>Getting needed care</strong></th>
<th><strong>Getting care quickly</strong></th>
<th><strong>How well doctors communicate</strong></th>
<th><strong>Customer service</strong></th>
<th><strong>Claims processing</strong></th>
<th><strong>Plan Information on Costs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CDHP National Average</strong></td>
<td>57.7</td>
<td>84.9</td>
<td>86.8</td>
<td>92.9</td>
<td>83.3</td>
<td>86.7</td>
<td>61.9</td>
<td></td>
</tr>
<tr>
<td>Aetna Health Fund - Nationwide</td>
<td>22</td>
<td>60</td>
<td>85.6</td>
<td>89.3</td>
<td>93.5</td>
<td>85.9</td>
<td>90</td>
<td>59.2</td>
</tr>
<tr>
<td>APWU Health Fund - Nationwide</td>
<td>47</td>
<td>64.3</td>
<td>88.4</td>
<td>86.8</td>
<td>92.4</td>
<td>80.3</td>
<td>80.9</td>
<td>65.7</td>
</tr>
<tr>
<td>Humana Coverage First - TX</td>
<td>TU, TV</td>
<td>48.9</td>
<td>80.6</td>
<td>84.1</td>
<td>92.9</td>
<td>83.9</td>
<td>89.1</td>
<td>60.9</td>
</tr>
</tbody>
</table>
## High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

### The Aetna Healthfund is available in all or part of the following states:

- AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS,

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Aetna HealthFund - CDHP</td>
<td>877-459-6604</td>
<td>221</td>
<td>222</td>
</tr>
<tr>
<td>Aetna HealthFund - HDHP</td>
<td>877-459-6604</td>
<td>224</td>
<td>225</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self only</td>
<td>Self &amp; family</td>
</tr>
<tr>
<td>Florida</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Florida - HDHP - Southern Florida</td>
<td>800-441-5501</td>
<td>J41</td>
<td>J42</td>
</tr>
<tr>
<td>Humana CoverageFirst - CDHP - Tampa Area</td>
<td>888-393-6765</td>
<td>MJ1</td>
<td>MJ2</td>
</tr>
<tr>
<td>Humana CoverageFirst - CDHP - South Florida Area</td>
<td>888-393-6765</td>
<td>QP1</td>
<td>QP2</td>
</tr>
</tbody>
</table>

| Georgia                    |                  |                 |                               |           |               |
| Humana CoverageFirst - CDHP - Atlanta Area           | 888-393-6765     | AD1             | AD2                           | 114.77    | 258.24        |
| Humana CoverageFirst - CDHP - Macon Area            | 888-393-6765     | LM1             | LM2                           | 118.40    | 266.39        |

| Guam                       |                  |                 |                               |           |               |
| TakeCare - HDHP - Guam/N. Marianas Islands/Belau (Palau) | 671-647-3526 | KX1             | KX2                           | 81.38     | 214.42        |

| Idaho                      |                  |                 |                               |           |               |
| Altius Health Plans - HDHP - Southern Region        | 800-377-4161     | 9K4             | 9K5                           | 87.04     | 180.33        |
### MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, and WY

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna HealthFund-</td>
<td>In-Network</td>
<td>$83.33/166.66</td>
<td>$1,000/$2,000</td>
<td>$4,000/$8,000</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
<td>Nothing</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Aetna HealthFund-</td>
<td>Out-Network</td>
<td>$83.33/166.66</td>
<td>$1,000/$2,000</td>
<td>$5,000/$10,000</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
<td>Nothing</td>
<td>40%+</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>In-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$4,000/$8,000</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>Nothing</td>
<td>$10/$35/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
<td>$62.50/$125</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>Nothing</td>
<td>30%+/30%+/30%+</td>
</tr>
</tbody>
</table>

### Florida

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coventry Health Care of Florida</td>
<td></td>
<td>$83.34/166.67</td>
<td>$2,500/$5,000</td>
<td>$5,000/$10,000</td>
<td>$10</td>
<td>20%</td>
<td>20%</td>
<td>Nothing</td>
<td>$5/$35/$50/20%</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>$25</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>$10+/40+/60+</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>$25</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>Nothing</td>
<td>$10+/40+/60+</td>
</tr>
</tbody>
</table>

### Georgia

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humana CoverageFirst-</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>$25</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>$10+/40+/60+</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
<td>$3,000/$6,000</td>
<td>$25</td>
<td>$300/day x 5</td>
<td>$150</td>
<td>Nothing</td>
<td>$10/$40/$60</td>
</tr>
<tr>
<td>Humana CoverageFirst-</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
<td>$4,000/$8,000</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
<td>$10+/40+/60+</td>
</tr>
</tbody>
</table>

### Guam

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>TakeCare-</td>
<td>In-Network</td>
<td>$86.66/$222.08</td>
<td>$3,000/$6,000</td>
<td>$5,000/$10,000</td>
<td>20% after Ded</td>
<td>20% after Ded</td>
<td>20% after Ded</td>
<td>Nothing</td>
<td>$20/$40/$150</td>
</tr>
<tr>
<td>TakeCare-</td>
<td>Out-Network</td>
<td>$86.66/$222.08</td>
<td>$3,000/$6,000</td>
<td>$10,000/$20,000</td>
<td>30% after Ded</td>
<td>30% after Ded</td>
<td>30% after Ded</td>
<td>1st $300/dec</td>
<td>30% after Ded</td>
</tr>
</tbody>
</table>

### Idaho

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Benefit Type</th>
<th>Premium Contribution to HSA/HRA</th>
<th>CY Ded. Self/Family</th>
<th>Cat. Limit Self/Family</th>
<th>Office Visit</th>
<th>Inpatient Hospital</th>
<th>Outpatient Surgery</th>
<th>Preventive Services</th>
<th>Prescription Drugs Levels I, II, III</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altus Health Plans</td>
<td></td>
<td>$45.83/91.66</td>
<td>$1,200/$2,400</td>
<td>$5,000/$10,000</td>
<td>$20</td>
<td>10%</td>
<td>10%</td>
<td>Nothing</td>
<td>$7/$25/$50</td>
</tr>
</tbody>
</table>
## High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Illinois</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Central/Northwestern Illinois</td>
<td>888-393-6765</td>
<td>GB1 GB2</td>
<td>126.85 285.42</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Chicago Area</td>
<td>888-393-6765</td>
<td>MW1 MW2</td>
<td>120.81 271.82</td>
</tr>
<tr>
<td><strong>Indiana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Lake/Porter/LaPorte Counties</td>
<td>888-393-6765</td>
<td>MW1 MW2</td>
<td>120.81 271.82</td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa</td>
<td>800-257-4692</td>
<td>SV4 SV5</td>
<td>86.08 205.44</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Kansas (Kansas City)-HDHP- Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>9H1 9H2</td>
<td>97.21 228.45</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Kansas City Area</td>
<td>888-393-6765</td>
<td>PH1 PH2</td>
<td>108.73 244.64</td>
</tr>
<tr>
<td><strong>Kentucky</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP- Lexington Area</td>
<td>888-393-6765</td>
<td>6N1 6N2</td>
<td>100.64 226.44</td>
</tr>
<tr>
<td><strong>Maryland</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care-HDHP- All of Maryland</td>
<td>800-833-7423</td>
<td>GZ1 GZ2</td>
<td>98.34 225.08</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Benefit Type</td>
<td>Premium Contribution to HSA/HRA</td>
<td>CY Ded. Self/Family</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>--------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Illinois</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td><strong>Indiana</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td><strong>Iowa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Iowa</td>
<td></td>
<td></td>
<td>$66.67/$133.34</td>
</tr>
<tr>
<td><strong>Kansas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Kansas (Kansas City)-HDHP</td>
<td></td>
<td>$66.66/$133.33</td>
<td>$3,500/$6,500</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td><strong>Kentucky</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>In-Network</td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst</td>
<td>Out-Network</td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td><strong>Maryland</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care HDHP</td>
<td>In-Network</td>
<td>$41.67/$83.34</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>Coventry Health Care HDHP</td>
<td>Out-Network</td>
<td>$41.67/$83.34</td>
<td>$2,000/$4,000</td>
</tr>
</tbody>
</table>
## High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Missouri</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Kansas (Kansas City)-HDHP-Kansas City Metro Area (KS and MO)</td>
<td>800-969-3343</td>
<td>9H1 9H2</td>
<td>97.21 228.45</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP-Kansas City Area</td>
<td>888-393-6765</td>
<td>PH1 PH2</td>
<td>108.73 244.64</td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Health Assoc-HDHP-Western New York</td>
<td>800-501-3439</td>
<td>QA4 QA5</td>
<td>96.33 247.17</td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AultCare HMO-HDHP-Stark/Carroll/Holmes/Tuscarawas/Wayne Co.</td>
<td>330-363-6360</td>
<td>3A4 3A5</td>
<td>77.60 155.48</td>
</tr>
<tr>
<td><strong>Pennsylvania</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-HDHP-Greater Pittsburgh Area</td>
<td>866-351-5946</td>
<td>Y01 Y02</td>
<td>119.14 274.30</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-HDHP-Central Pennsylvania</td>
<td>866-351-5946</td>
<td>YW1 YW2</td>
<td>140.46 307.56</td>
</tr>
<tr>
<td>UPMC Health Plan-HDHP-Western Pennsylvania</td>
<td>888-876-2756</td>
<td>8W4 8W5</td>
<td>118.84 266.20</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP-Corpus Christi Area</td>
<td>888-393-6765</td>
<td>TP1 TP2</td>
<td>118.40 266.40</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP-San Antonio Area</td>
<td>888-393-6765</td>
<td>TU1 TU2</td>
<td>120.81 271.82</td>
</tr>
<tr>
<td>Humana CoverageFirst-CDHP-Austin Area</td>
<td>888-393-6765</td>
<td>TV1 TV2</td>
<td>122.84 276.39</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Benefit Type</td>
<td>Premium Contribution to HSA/HRA</td>
<td>CY Ded. Self/Family</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Missouri</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coventry Health Care of Kansas (Kansas City) - HDHP</td>
<td></td>
<td>$66.66/$133.33</td>
<td>$3,500/$6,500</td>
</tr>
<tr>
<td>Humana CoverageFirst- In-Network</td>
<td></td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst- Out-Network</td>
<td></td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td><strong>New York</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Health Assoc.- In-Network</td>
<td></td>
<td>$66.42/$166.67</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>Independent Health Assoc.- Out-Network</td>
<td></td>
<td>$66.42/$166.67</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td><strong>Ohio</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AultCare HMO- In-Network</td>
<td></td>
<td>74.58/149.58</td>
<td>$2,000/$4,000</td>
</tr>
<tr>
<td>AultCare HMO- Out-Network</td>
<td></td>
<td>74.58/149.58</td>
<td>$4,000/$8,000</td>
</tr>
<tr>
<td><strong>Pennsylvania</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-HDHP</td>
<td></td>
<td>$52.09/$104.17</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>HealthAmerica Pennsylvania-HDHP</td>
<td></td>
<td>$52.09/$104.17</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>UPMC Health Plan- In-Network</td>
<td></td>
<td>$104.17/$208.34</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td>UPMC Health Plan- Out-Network</td>
<td></td>
<td>$104.17/$208.34</td>
<td>$2,500/$5,000</td>
</tr>
<tr>
<td><strong>Texas</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humana CoverageFirst- In-Network</td>
<td></td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst- Out-Network</td>
<td></td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Humana CoverageFirst- In-Network</td>
<td></td>
<td>$83.33</td>
<td>$1,000/$2,000</td>
</tr>
<tr>
<td>Humana CoverageFirst- Out-Network</td>
<td></td>
<td>N/A</td>
<td>$3,000/$6,000</td>
</tr>
</tbody>
</table>

58
High Deductible and Consumer-Driven Health Plans

See pages 50-51 for an explanation of the columns on these pages.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Telephone Number</th>
<th>Enrollment Code</th>
<th>Your Maximum Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Utah</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans -HDHP-Wasatch Front</td>
<td>800-377-4161</td>
<td>9K4, 9K5</td>
<td>87.04, 180.33</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPS Health Plans -HDHP- All of Washington</td>
<td>800-552-7114</td>
<td>L14, L15</td>
<td>95.45, 208.57</td>
</tr>
<tr>
<td><strong>Wyoming</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans -HDHP- Uinta County</td>
<td>800-377-4161</td>
<td>9K4, 9K5</td>
<td>87.04, 180.33</td>
</tr>
<tr>
<td>Plan Name</td>
<td>Benefit Type</td>
<td>Premium Contribution to HSA/HRA</td>
<td>CY Ded. Self/Family</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------</td>
<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Utah</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans</td>
<td>$45.83/$91.66</td>
<td>$1,200/$2,400</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td><strong>Washington</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPS Health Plans - In-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td>KPS Health Plans - Out-Network</td>
<td>$62.50/$125</td>
<td>$1,500/$3,000</td>
<td>$5,000/$10,000</td>
</tr>
<tr>
<td><strong>Wyoming</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Altius Health Plans</td>
<td>$45.83/$91.66</td>
<td>$1,200/$2,400</td>
<td>$5,000/$10,000</td>
</tr>
</tbody>
</table>
Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

- If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.
- Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan — as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.
- For more information, contact the Center for Medicare Medicaid Services, at 1-877-KIDS NOW or www.insurekidsnow.gov, or reach out to the CMS Tribal Affairs Office at http://www.cms.gov/AIAN/ or through one of their regional representatives:

<table>
<thead>
<tr>
<th>Region</th>
<th>States Included</th>
<th>Name</th>
<th>Telephone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CT, ME, MA, NH, RI VT</td>
<td>Nancy Grano</td>
<td>617-565-1695</td>
<td><a href="mailto:Nancy.Grano@cms.hhs.gov">Nancy.Grano@cms.hhs.gov</a></td>
</tr>
<tr>
<td>2</td>
<td>NJ, NY, PR, VI</td>
<td>Vennetta Harrison</td>
<td>212-616-2214</td>
<td><a href="mailto:Vennetta.Harrison@cms.hhs.gov">Vennetta.Harrison@cms.hhs.gov</a></td>
</tr>
<tr>
<td>3</td>
<td>DE, DC, MD, PA, VA, WV</td>
<td>Barbara Williamson</td>
<td>215-861-4721</td>
<td><a href="mailto:Barbara.Williamson@cms.hhs.gov">Barbara.Williamson@cms.hhs.gov</a></td>
</tr>
<tr>
<td>4</td>
<td>AL, NC, SC, FL, GA, KY, MS, TN</td>
<td>Crystal Francis</td>
<td>404-562-7464</td>
<td><a href="mailto:Crystal.Francis@cms.hhs.gov">Crystal.Francis@cms.hhs.gov</a></td>
</tr>
<tr>
<td>5</td>
<td>IL, IN, MI, MN, OH, WI</td>
<td>Pamela Carson</td>
<td>312-353-0108</td>
<td><a href="mailto:Pamela.Carson@cms.hhs.gov">Pamela.Carson@cms.hhs.gov</a></td>
</tr>
<tr>
<td>6</td>
<td>AR, LA, NM, OK, TX</td>
<td>Dorsey Sadongei</td>
<td>214-767-3570</td>
<td><a href="mailto:Eudora.Sadongei@cms.hhs.gov">Eudora.Sadongei@cms.hhs.gov</a></td>
</tr>
<tr>
<td>7</td>
<td>AR, LA, NM, OK, TX</td>
<td>Stacey Shuman</td>
<td>214-767-6479</td>
<td><a href="mailto:Stacey.Shuman@cms.hhs.gov">Stacey.Shuman@cms.hhs.gov</a></td>
</tr>
<tr>
<td>8</td>
<td>IA, KS, MO, NE</td>
<td>Nancy Rios</td>
<td>816-426-6460</td>
<td><a href="mailto:Nancy.Rios@cms.hhs.gov">Nancy.Rios@cms.hhs.gov</a></td>
</tr>
<tr>
<td>9</td>
<td>CO, MT, ND, SD, UT, WY</td>
<td>Cindy Smith</td>
<td>303-844-7041</td>
<td><a href="mailto:Cindy.Smith@cms.hhs.gov">Cindy.Smith@cms.hhs.gov</a></td>
</tr>
<tr>
<td>10</td>
<td>CO, MT, ND, SD, UT, WY</td>
<td>Mary Munoz</td>
<td>303-844-5737</td>
<td><a href="mailto:Mary.Munoz@cms.hhs.gov">Mary.Munoz@cms.hhs.gov</a></td>
</tr>
<tr>
<td>11</td>
<td>AZ, CA, HI, NV</td>
<td>Rosie Norris</td>
<td>415-744-3611</td>
<td><a href="mailto:Rosella.Norris@cms.hhs.gov">Rosella.Norris@cms.hhs.gov</a></td>
</tr>
<tr>
<td>12</td>
<td>AK, ID, OR, WA</td>
<td>Cecile Greenway</td>
<td>206-615-2428</td>
<td><a href="mailto:Cecile.Greenway@cms.hhs.gov">Cecile.Greenway@cms.hhs.gov</a></td>
</tr>
<tr>
<td>Lead NAC</td>
<td>CMS Regional Offices</td>
<td>Cyndi Gillaspie</td>
<td>303-844-4725</td>
<td><a href="mailto:Cynthia.Gillaspie@cms.hhs.gov">Cynthia.Gillaspie@cms.hhs.gov</a></td>
</tr>
</tbody>
</table>

OMB Control Number 1210-0137 (expires 09/30/2013)