



Guide to Federal Employees Health Benefits Plans For Federal Civilian Employees

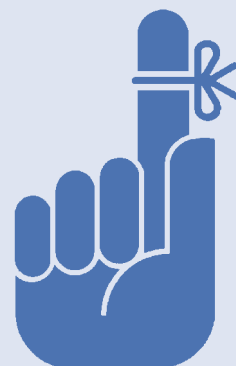


Table of Contents

	<i>Page:</i>
Picking a Health Plan	1
Preventing Medical Mistakes	6
FEHB Web Resources	7
Program Features	8
Definitions	9
Two Federal Programs Complement FEHB Benefits	
The Federal Flexible Spending Account Program	11
The Federal Long Term Care Insurance Program	15
Stop Health Care Fraud	16
Plan Comparisons	
Nationwide Fee-for-Service Plans Open to All	17
Nationwide Fee-for-Service Plans Open Only to Specific Groups	23
Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product	27
High Deductible Health Plans with a Health Savings Account or Health Reimbursement Arrangement and Consumer-Driven Health Plans with a Health Reimbursement Arrangement	56

Things to Remember

- The plan you choose can make a difference in your health.
- Be aware of benefit changes for 2006.
- Check the premium for 2006.
- Look for new choices.



The information in this Guide gives you an overview of the FEHB Program and its participating plans. Read the plan brochures before you make any final decisions about health plans.

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Picking a Health Plan

Step 1: **What type of health plan is best for you?** You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

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

See Definitions starting on page 9 for a more detailed description of each type of plan.

Picking a Health Plan

Step 2: **Medical care services.** Are preventive care services important to you? What about the freedom to choose your own doctors? Do you prefer to pay a higher deductible in return for a lower premium? Estimate what you might spend on your health care for deductibles, coinsurance/copayments, and services that are not covered. What is the maximum you will have to pay out-of-pocket each year?

An easy-to-use tool allowing you to compare plans is available on the web at www.opm.gov/insure/06/spmt/plansearch.aspx. If you do not have Internet access, complete the chart below by using this Guide and the health plans' brochures to review your costs, including premiums, and estimate what you might spend on health care next year. Plan brochures can be obtained from your Human Resources office or on the OPM web site at www.opm.gov/insure/health.

	Health Plan _____	Health Plan _____	Health Plan _____
Annual premium			
Annual deductible			
Office visit to primary care doctor			
Office visit to specialist			
Hospital inpatient deductible/copayment/ coinsurance			
Hospital room & board charges			
Prescription Drugs			
Catastrophic protection limit			
Home health care visits			
Durable medical equipment			
Maternity care			
Well-child care			
Routine physicals			
Accreditation			
The following information can be found in the Member Survey Results section in the benefit charts.			
Overall plan satisfaction			
Getting needed care			
Getting care quickly			
How well doctors communicate			
Customer service			
Claims processing			

Picking a Health Plan

Step 3: **Think quality.** How well do health plans keep their members healthy? How well do health plans treat members when they are sick? Good quality health care means doing the right thing at the right time, in the right way, for a person to achieve the best possible results. Good quality doesn't always mean receiving more care. We provide two types of quality information: accreditation (independent evaluations from private organizations) and member survey opinions (by enrollees).

HMO Accreditation. The evaluations shown in this Guide are performed by the National Committee for Quality Assurance (NCQA), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and URAC. The following are the accreditation levels used by each organization. Check your health plan's brochure for its accreditation level.

National Committee for Quality Assurance www.ncqa.org	Excellent – Levels of service and clinical quality that meet or exceed NCQA's requirements for consumer protection and quality improvement AND achieve health plan performance results that are in the highest range of national or regional performance.	Commendable – Meets or exceeds NCQA's requirements for consumer protection and quality improvement.	Accredited – Meets most of NCQA's requirements for consumer protection and quality improvement.	Provisional – Meets some but not all of NCQA's requirements for consumer protection and quality improvement.	New Health Plan – Applies to health plans that are less than two years old.
Joint Commission on Accreditation of Healthcare Organizations www.jcaho.org	Accreditation with Full Compliance – Demonstrates satisfactory compliance with JCAHO standards in all performance areas.	Accreditation with Requirements for Improvement – Demonstrates satisfactory compliance with JCAHO standards in most performance areas.	Provisional – Demonstrates a previously unaccredited plan's satisfactory compliance with a subset of standards.	Conditional – Demonstrates failure to meet standard(s) or specific policy requirement(s) but is believed capable to do so in a specified time period.	
URAC www.urac.org	Full Accreditation – Demonstrates full compliance with standards.	Conditional – Meets most of the standards but needs some improvement before achieving full compliance.	Provisional – A plan that has otherwise complied with all standards but has been in operation for less than 6 months.		

Note: This chart shows the accreditation levels available under each accrediting organization listed. It is not intended to draw comparisons among the different accrediting organizations.

Picking a Health Plan

Member Survey Results. Each year Federal Employees Health Benefits (FEHB) plans with 500 or more subscribers mail the Consumers Assessment of Health Plan Survey (CAHPS)¹ to a random sample of plan members. For Health Maintenance Organizations (HMO)/Point-of-Service (POS) plans, the sample includes all commercial plan members, including non-Federal members. For Fee-for-Service (FFS)/Preferred Provider Organization (PPO) plans, the sample includes Federal members only. The CAHPS survey consists of a set of standardized health plan performance measures that evaluate members' satisfaction with their health plans. Independent vendors certified by the National Committee for Quality Assurance (NCQA) administer the surveys.

Previously, OPM used symbols to indicate whether a plan's ratings on each of the CAHPS measures were: Average, Above Average, or Below Average compared to a national average. This year, OPM is reporting each plan's scores on the various survey measures. We now show the percentage of satisfied members on a scale of 0 to 100. Also, we list the national average for each measure. Since we offer both HMO plans and Fee-for-Service/PPO 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 – Were you satisfied with the choices your health plan gave you to select a personal doctor? Were you satisfied with the time it takes to get a referral to a specialist?
- Getting Care Quickly – Did you get the advice or help you needed when you called your doctor during regular office hours? Could you get an appointment when you wanted for regular or routine care?
- How Well Doctors Communicate – Did your doctor carefully listen to you and explain things in a way you could understand? Did your doctor spend enough time with you?
- Customer Service – Was your plan helpful when you called its customer service department? Did you have paperwork problems? Were the plan's written materials understandable?
- Claims processing – Did your plan correctly pay your claims and in a reasonable time?

In evaluating plan scores, you can compare individual plan scores against other plans and against the national average for each plan type. 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).

Picking a Health Plan

Fee-for-Service (FFS) plans and their Preferred Provider Organizations (PPO) are organized much differently and perform different functions than Health Maintenance Organizations (HMO) and Point-of-Service (POS) plans. Consequently, the accreditation of these plans is different from HMOs and POS plans. The following chart shows activities common to FFS/PPO plans and the X indicates that your FFS/PPO plan (or a vendor with which it contracts) has achieved accreditation in these areas.

	Behavioral Health	Care Management	Disease Management	Health Utilization Management	Health Network Accreditation	Health Plan Accreditation
APWU Health Plan	X	X	X	X	X	
Blue Cross and Blue Shield		X				
GEHA		X	X	X	X	
Mail Handlers				X		
NALC	X		X	X		
PBP Health Plan		X	X	X	X	
Association				X	X	
Foreign Service	X		X	X	X	
Rural Carrier				X	X	
SAMBA		X		X		

Behavioral Health – a utilization management program that specializes in mental health and substance abuse or chemical dependency services.

Care Management – identifying plan members with special healthcare needs, developing a strategy that meets those needs, and coordinating and monitoring the ongoing care.

Disease Management – intensively managing a particular disease. Disease management encompasses all settings of care and places a heavy emphasis on prevention and maintenance. Similar to care management but more focused on a defined set of diseases.

Health Utilization Management – managing the use of medical services so that a patient receives necessary, appropriate, high-quality care in a cost-effective manner. It requires plans to use clinical personnel to make decisions.

Health Network Accreditation – this standard includes key quality benchmarks for network management, provider credentialing, utilization management, quality management and improvement and consumer protection.

Health Plan Accreditation – a comprehensive assessment of a plan's performance in key areas including network management, provider credentialing, utilization management, quality management and improvement, and consumer protection.

Preventing Medical Mistakes

An influential report from the Institute of Medicine estimates that up to 98,000 Americans die every year from medical mistakes in hospitals alone. That's about 3,230 preventable deaths in the FEHB Program a year. While death is the most tragic outcome, medical mistakes cause other problems, such as permanent disabilities, extended hospital stays, longer recoveries, and additional treatments. By asking questions, learning more, and understanding your risks, you can improve the safety of your health care, and that of your family. Take these simple steps:

1. Ask questions if you have doubts or concerns.
 - Ask questions and make sure you understand the answers.
 - Choose a doctor with whom you feel comfortable talking.
 - Take a relative or friend with you to help you ask questions and understand answers.
2. Keep and bring a list of all the medicines you take.
 - Give your doctor and pharmacist a list of all the medicines that you take, including non-prescription medicines.
 - Tell them about any drug allergies you have.
 - Ask about side effects and what to avoid while taking the medicine.
 - Read the label when you get your medicine, including all warnings.
 - Make sure your medicine is what the doctor ordered and know how to use it.
 - Ask the pharmacist about your medicine if it looks different than you expected.
3. Get the results of any test or procedure.
 - Ask when and how you will get the results of tests or procedures.
 - Don't assume the results are fine if you do not get them when expected, be it in person, by phone, or by mail.
 - Call your doctor and ask for your results.
 - Ask what the results mean for your care.
4. Talk to your doctor about which hospital is best for your health needs.
 - Ask your doctor which hospital has the best care and results for your condition if you have more than one hospital from which to choose.
 - Be sure you understand the instructions you get about follow-up care when you leave the hospital.
5. Make sure you understand what will happen if you need surgery.
 - Make sure you, your doctor, and your surgeon all agree on exactly what will be done during the operation.
 - Ask your doctor, "Who will manage my care when I am in the hospital?"
 - Ask your surgeon:
 - Exactly what will you be doing?
 - About how long will it take?
 - What will happen after surgery?
 - How can I expect to feel during recovery?
 - Tell the surgeon, anesthesiologist, and nurses about any allergies, bad reaction to anesthesia, and any medications you are taking.

Want more information on quality healthcare and patient safety?

- ➔ www.HospitalCompare.hhs.gov A tool to provide you with information on how well the hospitals in your area care for their adult patients suffering from heart attack, heart failure, and pneumonia.
- ➔ www.ahrq.gov/consumer/pathqpack.htm The Agency for Healthcare Research and Quality makes available a wide-ranging list of topics from patient safety to choosing quality healthcare providers to improving the quality of care you receive.
- ➔ www.QualityCheck.org A source for finding and comparing accredited healthcare organizations, including hospitals, assisted living facilities, nursing homes, and settings for addictions, children and youth services, and community mental health facilities.
- ➔ www.leapfroggroup.org The Leapfrog Group is active in promoting safe practices in hospital care.

FEHB Web Resources

Use the FEHB web site for additional help in choosing the health plan that is right for you.

The FEHB web site at www.opm.gov/insure/health can help you to choose your health plan and enroll. In addition to the information found in this Guide you will find:

- An interactive tool that allows you to make side-by-side comparisons of the costs, benefits, and quality indicators of the plans in your area.
- All health plan brochures.
- A comparison of how FEHB plans perform in important medical areas under the Health Plan Employer Data and Information Set (HEDIS). HEDIS is a set of standardized performance measures that allows users to reliably compare managed care health plan performance across specific clinical areas. The performance measures are related to many significant diseases such as cancer, heart disease, asthma, and diabetes. Compare plan results at www.opm.gov/insure/health/hedis2006.
- Information on enrolling, including online enrollment for employees of selected agencies.
- Information on how plans in the FEHB Program coordinate benefit payments with Medicare.
- A comprehensive set of Frequently Asked Questions and answers on all aspects of the Program.
- An online version of the FEHB Handbook for more information on FEHB policies and procedures.

Program Features

- No Waiting Periods. You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- A Choice of Coverage. Choose between Self Only or Self and Family.
- A Choice of Plans and Options. Select from Fee-for-Service (with the option of a Preferred Provider Organization), Health Maintenance Organization, Point-of-Service plans, Consumer-Driven plans, or High Deductible Health Plans.
- A Government Contribution. The Government pays 72 percent of the average premium toward the total cost of your premium, up to a maximum of 75 percent of the total premium for any plan.
- Salary Deduction. You automatically pay your share of the premium through a payroll deduction using pre-tax dollars unless you elect not to. When your premium contributions are withheld on a pre-tax basis, Internal Revenue Service guidelines affect your ability to change coverage, i.e., you may elect to cancel your FEHB enrollment or to go from Self and Family to Self Only coverage only during an FEHB Open Season, unless a qualified life status change occurs. See your Human Resources office for details.
- Annual Enrollment Opportunity. Each year you can enroll or change your health plan enrollment. This year the Open Season runs from November 14, 2005, through December 12, 2005. Other events allow for certain types of changes throughout the year. See your Human Resources office for details.
- Continued Group Coverage. Eligibility for you or your family members may continue following your retirement, divorce, death, or changes in employment status. See your Human Resources office for more information.
- Coverage after FEHB Ends. You or your family members may be eligible for temporary continuation of FEHB coverage or for conversion to non-group (private) coverage when FEHB coverage ends. See your Human Resources office for more information.
- Consumer Protections. Go to www.opm.gov/insure/health/consumers to: see your appeal rights to OPM if you and your plan have a dispute over a claim; read the Patients' Bill of Rights and the FEHB Program and; learn about your privacy protections when it comes to your medical information.



Federal Employees
Health Benefits Program

Better Information
Better Choices
Better Health

Definitions

Accreditation - The status granted to a health care organization following a rigorous, comprehensive, and independent evaluation. The evaluation includes an assessment of the care and service being delivered in important areas of public concern, such as immunization rates, mammography rates, and member satisfaction.

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 cost of the service (you pay 20%, for example).

Consumer-Driven Health Plans (CDHP) - Describes a wide range of approaches to give you more incentive to control the cost of either your health benefits or health care. You have greater freedom in spending health care dollars up to a designated amount, and you receive full coverage for in-network preventive care. In return, you have a higher annual deductible than standard medical plans after you have used up the designated amount. The catastrophic limit is usually higher than those in other plans.

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).

Fee-for-Service (FFS) - Health coverage in which doctors and other providers receive a fee for each service such as an office visit, test, or procedure. The health plan will either pay the medical provider directly or reimburse you for covered services after you have paid the bill and filed an insurance claim. When you need medical attention, you visit the doctor or hospital of your choice.

Formulary - A list of both generic and brand name drugs that are preferred by your health plan. Health plans choose formulary drugs that are medically safe and cost effective. A team, including pharmacists and physicians, meets to review the formulary and make changes as necessary.

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 its brand name counterpart, but it must have the same active ingredients, strength, and dosage form (pill, liquid, or injection).

Health Maintenance Organization (HMO) - A health plan that provides care through contracted or employed physicians and hospitals located in particular geographic or service areas. HMOs emphasize prevention and early detection of illness. Your eligibility to enroll in an HMO is determined by where you live or, in some plans, where you work.

Health Reimbursement Arrangements (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 ineligible 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.

Definitions

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. To open an HSA you must be covered under a High Deductible Health Plan and cannot be eligible for Medicare or covered by another plan that is not a High Deductible Health Plan or a general purpose HCFSA or be a dependent on another person's tax return. HSAs 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.

High Deductible Health Plan (HDHP) - A High Deductible Health Plan is a health insurance plan in which the enrollee pays a deductible of at least \$1,100 (self-only coverage) or \$2,200 (family coverage). The annual out-of-pocket amount (including deductibles and copayments) the enrollee pays cannot exceed \$5,000 (self-only coverage) or \$10,000 (family coverage). HDHPs can have first dollar coverage (no deductible) for preventive care and higher out-of-pocket copayments and coinsurance for services received from non-network providers. HDHPs offered by the FEHB Program establish and partially fund HSAs for all eligible enrollees and provide a comparable HRA for enrollees who are ineligible for an HSA. The HSA premium funding or HRA credit amounts vary by plan.

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, hospitals, and medical practitioners other than those with whom the plan has an agreement at additional cost. Members in a PPO-only option who receive services outside the PPO network generally pay all charges.

Point-of-Service (POS) - A product offered by a health plan that has both in-network and out-of-network features. In a POS you don't have to use the plan's network of providers for every service but you generally pay more out-of-network.

Preferred Provider Organization (PPO) - FFS Plans and many HDHPs use PPOs which are a network of providers. PPOs give you the choice of using doctors and other providers in the network or using non-network providers. You don't have to use the PPO, but there are advantages if you do. (Be aware, however, that some of the services provided in a PPO hospital may not be covered by PPO arrangements. Room and board will be covered, but anesthesia and radiology, for instance, may be covered under non-PPO benefits.) Note that some FFS plans may offer an enrollment option that is "PPO-only." You **must** use network providers to receive benefits from a PPO-only plan.

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

The Federal Flexible Spending Account Program

Two Federal Programs Complement FEHB Benefits

Important information OPM wants to make sure you are aware of two Federal programs that complement the FEHB Program. First, the Federal Flexible Spending Account (FSA) Program, also known as FSAFEDS, lets you set aside pre-tax money to pay for health and dependent care expenses. The result can be a discount of 20% to more than 40% on services you routinely pay for out-of-pocket. Second, the Federal Long Term Care Insurance Program (FLTCIP) helps cover long term care costs, which are not covered under the FEHB.

The Federal Flexible Spending Account Program – FSAFEDS

What is an FSA? It is a tax-favored benefit that allows you to set aside pre-tax money from your paychecks to pay for a variety of eligible expenses. *By using an FSA, you can reduce your taxes while paying for services you would have to pay for anyway, producing a discount that can be over 40%.*

There are two types of FSAs offered by FSAFEDS:

Health Care Flexible Spending Account (HCFSA)

- Covers eligible health care expenses not reimbursed by your FEHB Plan, or any other medical, dental, or vision care plan you or your dependents may have.
- Eligible dependents for this account include anyone you claim on your Federal Income Tax return as a qualified dependent under the U.S. Internal Revenue Service (IRS) definition and/or with whom you jointly file your Federal Income Tax Return, even if you don't have self and family health benefits coverage. *Note:* The IRS has a broader definition of a "family member" than is used under the FEHB Program to provide benefits by your FEHB Plan.
- The maximum annual amount that can be allotted for the HCFSA is \$5,000. *Note:* The Federal workforce includes a number of employees married to each other. If each spouse/employee is eligible for FEHB coverage, both may enroll for an HCFSA up to the maximum of \$5,000 each (\$10,000 total). Both are covered under each other's HCFSA. The minimum annual amount you can elect is \$250.

Dependent Care Flexible Spending Account (DCFSA)

- Covers eligible dependent care expenses incurred so you, or your spouse, if married, can work, look for work, or attend school full-time.
- Qualifying dependents for this account include your dependent children under age 13, or any person of any age whom you claim as a dependent on your Federal Income Tax return and who is mentally or physically incapable of self care.
- The maximum annual amount that can be allotted for the DCFSA is \$5,000. The minimum annual amount is \$250. *Note:* The IRS limits contributions to a DCFSA. For single taxpayers and taxpayers filing a joint return, the maximum is \$5,000 per year. For taxpayers who file their taxes separately with a spouse, the maximum is \$2,500 per year.

The Federal Flexible Spending Account Program

Enroll during
Open Season

You **must make an election** to enroll in an FSA during the 2006 FEHB Open Season that runs from November 14 through December 12. Even if you enrolled during 2005, you must make a new election to continue participating in 2006. Enrollment is easy!

- Online: visit www.FSAFEDS.com and click on **Enroll**
- Telephone : call an FSAFEDS Benefits Counselor toll-free at 1-877-FSAFEDS (372-3337), Monday through Friday, from 9 a.m. until 9 p.m., Eastern time. TTY: 1-800-952-0450.

What is SHPS?

SHPS is a Third Party Administrator hired by OPM to manage the FSAFEDS program. SHPS is responsible for the enrollment, claims processing, customer service, and day-to-day operations of FSAFEDS.

Who is eligible to
enroll?

If you are a Federal employee eligible for FEHB – even if you’re not enrolled in FEHB – you can choose to participate in either, or both, of the FSAFEDS accounts. *However, if you enroll in a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), you are not eligible to participate in an HCFSAs.*

Almost all Federal employees are eligible to enroll for a DCFSAs. The only exception is intermittent (also called “when actually employed” [WAE]) employees expected to work fewer than 180 days during the year.

Note: FSAFEDS is the FSA Program established for all Executive Branch employees and Legislative Branch employees whose employers have signed on to participate. Under IRS law, FSAs are not available to annuitants. Also, the U.S. Postal Service and the Federal Judiciary, among others, have their own plans with slightly different rules. However, the advantages of an FSA are identical regardless of the agency for which you work.

How much should I
contribute to my FSA?

Plan carefully when deciding how much to contribute to an FSA. Because of the tax benefits an FSA provides, the IRS places strict guidelines on how the money can be used. Under current IRS tax rules, you are required to forfeit any money for which you did not incur an eligible expense under your FSA account(s). This is known as the “Use-it-or-Lose-it” rule. You will have until May 31 following the end of the Plan Year to submit claims for your eligible expenses incurred from January 1 through March 15 of that following year. For example, if you enroll in FSAFEDS for the 2006 Plan Year, you will have until March 15, 2007 to incur eligible expenses using your 2006 account, and until May 31, 2007 to submit claims for eligible expenses.

The **FSAFEDS Calculator** at www.FSAFEDS.com will help you plan your FSA allotments and provide an estimate of your tax savings based on your individual situation.

What can my HCFSAs
pay for?

Every FEHB Plan includes cost sharing features, such as deductibles you must meet before the Plan provides benefits, coinsurance or copayments that you pay when you and the Plan share costs, and medical services and supplies that are not covered by the Plan and for which you must pay, such as over-the-counter medicines. Your HCFSAs will

The Federal Flexible Spending Account Program

reimburse you when those costs are for medical care that you, your spouse and/or your dependents receive that is NOT covered or reimbursed by your FEHB Plan or any other coverage that you have.

The IRS governs expenses reimbursable by an HCFSA. See Publication 502 for a comprehensive list of tax-deductible medical expenses. **Note: While you will see insurance premiums listed in Publication 502, they are NOT a reimbursable expense for FSA purposes.** Publication 502 can be found on the IRS Web site at www.irs.gov/pub/irs-pdf/p502.pdf. The FSAFEDS web site also has a comprehensive list of eligible expenses at www.FSAFEDS.com. If you do not see your service or expense listed please call an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), who will be able to answer your specific questions.

Tax savings with an FSA

An FSA allows you to allot money for eligible expenses **before** your agency deducts taxes from your paycheck. This means the amount of income that your taxes are based on will be lower, so your tax liability will be less. Without an FSA, you would still pay for these expenses, but you would do so using money remaining in your paycheck after Federal (and often state and local) taxes are deducted. The following chart illustrates a typical tax savings example:

Annual Tax Savings Example	With FSA	Without FSA
If your taxable income is:	\$50,000	\$50,000
And you deposit this amount into an FSA:	\$2,000	-\$0-
Your taxable income is now:	\$48,000	\$50,000
Subtract Federal & Social Security taxes:	\$13,807	\$14,383
If you spend after-tax dollars for expenses:	-\$0-	\$2,000
Your real spendable income is:	\$34,193	\$33,617
Your tax savings:	\$576	-\$0-

Note: This example is intended to demonstrate a typical tax savings based on 27% Federal and 7.65% FICA taxes. Actual savings will vary based upon the retirement system in which you are enrolled (CSRS or FERS), your state of residence, and your individual tax situation. In this example, the individual received \$2,000 in services for \$1,424 - a discount of almost 36%. You may also wish to consult a tax professional for more information on the tax implications of an FSA.

Tax credits and deductions

You *cannot* claim expenses on your Federal Income Tax return if you receive reimbursement for them from your HCFSA or DCFSA. Below are some guidelines that may help you decide whether to participate in FSAFEDS.

The Federal Flexible Spending Account Program

Health care expenses

The HCFSA is Federal Income Tax-free from the first dollar. In addition, you may be reimbursed from the HCFSA at any time during the year for expenses up to the annual amount you've elected to contribute.

Only health care expenses exceeding 7.5% of your adjusted gross income are eligible to be deducted on your Federal Income Tax return. Using the example listed on the prior page, only health care expenses exceeding \$3,750 (7.5% of \$50,000) would be eligible to be deducted on your Federal Income Tax return. In addition, money set aside through an HCFSA is also exempt from FICA taxes. This exemption is not available on your Federal Income Tax return.

Paperless Reimbursement – Some health plans participate in the FSAFEDS paperless reimbursement program. When you enroll for your HCFSA, you may have the opportunity to enroll for paperless reimbursement. If you do, your Plan will send FSAFEDS the information they need to reimburse you for your out-of-pocket costs so you can avoid filing paper claims.

Dependent care expenses

The DCFSA generally allows many families to save more than they would with the Federal Tax Credit for dependent care expenses. Note that you may only be reimbursed from the DCFSA up to your current account balance. If you file a claim for more than your current balance, it will be held until additional payroll allotments have been added to your account.

Visit www.FSAFEDS.com and download the **Dependent Care Tax Credit Worksheet** from the Forms and Literature page to help you determine what is best for your situation. You may also wish to consult a tax professional for more details.

Does it cost me anything to participate in FSAFEDS?

No. Section 1127 of The National Defense Authorization Act (Public Law 108-136, enacted November 24, 2003) requires agencies that offer FSAFEDS to employees to cover the administrative fee(s) on behalf of their employees. However, remember that participating in FSAFEDS can cost you money if you don't spend your entire account balance during your period of coverage for the Plan Year, resulting in the forfeiture of funds remaining in your account (the IRS "Use-it-or-Lose-it" rule).

Contact us

To learn more, or to enroll, please visit the **FSAFEDS web site** at www.FSAFEDS.com, or contact SHPS directly via email or phone. FSAFEDS Benefits Counselors are available Monday through Friday, from 9:00 a.m. until 9:00 p.m., Eastern Time.

- E-mail: FSAFEDS@shps.net
- Telephone: 1-877-FSAFEDS (372-3337)
- TTY: 1-800-952-0450

The Federal Long Term Care Insurance Program

It's important protection.

Here's why you should consider applying for coverage under the **Federal Long Term Care Insurance Program (FLTCIP)**:

- **FEHB plans do not cover the cost of long term care.** Also called “custodial care,” long term care is help you receive to perform activities of daily living – such as bathing or dressing yourself—or supervision you receive because of a severe cognitive impairment. The need for long term care can strike anyone at any age and the cost of care can be substantial.
- **The Federal Long Term Care Insurance Program can help protect you from the potentially high cost of long term care.** This coverage gives you options regarding the type of care you receive and where you receive it. With FLTCIP coverage, you won't have to worry about relying on your loved ones to provide or pay for your care.
- **It's to your advantage to apply sooner rather than later.** To qualify for coverage under the FLTCIP, you must apply and pass a medical screening (called underwriting). Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. By applying while you're in good health, you could avoid the risk of having a future change in your health disqualify you from obtaining coverage. Also, the younger you are when you apply, the lower your life-time premiums.
- **You don't have to wait for an open season to apply.** The Federal Long Term Care Insurance Program accepts applications from eligible persons at any time. You will have to complete a full underwriting application, which asks a number of questions about your health. However, if you are a new or newly eligible employee, you (and your spouse, if applicable) have a limited opportunity to apply using the abbreviated underwriting application, which asks fewer questions. If you marry, your new spouse will also have a limited opportunity to apply using abbreviated underwriting.
- **Qualified relatives are also eligible to apply.** Qualified relatives include spouses and adult children of employees and annuitants, and parents, parents-in-law, and stepparents of employees.

To request an Information Kit and application, call 1-800-LTC-FEDS (1-800-582-3337) (TTY 1-800-843-3557) or visit www.ltcfeds.com.

Stop Health Care Fraud

Fraud increases the cost of health care for everyone and increases your Federal Employees Health Benefits (FEHB) Program premium. OPM's Office of the Inspector General investigates allegations of fraud, waste, and abuse in the FEHB Program, regardless of the agency that employs you or from which you retired.

Protect Yourself From Fraud - Here are some things you can do to prevent fraud:

- Be wary of giving your health plan identification number over the telephone or to people you do not know, except to your doctor, other provider, or authorized plan or OPM representative.
- Let only the appropriate medical professionals review your medical record or recommend services.
- Avoid health care providers who say that an item or service is not usually covered, but they know how to bill your health plan to get it paid.
- Carefully review explanations of benefits (EOBs) that you receive from your health plan.
- Do not ask your doctor to make false entries on certificates, bills, or records to get your health plan to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call your health plan and explain the situation.
 - If they do not resolve the issue:

CALL -- THE HEALTH CARE FRAUD HOTLINE

202-418-3300

OR WRITE TO:

The United States Office of Personnel Management
Office of the Inspector General Fraud Hotline
1900 E Street, NW, Room 6400
Washington, DC 20415

- Remember, FEHB-covered family members may not include:
 - your former spouse after a divorce decree or annulment is final (even if a court orders it); or
 - your child over age 22 unless he/she became incapable of self support before age 22.
- If you have any questions about the eligibility of a dependent, check with your Human Resources office if you are employed or with OPM if you are retired.
- You can be prosecuted for fraud and your agency may take action against you if you falsify a claim to obtain FEHB benefits or try to obtain services for someone who is not an eligible family member or who is no longer enrolled in the Plan.

Plan Comparisons

Nationwide Fee-For-Service Plans Open to All

(Pages 18 through 21)

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 can also choose medical providers who are not contracted 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) offer discounted charges. You usually pay a copayment or a coinsurance charge 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. Lab work and radiology 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 of the out-of-pocket cost.

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.

Nationwide Fee-for-Service Plans Open to All

How to read this chart:

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

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

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

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

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

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

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

The Generic drug figure is the copayment or coinsurance most commonly paid by members of this health plan for a generic formulary drug.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan-High (APWU)	800-222-2798	471	472	107.72	240.57	49.72	111.03
Blue Cross and Blue Shield Service Benefit Plan-Std (BCBS)	Local phone #	104	105	125.82	293.78	58.07	135.59
Blue Cross and Blue Shield Service Benefit Plan-Basic (BCBS)	Local phone #	111	112	82.32	192.82	37.99	88.99
GEHA Benefit Plan-High (GEHA)	800/821-6136	311	312	204.53	416.65	94.40	192.30
GEHA Benefit Plan-Std (GEHA)	800/821-6136	314	315	72.10	163.85	33.28	75.62
Mail Handlers Benefit Plan-High (MH)	800/410-7778	451	452	340.21	668.83	157.02	308.69
Mail Handlers Benefit Plan-Std (MH)	800/410-7778	454	455	100.23	223.80	46.26	103.29
NALC	888/636-6252	321	322	136.71	251.64	63.10	116.14
PBP Health Plan-High (PBP)	800-544-7111	361	362	443.86	923.41	204.86	426.19
PBP Health Plan-Std (PBP)	800-544-7111	364	365	176.84	398.80	81.62	184.06

Brand Name/Non-formulary is what you pay for a manufacturer's brand name drug on this health plan's formulary. You pay the brand name amount if you or your doctor requests the brand name or if a generic is not available. The figure in this column is the copayment or coinsurance most commonly paid by members of this health plan for a brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the brand name, you pay the second amount if listed.

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 drug and then a different amount for refills). You must read the plan brochure for a complete description of prescription drug and all other benefits.

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Generic	Brand Name / Non-formulary	Mail Order Discounts
APWU -High	PPO	\$275	None	None	\$18	10%	10%	\$8	25%	Yes
	Non-PPO	\$500	None	\$300	30%	30%	30%	50%	50%	Yes
BCBS -Std	PPO	\$250	None	\$100	\$15	10%	Nothing	25%	25%	Yes
	Non-PPO	\$250	None	\$300	25%	25%	30%	45%+	45%+	No
BCBS -Basic	PPO Only	None	None	\$100/day x 5	\$20	\$100	Nothing	\$10	\$30/\$35 or 50%	No
GEHA -High	PPO	\$350	None	\$100	\$20	10%	Nothing	\$5	25%/ n/a	No
	Non-PPO	\$350	None	\$300	25%	25%	Nothing	\$5	25%+/- n/a	No
GEHA -Std	PPO	\$450	None	None	\$10	15%	15%	\$5	50%	No
	Non-PPO	\$450	None	None	35%	35%	35%	\$5	50%+	No
MH -High	PPO	\$250	\$200	\$100	\$20/\$10	10%	Nothing	\$10	\$25/\$40	Yes
	Non-PPO	\$300	\$200	\$300	30%	30%	30%	50%	50%	Yes
MH -Std	PPO	\$300	\$350	\$200	\$20/\$10	10%	Nothing	\$10	\$30/\$45	Yes
	Non-PPO	\$350	\$350	\$400	30%	30%	30%	50%	50%	Yes
NALC	PPO	\$250	None	None	\$20	10%	10%	25%	25%	Yes
	Non-PPO	\$300	\$25	\$100	30%	30%	30%	50%+	50%+	No
PBP -High	PPO	\$200	\$90	None	10%	10%	10%	\$3	\$35 or 30%/50 or 30%	Yes
	Non-PPO	\$500	\$90	\$150	25%+diff	25%+diff	25%+diff	30%+	30%+diff/30%+	No
PBP -Std	PPO	\$250	\$90	None	\$8	9%	10%	\$4	\$40 or 30%/50 or 30%	Yes
	Non-PPO	\$600	\$90	\$250	30%+diff	30%+diff	30%+diff	40%+	40%+diff/40%+	No

Nationwide Fee-for-Service Plans Open to All

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. Here is a brief explanation of each survey category.

Overall Plan Satisfaction	• How would you rate your overall experience with your health plan?
Getting Needed Care	• Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist?
Getting Care Quickly	• Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted?
How Well Doctors Communicate	• Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you?
Customer Service	• Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable?
Claims Processing	• Did your plan pay your claims correctly and in a reasonable time?

Plan Name	Plan Code	Member Survey Results (with national averages for Fee-for-Service plans in each category)					
		Overall plan satisfaction 79.3	Getting needed care 86.9	Getting care quickly 83.8	How well doctors communicate 94	Customer service 73.8	Claims processing 93.9
APWU Health Plan-High	47	83	88.3	85	94.3	74.2	95.5
Blue Cross and Blue Shield Service Benefit Plan-Std	10	75.8	89.9	81.6	94.4	72.6	94.5
Blue Cross and Blue Shield Service Benefit Plan-Basic	11	53.8	84	79.1	90	67.7	90.2
GEHA Benefit Plan-High	31	81.1	84.2	83.8	95	76.2	97.6
GEHA Benefit Plan-Std	31	81.1	84.2	83.8	95	76.2	97.6
Mail Handlers Benefit Plan-High	45	74.3	87.8	83.3	92.4	79.1	93.2
Mail Handlers Benefit Plan-Std	45	74.3	87.8	83.3	92.4	79.1	93.2
NALC	32	85.6	89.1	84.9	94.3	77.7	96.4
PBP Health Plan-High	36	82.1	87.5	85.6	95.2	66.9	86.8
PBP Health Plan-Std	36	82.1	87.5	85.6	95.2	66.9	86.8

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. Prior to 2003, BCBS conducted a single survey representing all of its members *nationwide*. We now provide local member satisfaction results for both the Standard Option plan and the Basic Option plan.

In the future, we expect to increase the number of plans conducting local or regional Member Satisfaction surveys. We look forward to making those results available to help you select quality health plans.

Below are Member Survey ratings for local BCBS plans by location.

Plan Name		Location	Member Survey Results (with national averages for Fee-for-Service plans in each category)					
			Plan Code	Overall plan satisfaction 79.3	Getting needed care 86.9	Getting care quickly 83.8	How well doctors communicate 94	Customer service 73.8
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Arizona	10	81.5	84.2	81	93	73.1	96
		11	58.6	80.8	75.4	90.8	71.2	92.3
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	California	10	79.1	85.2	82.5	92	72.2	94.4
		11	57.5	77.6	73.5	90.9	66.4	87.7
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	District of Columbia	10	75.9	85.9	79.1	91.1	68.6	95
		11	56.9	82.8	75	91.1	69.6	95
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Florida	10	86.9	87.7	78.4	92.8	75.9	97.4
		11	65	83.6	75.9	90.7	73.3	93.6
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Illinois	10	79.8	90.5	84.4	94.4	73.9	95.4
		11	63.7	84.9	83.7	93	70.8	90.9
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Maryland	10	77.5	87.8	80.9	93.8	71.9	95.3
		11	65.7	84	78.1	91.7	72	94.2
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Texas	10	80.1	87.2	80.3	91.9	74.7	93.6
		11	67.4	85.5	76.9	90.9	73.3	92.5
Blue Cross and Blue Shield Service Benefit Plan - Standard - Basic	Virginia	10	83.3	88.6	83	93.8	77.8	97.5
		11	64.7	84.7	75.7	88.7	74.1	94.8

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Plan Comparisons

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

(Pages 24 through 26)

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 can also choose medical providers who are not contracted 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) offer discounted charges. You usually pay a copayment or a coinsurance charge 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. Lab work and radiology 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 do not contract 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 of the out-of-pocket cost.

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

How to read this chart:

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

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

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

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

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

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

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

The Generic drug figure is the copayment or coinsurance most commonly paid by members of this health plan for a generic formulary drug.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
Association Benefit Plan (ABP)	800/634-0069	421	422	129.98	309.25	59.99	142.73
Foreign Service Benefit Plan (FSBP)	202/833-4910	401	402	107.64	292.52	49.68	135.01
Panama Canal Area Benefit Plan (PCABP)	800/424-8196	431	432	90.90	189.74	41.95	87.57
Rural Carrier Benefit Plan (Rural)	800/638-8432	381	382	187.35	309.90	86.47	143.03
SAMBA-High	800/638-6589	441	442	204.08	505.92	94.19	233.50
SAMBA-Std	800/638-6589	444	445	99.47	227.18	45.91	104.85

Brand Name/Non-formulary is what you pay for a manufacturer's brand name drug on this health plan's formulary. You pay the brand name amount if you or your doctor requests the brand name or if a generic is not available. The figure in this column is the copayment or coinsurance most commonly paid by members of this health plan for a brand name formulary drug. If a non-formulary drug is prescribed and the cost to you is different than the brand name, you pay the second amount if listed.

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.

Plan	Benefit Type	Medical-Surgical – You Pay								
		Deductible			Copay (\$)/Coinsurance (%)					
		Per Person		Hospital Inpatient	Doctors		Hospital Inpatient R&B	Prescription Drugs		
		Calendar Year	Prescription Drug		Office Visits	Inpatient Surgical Services		Generic	Brand Name / Non-formulary	Mail Order Discounts
ABP	PPO	\$300	None	\$100	\$10	10%	Nothing	\$5	\$25/30% or \$40	Yes
	Non-PPO	\$300	None	\$300	30%	30%	30%	\$5	\$25/30% or \$40	Yes
FSBP	PPO	\$300	None	Nothing	10%	10%	Nothing	25%/\$10 min.	25%/\$20 min./N/A	Yes
	Non-PPO	\$300	None	\$200	30%	30%	20%	25%/\$10 min.	25%/\$20 min./N/A	Yes
PCABP	POS	None	\$200	\$50	\$10	Nothing	Nothing	40%	40%	No
	FFS	None	\$200	\$125	50%	50%	50%	40%	40%	No
Rural	PPO	\$350	\$200	\$100	\$20	10%	Nothing	30%	30%	Yes
	Non-PPO	\$400	\$200	\$300	25%	20%	20%	30%	30%	Yes
SAMBA-High	PPO	\$250	None	\$200	\$20/\$0	10%	Nothing	\$10	\$25/\$40	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$25/\$40	Yes
SAMBA-Std	PPO	\$250	None	\$200	\$20/\$0	15%	Nothing	\$10	\$30 + 1 refill/\$45 + 1 refill	Yes
	Non-PPO	\$250	None	\$300	30%	30%	30%	\$10	\$30 + 1 refill/\$45 + 1 refill	Yes

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

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

Member Survey results are collected, scored, and reported by an independent organization – not by the health plans. Here is a brief explanation of each survey category.

Overall Plan Satisfaction	• How would you rate your overall experience with your health plan?
Getting Needed Care	• Were you satisfied with the choices your health plan gave you to select a personal doctor? • Were you satisfied with the time it takes to get a referral to a specialist?
Getting Care Quickly	• Did you get the advice or help you needed when you called your doctor during regular office hours? • Could you get an appointment for regular or routine care when you wanted?
How Well Doctors Communicate	• Did your doctor listen carefully to you and explain things in a way you could understand? • Did your doctor spend enough time with you?
Customer Service	• Was your plan helpful when you called its customer service department? • Did you have paperwork problems? • Were the plan's written materials understandable?
Claims Processing	• Did your plan pay your claims correctly and in a reasonable time?

Plan Name	Plan Code	Member Survey Results (with national averages for Fee-for-Service plans in each category)					
		Overall plan satisfaction 79.3	Getting needed care 86.9	Getting care quickly 83.8	How well doctors communicate 94	Customer service 73.8	Claims processing 93.9
Association Benefit Plan	42	87.3	86.6	86.4	94.1	77.8	97.2
Foreign Service Benefit Plan	40	77.1	81.7	82.3	92.9	66.7	90.6
Panama Canal Area Benefit Plan	43						
Rural Carrier Benefit Plan	38	85.4	91	88.4	96.6	77.5	96.7
SAMBA-High	44	84.4	88	84.7	94.8	72.6	93.5
SAMBA-Std	44	84.4	88	84.7	94.8	72.6	93.5

Plan Comparisons

Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product

(Pages 28 through 57)

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.

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Arizona								
Aetna Open Access - Phoenix/Tucson Areas	800-537-9384	WQ1	WQ2	82.71	206.80	38.17	95.44	NCQA
Health Net of Arizona, Inc. - Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	90.94	236.77	41.97	109.28	NCQA
PacifiCare of Arizona - Maricopa, Pima County & Apache Junction	866-546-0510	A31	A32	94.83	245.61	43.77	113.36	NCQA
California								
Aetna HMO - Los Angeles and San Diego Areas	800-537-9384	2X1	2X2	65.52	161.42	30.24	74.50	NCQA
Blue Cross- HMO - Most of California	800-235-8631	M51	M52	101.07	347.92	46.65	160.58	NCQA
Blue Shield of CA Access+ - Most of California	800-880-8086	SJ1	SJ2	90.59	224.74	41.81	103.72	NCQA
Health Net of California - Most of California	800-522-0088	LB1	LB2	92.83	219.76	42.84	101.43	NCQA
Kaiser Foundation Health Plan of California-High -Northern California	800-464-4000	591	592	99.03	260.78	45.71	120.36	NCQA
Kaiser Foundation Health Plan of California-Std - Northern California	800-464-4000	594	595	72.34	172.69	33.39	79.70	NCQA
Kaiser Foundation Health Plan of California-High -Southern California	800-464-4000	621	622	89.37	206.55	41.25	95.33	NCQA
Kaiser Foundation Health Plan of California-Std - Southern California	800-464-4000	624	625	67.40	155.76	31.11	71.89	NCQA
PacifiCare of California - Most of California	866-546-0510	CY1	CY2	85.42	198.17	39.42	91.46	NCQA
Universal Care-High -Southern California	800-635-6668	6Q1	6Q2	72.57	191.58	33.49	88.42	NCQA
Colorado								
Aetna Open Access - Denver Area	800-537-9384	9E1	9E2	113.55	289.27	52.41	133.51	NCQA
Kaiser Foundation Health Plan of Colorado-High -Denver/Colorado Springs areas	800-632-9700	651	652	110.58	286.41	51.04	132.19	NCQA
Kaiser Foundation Health Plan of Colorado-Std - Denver/Colorado Springs areas	800-632-9700	654	655	70.63	166.69	32.60	76.93	NCQA
PacifiCare of Colorado - Metro Denver/Boulder/Colorado Springs	866-546-0510	D61	D62	105.38	273.87	48.64	126.40	NCQA
UnitedHealthcare of Colorado - Colorado	877-835-9861	CH1	CH2	98.43	240.33	45.43	110.92	NCQA
Connecticut								
Aetna Open Access - All of Connecticut	800-537-9384	JC1	JC2	116.74	344.80	53.88	159.14	NCQA
ConnectiCare-High -All of Connecticut	800-251-7722	TE1	TE2	134.83	308.01	62.23	142.16	NCQA
ConnectiCare-Std - All of Connecticut	800-251-7722	TE4	TE5	90.87	206.76	41.94	95.43	NCQA

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Arizona											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	55.4	68.3	72.8	88.8	65.9	87.8
Health Net of Arizona, Inc.	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	59.3	74.1	76.5	88	68.1	89.2
PacifiCare of Arizona	\$15/\$30	\$150/day x 3	\$10	\$30/\$50	Yes	57	71	75.1	90.2	66.3	91.3
California											
Aetna HMO	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.1	70.4	72.5	89.1	68.6	86.9
Blue Cross- HMO	\$10/\$10	None	\$5	\$10/50%	Yes	69.8	72.5	75.5	89.7	67	85.3
Blue Shield of CA Access+	\$10/\$10	None	\$5	\$10/\$25	Yes	63.6	76.1	74.8	88.9	66.6	83.6
Health Net of California	\$15/\$15	\$250	\$10	\$35/\$50	Yes	66.1	71.9	74.4	90.5	67.5	86.7
Kaiser Foundation Health Plan of California-High	\$15/\$15	\$100	\$10	\$25/\$25	No	72.4	77.6	80	89.7	77	85
Kaiser Foundation Health Plan of California-Std	\$30/\$30	\$500	\$10	\$30/\$30	No	72.4	77.6	80	89.7	77	85
Kaiser Foundation Health Plan of California-High	\$15/\$15	\$100	\$10	\$25/\$25	No	73.2	75.9	72.8	89	74.7	81.7
Kaiser Foundation Health Plan of California-Std	\$30/\$30	\$500	\$10	\$30/\$30	No	73.2	75.9	72.8	89	74.7	81.7
PacifiCare of California	\$10/\$30	\$100/day x 3	\$10	\$30/\$50	Yes	69.5	76	75.7	90.7	72.3	83.3
Universal Care-High	\$10/\$10	\$300	\$10	\$20/\$30	Yes	67.8	70.4	73.3	88.2	74.6	82
Colorado											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	51.6	77	82.6	93.3	68.3	92.1
Kaiser Foundation Health Plan of Colorado-High	\$15/\$30	\$250	\$10	\$25/\$25	No	63.9	74.9	79.3	90	70.9	85.2
Kaiser Foundation Health Plan of Colorado-Std	\$20/\$40	\$250/dayx3	\$15	\$35/\$35	No	63.9	74.9	79.3	90	70.9	85.2
PacifiCare of Colorado	\$20/\$40	\$150/day x 5	\$10	\$30/\$50	Yes	53.5	75.8	81.3	93.1	63.9	89.2
UnitedHealthcare of Colorado	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
Connecticut											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
ConnectiCare-High	\$15/\$20	\$30/day to \$250 ax	\$15	\$25/\$40	Yes	72.1	85.4	85.5	95.8	80.6	94.5
ConnectiCare-Std	\$20/\$30	Nothing after ded	\$15	\$25/\$40	Yes						

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Delaware								
Coventry Health Care-High -Most of Delaware	800-833-7423	2J1	2J2	99.65	311.65	45.99	143.84	
Coventry Health Care-Std - Most of Delaware	800-833-7423	2J4	2J5	79.93	199.81	36.89	92.22	
District of Columbia								
Aetna Open Access-High -Washington, DC Area	800-537-9384	JN1	JN2	118.56	256.17	54.72	118.23	NCQA
Aetna Open Access-Basic - Washington, DC Area	800-537-9384	JN4	JN5	67.32	157.54	31.07	72.71	NCQA
CareFirst BlueChoice - Washington, D.C. Metro Area	866-296-7363	2G1	2G2	120.51	264.72	55.62	122.18	NCQA
Kaiser Foundation Health Plan Mid-Atlantic States-High -Washington, DC area	301-468-6000	E31	E32	96.76	236.36	44.66	109.09	NCQA
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Washington, DC area	301-468-6000	E34	E35	58.04	138.13	26.79	63.75	NCQA
M.D. IPA - Washington, DC area	800-251-0956	JP1	JP2	95.14	228.69	43.91	105.55	NCQA
Florida								
Av-Med Health Plan-High -Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	86.47	224.80	39.91	103.75	NCQA
Av-Med Health Plan-Std - Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	72.51	188.49	33.46	87.00	NCQA
Capital Health Plan - Tallahassee area	850-383-3311	EA1	EA2	82.84	219.52	38.23	101.32	NCQA
Humana Medical Plan - South Florida	888-393-6765	EE1	EE2	85.22	196.00	39.33	90.46	NCQA
JMH Health Plan - Broward-Dade counties	800-721-2993	J81	J82	88.85	219.87	41.01	101.48	
Vista Healthplan - South Florida	866-847-8235	3N1	3N2	122.24	480.31	56.42	221.68	
Vista Healthplan - Gainesville	866-847-8235	UL1	UL2	151.25	524.10	69.81	241.89	
Vista Healthplan - Tallahassee	866-847-8235	Y91	Y92	84.78	226.40	39.13	104.49	
Vista Healthplan of South Florida - Southern Florida	800-441-5501	5E1	5E2	74.93	206.07	34.58	95.11	
Georgia								
Aetna Open Access - Atlanta and Athens Areas	800-537-9384	2U1	2U2	91.70	221.20	42.32	102.09	NCQA
Kaiser Foundation Health Plan Of Geogria, Inc.-High -Atlanta Area	800-611-1811	F81	F82	83.61	212.26	38.59	97.97	NCQA
Kaiser Foundation Health Plan Of Geogria, Inc.-Std - Atlanta Area	800-611-1811	F84	F85	62.94	159.79	29.05	73.75	NCQA

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Delaware											
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	65.4	85.9	81.2	91	71.2	85.1
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes						
District of Columbia											
Aetna Open Access-High	\$15/\$20	\$150/day x3	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	60.8	78.3	73.1	88.6	68.8	81.3
Kaiser Foundation Health Plan Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20	\$20/\$55	Yes	63.4	77	73.7	89.6	72.1	86.7
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25	\$25/\$60	Yes	63.4	77	73.7	89.6	72.1	86.7
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	64	76.2	74.2	89.7	79.3	89.6
Florida											
Av-Med Health Plan-High	\$15/\$25	\$100/dayx5	\$15	\$30/\$50	No	68.4	69.3	70.1	90	77.3	84
Av-Med Health Plan-Std	\$25/\$40	\$125/dayx5	\$20	\$40/\$60	No	68.4	69.3	70.1	90	77.3	84
Capital Health Plan	\$15/\$25	\$250	\$15	\$30/\$50	No	79.8	85.3	78.5	93.5	86	96.3
Humana Medical Plan	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	No	58.5	69.8	66.3	88	70.4	84.7
JMH Health Plan	\$10/\$10	None	\$5	50%/50%	Yes						
Vista Healthplan	\$20/\$30	\$250/day x 3	\$15	\$30/\$40	No	59.9	73.9	71.9	89.8	74	87.5
Vista Healthplan	\$20/\$30	\$250/day x 3	\$15	\$30/\$40	No	59.9	73.9	71.9	89.8	74	87.5
Vista Healthplan	\$20/\$30	\$250/day x 3	\$15	\$30/\$40	No	59.9	73.9	71.9	89.8	74	87.5
Vista Healthplan of South Florida	\$20/\$30	\$250+\$150 x 3	\$20	\$40/\$60	No	45.7	64.2	63.8	83	66.6	78
Georgia											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	61	74.3	73.8	91.1	68.3	86.5
Kaiser Foundation Health Plan Of Georgia, Inc-High	\$10/\$20	\$250	\$10/\$16	\$20/\$26	No	69.3	75.7	73	88.5	75.1	83.7
Kaiser Foundation Health Plan Of Georgia, Inc-Std	\$20/\$30	\$250/dayx3	\$15/\$21	\$25/\$31	No	69.3	75.7	73	88.5	75.1	83.7

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
		Self only	Self & family	Monthly		Biweekly		
				Self only	Self & family	Self only	Self & family	
Guam								
PacifiCare Asia Pacific-High -Guam/N.Mariana Islands/Belau	671-647-3526	JK1	JK2	147.48	435.07	68.07	200.80	
PacifiCare Asia Pacific-Std - Guam/N.Mariana Islands/Belau	671-647-3526	JK4	JK5	79.03	208.71	36.48	96.33	
Hawaii								
HMSA - All of Hawaii	808-948-6499	871	872	82.43	183.49	38.04	84.69	NCQA
Kaiser Foundation Health Plan of Hawaii-High -Islands of Hawaii/Maui/Oahu/Kauai	808-432-5955	631	632	94.41	202.98	43.57	93.68	NCQA
Kaiser Foundation Health Plan of Hawaii-Std - Islands of Hawaii/Maui/Oahu/Kauai	808-432-5955	634	635	66.31	142.56	30.60	65.80	NCQA
Idaho								
Group Health Cooperative-High -Kootenai and Latah	888-901-4636	VR1	VR2	123.76	293.37	57.12	135.40	NCQA
Group Health Cooperative-Std - Kootenai and Latah	888-901-4636	VR4	VR5	85.52	196.70	39.47	90.78	NCQA
Illinois								
Aetna Open Access - Chicago Area	800-537-9384	IK1	IK2	86.52	219.62	39.93	101.36	NCQA
BlueCHOICE - Madison and St. Clair counties	800-634-4395	9G1	9G2	130.13	249.84	60.06	115.31	NCQA
Group Health Plan, Inc.-High -Southern/Central	800-755-3901	MM1	MM2	197.90	393.94	91.34	181.82	URAC
Health Alliance HMO - Central/E.Central/N.West/South/West IL	800-851-3379	FX1	FX2	126.73	314.73	58.49	145.26	NCQA
Humana Health Plan Inc.-High -Chicago area	888-393-6765	751	752	96.98	223.05	44.76	102.94	NCQA
Humana Health Plan Inc.-Std - Chicago area	888-393-6765	754	755	69.18	159.12	31.93	73.44	NCQA
John Deere Health Plan - West Central Illinois	800-747-1446	YH1	YH2	86.51	211.95	39.93	97.82	NCQA
Mercy Health Plans - Southwest Illinois	800-327-0763	7M1	7M2	224.46	451.40	103.60	208.34	
OSF Health Plans, Inc.-High -Central/Central-Northwestern Illinois	800-673-5222	9F1	9F2	94.82	312.56	43.76	144.26	NCQA
PersonalCares HMO - Central Illinois	800-431-1211	GE1	GE2	89.30	233.26	41.22	107.66	NCQA
Unicare HMO-High -Chicagoland Area	888-234-8855	171	172	118.56	246.87	54.72	113.94	
Unicare HMO-Std - Chicagoland Area	888-234-8855	174	175	94.74	210.10	43.72	96.97	
Union Health Service - Chicago area	312-829-4224	761	762	74.97	185.93	34.60	85.81	
UnitedHealthcare of the Midwest - Southwest Illinois	877-835-9861	B91	B92	89.21	209.67	41.17	96.77	JCAHO

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Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Guam											
PacifiCare Asia Pacific-High	\$10/\$25	\$100	\$5	\$10/\$20	No	72.8	73.6	71.2	90.9	76.5	87.4
PacifiCare Asia Pacific-Std	\$15/\$25	\$250	\$10	\$20/\$30	No	72.8	73.6	71.2	90.9	76.5	87.4
Hawaii											
HMSA - In-Network	\$15/\$15	None	\$5	\$20/50%	Yes	74.9	85.6	82.3	94.6	73.9	95.1
HMSA - Out-of-Network	30% sch +/30% sch +	30% sch +	\$5+20%+	\$20+20%+/50%+	No	74.9	85.6	82.3	94.6	73.9	95.1
Kaiser Foundation Health Plan of Hawaii-High	\$12/\$12	None	\$10	\$10/\$10	Yes	75.7	80.1	78.3	92.4	74.4	90.1
Kaiser Foundation Health Plan of Hawaii-Std	\$20/\$20	10%	\$10	\$10/\$10	Yes	75.7	80.1	78.3	92.4	74.4	90.1
Idaho											
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Group Health Cooperative-Std	\$20+20%/ \$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Illinois											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	47.8	69.5	77.1	90.5	63.8	75.6
BlueCHOICE	\$10/\$10	None	\$7	\$12/\$25	Yes	68.1	80.1	81.5	92.2	68.6	93.3
Group Health Plan, Inc.-High	\$10/\$20	\$100	\$10	\$20/\$35	Yes	70.2	82.2	78.6	92.3	71.6	88.2
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	77.3	82.9	85.1	95.6	79.1	94.3
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45	No	60.1	78.3	73	90.7	70.3	78.7
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45	No	60.1	78.3	73	90.7	70.3	78.7
John Deere Health Plan	\$15/\$30	\$100/day x 5	\$10	\$30/\$45	No	68.7	83.6	82.1	92.1	73.7	93.8
Mercy Health Plans - In-Network	\$10/\$20	None	\$10	\$20/\$35	Yes	70.4	84.5	79	91.8	78.6	91
Mercy Health Plans - Out-of-Network	30%/30%	30%	N/A	N/A/N/A	No	70.4	84.5	79	91.8	78.6	91
OSF Health Plans, Inc.-High	\$20/\$20	\$500	\$10	\$20/\$40	Yes	78.3	81.9	84.1	95.2	77.4	92.5
PersonalCares HMO	\$20/\$20	\$100/day x 5	\$10	\$20/\$50	No	72.6	80.6	81.4	92.2	74.1	91.9
Unicare HMO-High	\$15/\$15	None	\$5	\$15/\$25	Yes	63	76.6	78.9	91.7	73.7	75.8
Unicare HMO-Std	\$20/\$35	10%	\$10	\$25/\$45	Yes						
Union Health Service	\$10/\$10	None	\$15	\$15/\$15	No						
UnitedHealthcare of the Midwest	\$20/\$20	\$250	\$10	\$30/\$50	Yes						

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

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Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Indiana								
Advantage Health Solutions, Inc.-High -Most of Indiana	800-553-8933	6Y1	6Y2	165.31	411.36	76.30	189.86	NCQA
Aetna Open Access - Northern Indiana	800-537-9384	IK1	IK2	86.52	219.62	39.93	101.36	NCQA
Aetna Open Access - Southeastern Indiana	800-537-9384	RD1	RD2	88.03	217.64	40.63	100.45	NCQA
Arnett HMO - Lafayette area	765-448-7440	G21	G22	89.16	242.43	41.15	111.89	NCQA
Health Alliance HMO - Western Indiana	800-851-3379	FX1	FX2	126.73	314.73	58.49	145.26	NCQA
Humana Health Plan Inc.-High -Lake/Porter/LaPorte Counties	888-393-6765	751	752	96.98	223.05	44.76	102.94	NCQA
Humana Health Plan Inc.-Std - Lake/Porter/LaPorte Counties	888-393-6765	754	755	69.18	159.12	31.93	73.44	NCQA
M*Plan - Indiana Metropolitan Area	317-571-5320	IN1	IN2	99.44	226.20	45.90	104.40	NCQA
Physicians Health Plan of Northern Indiana - Northeast Indiana	260-432-6690	DQ1	DQ2	124.45	267.84	57.44	123.62	
Unicare HMO-High -Lake/Porter Counties	888-234-8855	171	172	118.56	246.87	54.72	113.94	
Unicare HMO-Std - Lake/Porter Counties	888-234-8855	174	175	94.74	210.10	43.72	96.97	
Iowa								
Avera Health Plans - Northwestern Iowa	888-322-2115	AV1	AV2	162.54	398.95	75.02	184.13	
Coventry Health Care of Iowa-High -Central & Eastern Iowa/Sioux City	800-257-4692	SV1	SV2	81.99	221.42	37.84	102.19	NCQA
Health Alliance HMO - Central Iowa	800-851-3379	FX1	FX2	126.73	314.73	58.49	145.26	NCQA
HealthPartners Open Access Deductible - Iowa	952-883-5000	534	535	100.92	281.15	46.58	129.76	
John Deere Health Plan - Eastern Iowa	800-747-1446	YH1	YH2	86.51	211.95	39.93	97.82	NCQA
Sioux Valley Health Plan-High -Northwestern Iowa	800-752-5863	AU1	AU2	151.97	358.78	70.14	165.59	NCQA
Sioux Valley Health Plan-Std - Northwestern Iowa	800-752-5863	AU4	AU5	130.41	308.62	60.19	142.44	NCQA

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Indiana											
Advantage Health Solutions, Inc.-High	\$15/\$30	\$400x2/yr	\$10	\$30/\$50	Yes	56.6	80.4	80.5	92.8	65.2	84.4
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	47.8	69.5	77.1	90.5	63.8	75.6
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59	75.8	81.8	93.3	68.2	87.6
Arnett HMO	\$15/\$15	\$200	\$10	\$20/\$40	No	70.1	82.2	84.8	91.8	78.3	89.4
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	77.3	82.9	85.1	95.6	79.1	94.3
Humana Health Plan Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$25/\$45	No	60.1	78.3	73	90.7	70.3	78.7
Humana Health Plan Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$25/\$45	No	60.1	78.3	73	90.7	70.3	78.7
M*Plan	\$10/\$35	\$100/day x 5	\$5/\$15	\$25/50%	Yes						
Physicians Health Plan of Northern Indiana	\$15/\$15	20%	\$10	\$20/\$40	Yes	66.4	88	82.2	93.5	74.8	95.8
Unicare HMO-High	\$15/\$15	None	\$5	\$15/\$25	Yes	63	76.6	78.9	91.7	73.7	75.8
Unicare HMO-Std	\$20/\$35	10%	\$10	\$25/\$45	Yes						
Iowa											
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	20/\$35 or 50%	Yes						
Coventry Health Care of Iowa-High	\$15/\$15	\$100/day x 3	\$5	\$15/\$30	Yes	70.2	85.9	86.2	93.5	75.2	94.4
Health Alliance HMO	\$15/\$15	\$250	\$10	\$20/\$40	No	77.3	82.9	85.1	95.6	79.1	94.3
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No						
John Deere Health Plan	\$15/\$30	\$100/day x 5	\$10	\$30/\$45	No	68.7	83.6	82.1	92.1	73.7	93.8
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	47.9	80.1	85.5	94.2	62.9	87.5

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Kansas								
Aetna Open Access - Kansas City Area	800-537-9384	KS1	KS2	93.14	227.81	42.99	105.14	NCQA
Community Health Plan - Northeast Kansas	800-990-9247	IC1	IC2	84.59	246.57	39.04	113.80	
Coventry Health Care of Kansas-Wichita/Salinas-High -Wichita/Salina areas	800-664-9251	7W1	7W2	170.34	518.48	78.62	239.30	
Coventry Health Care of Kansas-Wichita/Salinas-Std - Wichita/Salina areas	800-664-9251	7W4	7W5	135.63	443.04	62.60	204.48	
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800-969-3343	HA1	HA2	85.90	221.67	39.64	102.31	
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800-969-3343	HA4	HA5	79.60	205.36	36.74	94.78	
Humana Health Plan, Inc.-High -Kansas City area	888-393-6765	MS1	MS2	162.97	383.57	75.22	177.03	NCQA
Humana Health Plan, Inc.-Std - Kansas City area	888-393-6765	MS4	MS5	70.95	163.18	32.75	75.31	NCQA
Preferred Plus of Kansas - S. Central Area	800-660-8114	VA1	VA2	173.76	579.50	80.20	267.46	URAC
UnitedHealthcare of the Midwest - Kansas City Area	877-835-9861	GX1	GX2	87.39	210.40	40.33	97.11	JCAHO
Kentucky								
Aetna Open Access - Northern Kentucky	800-537-9384	RD1	RD2	88.03	217.64	40.63	100.45	NCQA
United Healthcare of Ohio, Inc. - Northern Kentucky	877-835-9861	3U1	3U2	225.22	478.18	103.95	220.70	NCQA
Louisiana								
Coventry Health Care of Louisiana-High -New Orleans area	800-341-6613	BJ1	BJ2	93.84	217.95	43.31	100.59	
Coventry Health Care of Louisiana-Std - New Orleans area	800-341-6613	BJ4	BJ5	82.46	191.51	38.06	88.39	
Coventry Health Care of Louisiana-High -Shreveport area	800-341-6613	HS1	HS2	148.63	350.61	68.60	161.82	
Coventry Health Care of Louisiana-Std - Shreveport area	800-341-6613	HS4	HS5	93.00	213.91	42.92	98.73	
Coventry Health Care of Louisiana-High -Baton Rouge area	800-341-6613	JA1	JA2	204.14	489.65	94.22	225.99	
Coventry Health Care of Louisiana-Std - Baton Rouge area	800-341-6613	JA4	JA5	145.34	353.12	67.08	162.98	
Vantage Health Plan, Inc. - Monroe/Shreveport/Alexandria Areas	888-823-1910	MV1	MV2	95.36	219.33	44.01	101.23	

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Kansas											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.6	79.2	81.2	91.9	71.3	92.5
Community Health Plan	\$15/\$30	\$100/day x 4	\$10	\$25/\$40	Yes	69.6	83.5	73.4	91.3	80.7	95.2
Coventry Health Care of Kansas-Wichita/Salinas-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Coventry Health Care of Kansas-Wichita/Salinas-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	No	59	79.4	78.5	91.5	63.5	84.7
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	No	59	79.4	78.5	91.5	63.5	84.7
Preferred Plus of Kansas	\$20/\$25	\$150 X 5 days per yr	\$10	\$30/\$50	Yes						
UnitedHealthcare of the Midwest	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
Kentucky											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59	75.8	81.8	93.3	68.2	87.6
United Healthcare of Ohio, Inc.	\$20/\$20	\$250	\$10	\$30/\$50	Yes	61.3	84	84.1	94.2	67.5	84.2
Louisiana											
Coventry Health Care of Louisiana-High	\$15/\$15	\$150/day x 3	\$10	\$25/\$50	Yes	69.4	81.6	75.9	93.1	77.7	90.7
Coventry Health Care of Louisiana-Std	\$20/\$30	\$250/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-High	\$15/\$15	\$150/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-Std	\$20/\$30	\$250/day x 3	\$10	\$25/\$50	Yes						
Coventry Health Care of Louisiana-High	\$15/\$15	\$150/day x 3	\$10	\$25/\$50	Yes	69.4	81.6	75.9	93.1	77.7	90.7
Coventry Health Care of Louisiana-Std	\$20/\$30	\$250/day x 3	\$10	\$25/\$50	Yes						
Vantage Health Plan, Inc.	\$15/\$15	\$250	\$10	\$20/\$35	Yes						

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Maryland								
Aetna Open Access-High -Northern/Central/Southern Maryland	800-537-9384	JN1	JN2	118.56	256.17	54.72	118.23	NCQA
Aetna Open Access-Basic - Northern/Central/Southern Maryland	800-537-9384	JN4	JN5	67.32	157.54	31.07	72.71	NCQA
CareFirst BlueChoice - All of Maryland	866-296-7363	2G1	2G2	120.51	264.72	55.62	122.18	NCQA
Coventry Health Care-High -Most of Maryland	800-833-7423	IG1	IG2	96.40	279.22	44.49	128.87	
Coventry Health Care-Std - Most of Maryland	800-833-7423	IG4	IG5	75.65	189.12	34.91	87.28	
Kaiser Foundation Health Plan Mid-Atlantic States-High -Baltimore/Washington, DC areas	301-468-6000	E31	E32	96.76	236.36	44.66	109.09	NCQA
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Baltimore/Washington, DC areas	301-468-6000	E34	E35	58.04	138.13	26.79	63.75	NCQA
M.D. IPA - All of Maryland	800-251-0956	JP1	JP2	95.14	228.69	43.91	105.55	NCQA
Massachusetts								
Blue Cross and Blue Shield of Rhode Island. - Southeastern Massachusetts	401-459-5500	DA1	DA2	125.56	446.96	57.95	206.29	NCQA
ConnectiCare-High -Counties Hampden, Hampshire, Franklin	800-251-7722	TE1	TE2	134.83	308.01	62.23	142.16	NCQA
ConnectiCare-Std - Counties Hampden, Hampshire, Franklin	800-251-7722	TE4	TE5	90.87	206.76	41.94	95.43	NCQA
Fallon Community Health Plan-High -Central/Eastern Massachusetts	800-868-5200	JV1	JV2	145.53	401.77	67.17	185.43	NCQA
Fallon Community Health Plan-Std - Central/Eastern Massachusetts	800-868-5200	JV4	JV5	102.31	296.73	47.22	136.95	NCQA
Michigan								
Bluecare Network of MI-High -Midland County Area	800-662-6667	K51	K52	99.99	433.83	46.15	200.23	NCQA
Bluecare Network of MI-Std - Midland County Area	800-662-6667	K54	K55	75.92	212.28	35.04	97.97	NCQA
Bluecare Network of MI-High -Kent County Area	800-662-6667	KR1	KR2	205.92	782.19	95.04	361.01	NCQA
Bluecare Network of MI-Std - Kent County Area	800-662-6667	KR4	KR5	72.70	210.34	33.55	97.08	NCQA
Bluecare Network of MI-High -Mid Michigan	800-662-6667	LN1	LN2	223.88	580.47	103.33	267.91	NCQA
Bluecare Network of MI-Std - Mid Michigan	800-662-6667	LN4	LN5	89.99	216.72	41.53	100.02	NCQA
Bluecare Network of MI-High -Southeast MI	800-662-6667	LX1	LX2	78.31	252.98	36.14	116.76	NCQA
Bluecare Network of MI-Std - Southeast MI	800-662-6667	LX4	LX5	59.01	176.57	27.24	81.49	NCQA
Grand Valley Health Plan - Grand Rapids area	616-949-2410	RL1	RL2	95.09	386.60	43.89	178.43	NCQA
Health Alliance Plan - Southeastern Michigan/Flint area	800-422-4641	521	522	78.28	207.46	36.13	95.75	NCQA
HealthPlus MI - Flint/Saginaw areas	800-332-9161	X51	X52	141.42	326.76	65.27	150.81	NCQA
M-Care - Southeastern Michigan and Flint area	800-658-8878	EG1	EG2	79.19	209.81	36.55	96.83	NCQA

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Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Maryland											
Aetna Open Access-High	\$15/\$20	\$150/day x3	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	60.8	78.3	73.1	88.6	68.8	81.3
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	65.4	85.9	81.2	91	71.2	85.1
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes	65.4	85.9	81.2	91	71.2	85.1
Kaiser Foundation Health Plan Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20	\$20/\$55	Yes	63.4	77	73.7	89.6	72.1	86.7
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25	\$25/\$60	Yes	63.4	77	73.7	89.6	72.1	86.7
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	64	76.2	74.2	89.7	79.3	89.6
Massachusetts											
Blue Cross and Blue Shield of RI - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	63.1	87.9	83.2	92.5	73	91.6
Blue Cross and Blue Shield of RI- Out-of-Network	30%/30%	None	\$50+20%	\$50+20%/\$50+20%	No	63.1	87.9	83.2	92.5	73	91.6
ConnectiCare-High	\$15/\$20	\$50/day to \$250 ax	\$15	\$25/\$40	Yes	63.5	81.6	82	92.2	76.2	94.1
ConnectiCare-Std	\$20/\$30	Nothing after ded	\$15	\$25/\$40	Yes	63.5	81.6	82	92.2	76.2	94.1
Fallon Community Health Plan-High	\$15/\$25	\$250	\$5	\$25/\$50	Yes	66.6	82.3	82.9	93.6	78.1	88
Fallon Community Health Plan-Std	\$20/\$20	Nothing after ded	\$10	\$30/\$60	Yes	66.6	82.3	82.9	93.6	78.1	88
Michigan											
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3 days	\$10	\$40/\$40	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3 days	\$10	\$40/\$40	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3 days	\$10	\$40/\$40	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-High	\$10/\$10	Nothing	\$5	\$20/\$20	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Bluecare Network of MI-Std	\$20/\$20	\$100/dayX 3 days	\$10	\$40/\$40	Yes	61.5	75.4	80.6	91.7	67.9	84.4
Grand Valley Health Plan	\$10/\$10	None	\$5	\$5/\$5	No	67.7	78.7	86.2	91	81	91.1
Health Alliance Plan	\$10/\$10	None	\$10	\$20/\$20	Yes	71.9	76.5	78.3	92.1	72.5	89.3
HealthPlus MI	\$10/\$10	None	\$10	\$20/\$20	Yes	75.1	79.9	81.9	92.7	77.1	93.8
M-Care	\$15/\$15	None	\$10	\$20/\$30	Yes	68.3	74	74.4	87.5	72	87.5

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

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Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Minnesota								
HealthPartners Classic -Minnesota	952-883-5000	531	532	229.10	588.73	105.74	271.72	NCQA
HealthPartners Open Access Deductible - Minnesota	952-883-5000	534	535	100.92	281.15	46.58	129.76	NCQA
HealthPartners Primary Clinic Plan - Minneapolis/St. Paul/St. Cloud	952-883-5000	HQ1	HQ2	322.51	812.91	148.85	375.19	NCQA
Missouri								
Aetna Open Access - Kansas City Area	800-537-9384	KS1	KS2	93.14	227.81	42.99	105.14	NCQA
BlueCHOICE - StLouis/Central/SW areas	800-634-4395	9G1	9G2	130.13	249.84	60.06	115.31	NCQA
Community Health Plan - Northwest Missouri	800-990-9247	IC1	IC2	84.59	246.57	39.04	113.80	
Coventry Health Care of Kansas-Kansas City-High -Kansas City area	800-969-3343	HA1	HA2	85.90	221.67	39.64	102.31	
Coventry Health Care of Kansas-Kansas City-Std - Kansas City area	800-969-3343	HA4	HA5	79.60	205.36	36.74	94.78	
Group Health Plan, Inc.-High -St. Louis Area	800-755-3901	MM1	MM2	197.90	393.94	91.34	181.82	URAC
Humana Health Plan, Inc.-High -Kansas City area	888-393-6765	MS1	MS2	162.97	383.57	75.22	177.03	NCQA
Humana Health Plan, Inc.-Std - Kansas City area	888-393-6765	MS4	MS5	70.95	163.18	32.75	75.31	NCQA
Mercy Health Plans - East/Central/Southwest Missouri	800-327-0763	7M1	7M2	224.46	451.40	103.60	208.34	
UnitedHealthcare of the Midwest - St. Louis Area	877-835-9861	B91	B92	89.21	209.67	41.17	96.77	JCAHO
UnitedHealthcare of the Midwest - Kansas City Area	877-835-9861	GX1	GX2	87.39	210.40	40.33	97.11	JCAHO
Montana								
New West Health Services - Most of Montana	800-290-3657	NV1	NV2	91.83	196.15	42.38	90.53	
Nebraska								
Avera Health Plans - North Central Nebraska	888-322-2115	AV1	AV2	162.54	398.95	75.02	184.13	
Coventry Health Care of Nebraska - Omaha and Lincoln Metropolitan areas	800-471-0240	IE1	IE2	97.01	291.66	44.77	134.61	URAC

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Minnesota											
HealthPartners Classic	\$15/\$15	\$100	\$12	\$24/N/A	No	61	81.1	81.5	92.8	71.5	92.3
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	61	81.1	81.5	92.8	71.5	92.3
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$24/N/A	No	61	81.1	81.5	92.8	71.5	92.3
Missouri											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.6	79.2	81.2	91.9	71.3	92.5
BlueCHOICE	\$10/\$10	None	\$7	\$12/\$25	Yes	68.1	80.1	81.5	92.2	68.6	93.3
Community Health Plan	\$15/\$30	\$100/day x 4	\$10	\$25/\$40	Yes	69.6	83.5	73.4	91.3	80.7	95.2
Coventry Health Care of Kansas-Kansas City-High	\$15/\$30	\$100/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Coventry Health Care of Kansas-Kansas City-Std	\$20/\$35	\$300/day x 3	\$10	\$30/\$55	Yes	56.8	77.9	81.6	90.5	68.5	87.3
Group Health Plan, Inc.-High	\$10/\$20	\$100	\$10	\$20/\$35	Yes	70.2	82.2	78.6	92.3	71.6	88.2
Humana Health Plan, Inc.-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	No	59	79.4	78.5	91.5	63.5	84.7
Humana Health Plan, Inc.-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	No	59	79.4	78.5	91.5	63.5	84.7
Mercy Health Plans - In-Network	\$10/\$20	None	\$10	\$20/\$35	Yes	72.6	84.4	82.4	93.1	80	91.1
Mercy Health Plans - Out-of-Network	30%/30%	30%	N/A	N/A/N/A	No	72.6	84.4	82.4	93.1	80	91.1
UnitedHealthcare of the Midwest	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
UnitedHealthcare of the Midwest	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
Montana											
New West Health Services - In-Network	\$15/\$15	\$100	\$10	\$20/\$40	Yes						
New West Health Services - Out-of-Network	30%/30%	30%	N/A	N/A/N/A	No						
Nebraska											
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	\$20/\$35 or 50%	Yes						
Coventry Health Care of Nebraska	\$20/\$20	None	\$10	\$20/\$45	Yes						

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Nevada								
Aetna Open Access - Las Vegas Area	800-537-9384	Y11	Y12	85.87	213.80	39.63	98.68	NCQA
Health Plan of Nevada - Northern Area	702-242-7300	2L1	2L2	91.64	253.70	42.30	117.09	NCQA
Health Plan of Nevada - Las Vegas area	702-242-7300	NM1	NM2	52.34	134.02	24.16	61.86	NCQA
PacificCare of Nevada - Las Vegas/Clark County	866-546-0510	K91	K92	82.09	186.34	37.89	86.00	NCQA
New Jersey								
Aetna Open Access - Northern New Jersey	800-537-9384	JR1	JR2	129.98	302.47	59.99	139.60	NCQA
Aetna Open Access - Southern New Jersey	800-537-9384	P31	P32	187.15	494.33	86.38	228.15	NCQA
AmeriHealth HMO - All of New Jersey	800-454-7651	FK1	FK2	128.76	333.60	59.43	153.97	NCQA
Coventry Health Care-High -Southern New Jersey	800-833-7423	2J1	2J2	99.65	311.65	45.99	143.84	
Coventry Health Care-Std - Southern New Jersey	800-833-7423	2J4	2J5	79.93	199.81	36.89	92.22	
GHI Health Plan-High -Northern New Jersey	212-501-4444	801	802	170.73	495.93	78.80	228.89	
GHI Health Plan-Std - Northern New Jersey	212-501-4444	804	805	94.65	220.96	43.68	101.98	
New Mexico								
Lovelace Health Plan - All of New Mexico	800-808-7363	Q11	Q12	86.70	212.77	40.02	98.20	NCQA
Presbyterian Health Plan - All NM counties except Otero & S. Eddy	800-356-2219	P21	P22	98.19	339.43	45.32	156.66	NCQA

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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

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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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Nevada											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	55.4	68.3	72.8	88.8	65.9	87.8
Health Plan of Nevada	\$10/\$10	\$100	\$7	\$30/\$50	Yes						
Health Plan of Nevada	\$10/\$10	\$100	\$7	\$30/\$50	Yes	54.2	64.9	62.4	83.2	66.2	87.3
PacifiCare of Nevada	\$15/\$30	\$150/day x 5	\$10	\$30/\$50	Yes	57.3	71.2	67.6	86.8	69.2	84.5
New Jersey											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes						
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	66.9	79.8	78.3	93.3	73.2	85.3
AmeriHealth HMO	\$30/\$35	\$200/day x 3	\$10	\$40/50%	Yes	62.2	77.5	77.6	91.9	70.7	80
Coventry Health Care-High	\$10/\$20	None	\$10	\$20/\$45	Yes	65.4	85.9	81.2	91	71.2	85.1
Coventry Health Care-Std	\$10/\$20	\$200/day x 3	\$10	\$20/\$45	Yes						
GHI Health Plan - In-Network	\$15/\$15	\$100/admx2	\$15	\$25/\$50	Yes	57.6	78.5	75.2	91.3	64.5	90.4
GHI Health Plan - Out-of-Network	+50% of sch./+50% of sch.	+50% of sch.	N/A	N/A/N/A	No	57.6	78.5	75.2	91.3	64.5	90.4
GHI Health Plan-Std	\$25/\$25	\$250/dayx3	\$10	\$25/\$50	Yes	57.6	78.5	75.2	91.3	64.5	90.4
New Mexico											
Lovelace Health Plan	\$15/\$25	\$250	\$7	\$15/\$35	Yes	58.5	75	73.6	89.9	66.5	73.2
Presbyterian Health Plan	\$15/\$25	\$200	\$10	\$20/\$40	Yes	69.5	80.7	80.7	91	71.7	91.6

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
New York								
Aetna Open Access - NYC Area and Dutchess/Sullivan/Ulster	800-537-9384	JC1	JC2	116.74	344.80	53.88	159.14	NCQA
Blue Choice - Rochester area	800-462-0108	MK1	MK2	71.46	178.89	32.98	82.56	NCQA
CDPHP Universal Benefits, Inc.-High -Capital District area	877-269-2134	SG1	SG2	106.38	277.90	49.10	128.26	
CDPHP Universal Benefits, Inc.-Std - Capital District area	877-269-2134	SG4	SG5	89.40	223.51	41.26	103.16	
GHI Health Plan-High -All of New York	212-501-4444	801	802	170.73	495.93	78.80	228.89	
GHI Health Plan-Std - Manhat/Bklyn/Bronx/Queens/Stat Island/Nassau/Suffolk/Rockland & Westchester Co	212-501-4444	804	805	94.65	220.96	43.68	101.98	
GHI HMO Select-High -Brnx/Bklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V1	6V2	153.66	469.69	70.92	216.78	NCQA
GHI HMO Select-Std - Brnx/Bklyn/Manhat/Queen/Richmon/Westche	877-244-4466	6V4	6V5	96.69	292.37	44.63	134.94	NCQA
GHI HMO Select-High -Capital/Hudson Valley Regions	877-244-4466	X41	X42	100.96	342.16	46.60	157.92	NCQA
GHI HMO Select-Std - Capital/Hudson Valley Regions	877-244-4466	X44	X45	94.25	274.71	43.50	126.79	NCQA
HIP of Greater New York-High -New York City area	800-HIP-TALK	511	512	95.39	383.61	44.03	177.05	NCQA
HIP of Greater New York-Std - New York City area	800-HIP-TALK	514	515	83.31	248.19	38.45	114.55	NCQA
HMO Blue - Utica/Rome/Central New York areas	800-722-7884	AH1	AH2	246.13	713.55	113.60	329.33	NCQA
HMOBlue-CNY - Syracuse/Binghamton/Elmira areas	800-447-6269	EB1	EB2	122.54	350.31	56.56	161.68	NCQA
Independent Health Assoc-High -Western New York	800-501-3439	QA1	QA2	75.06	205.88	34.64	95.02	NCQA
MVP Health Care - Eastern Region	888-687-6277	GA1	GA2	87.02	224.75	40.16	103.73	NCQA
MVP Health Care - Central Region	888-687-6277	M91	M92	95.52	301.93	44.09	139.35	NCQA
MVP Health Care - Mid-Hudson Region	888-687-6277	MX1	MX2	97.24	319.48	44.88	147.45	NCQA
Preferred Care - Rochester area	800-950-3224	GV1	GV2	69.85	186.91	32.24	86.26	NCQA
Univera Healthcare - Western New York (Southern Counties)	800-427-8490	KQ1	KQ2	95.89	330.74	44.26	152.65	NCQA
Univera Healthcare - Western New York (Northern Counties)	800-427-8490	Q81	Q82	76.20	216.04	35.17	99.71	NCQA
Vytra Health Plans-High -Queens/Nassau/Suffolk Counties	800-406-0806	J61	J62	123.91	423.48	57.19	195.45	NCQA
Vytra Health Plans-Std - Queens/Nassau/Suffolk Counties	800-406-0806	J64	J65	96.23	320.45	44.41	147.90	NCQA

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Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
New York											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.6	76.5	74.8	89.6	76	83.6
Blue Choice	\$20/\$20	\$100	\$10	\$25/\$40	No	71.4	84.5	86.3	94.5	75.9	94.2
CDPHP Universal Benefits, Inc.-High	\$20/\$20	\$100dayx5	\$10	\$25/\$40	Yes	75.8	86	83.1	94	80.2	95.7
CDPHP Universal Benefits, Inc.-Std	\$25/\$40	\$500+10%	\$10	\$30/\$50	Yes						
GHI Health Plan - In-Network	\$15/\$15	\$100/admx2	\$15	\$25/\$50	Yes	57.6	78.5	75.2	91.3	64.5	90.4
GHI Health Plan - Out-of-Network	+50% of sch./+50% of sch.	+50% of sch.	N/A	N/A/N/A	No	57.6	78.5	75.2	91.3	64.5	90.4
GHI Health Plan-Std	\$25/\$25	\$250/dayx3	\$10	\$25/\$50	Yes	57.6	78.5	75.2	91.3	64.5	90.4
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes	54.8	75.4	81.7	92	66.2	77.8
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	54.8	75.4	81.7	92	66.2	77.8
GHI HMO Select-High	\$10/\$10	None	\$10	\$20/\$30	Yes	54.8	75.4	81.7	92	66.2	77.8
GHI HMO Select-Std	\$20/\$20	None	\$10	\$20/\$30	Yes	54.8	75.4	81.7	92	66.2	77.8
HIP of Greater New York-High	\$10/\$10	None	\$10	\$15/\$40	Yes	59.7	71.2	66.4	86.1	71.8	81
HIP of Greater New York-Std	\$10/\$20	\$500	\$10	\$20/\$40	Yes	59.7	71.2	66.4	86.1	71.8	81
HMO Blue	\$20/\$20	\$240	\$10	\$25/\$40	No	68.3	82.6	82.3	91.6	73.9	91.9
HMOBlue-CNY	\$20/\$20	\$240	\$10	\$25/\$40	No	68.3	82.6	82.3	91.6	73.9	91.9
Independent Health Assoc - HMO -In-Network	\$15/\$15	None	\$10	\$20/\$35	No	77	84.8	84.3	96.2	83.3	96.4
Independent Health Assoc- POS -Out-of-Network	Ded.+25%/25%	Ded.+25%	N/A	N/A/N/A	No	77	84.8	84.3	96.2	83.3	96.4
MVP Health Care	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.3	83.8	84.6	93.4	77	93.7
MVP Health Care	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.3	83.8	84.6	93.4	77	93.7
MVP Health Care	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.3	83.8	84.6	93.4	77	93.7
Preferred Care	\$20/\$20	\$250	\$10	\$25/\$40	Yes	77.5	87.3	87.3	95.1	78.7	92.4
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No						
Univera Healthcare	\$20/\$20	None	\$10	\$20/\$45	No						
Vytra Health Plans-High	\$10/\$10	None	\$10	\$15/\$30	Yes	62.7	78.1	76.4	90.8	68.1	79.5
Vytra Health Plans-Std	\$20/\$20	\$500	\$10	\$20/\$50	Yes	62.7	78.1	76.4	90.8	68.1	79.5

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Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
North Dakota								
HealthPartners Open Access Deductible - North Dakota	952-883-5000	534	535	100.92	281.15	46.58	129.76	
Heart of America Health Plan - Northcentral North Dakota	800-525-5661	RU1	RU2	72.76	186.98	33.58	86.30	
Ohio								
Aetna Open Access - Cleveland and Toledo Areas	800-537-9384	7D1	7D2	92.85	220.99	42.85	102.00	NCQA
Aetna Open Access - Columbus Area	800-537-9384	ND1	ND2	119.23	330.96	55.03	152.75	NCQA
Aetna Open Access - Greater Cincinnati Area	800-537-9384	RD1	RD2	88.03	217.64	40.63	100.45	NCQA
AultCare HMO-High -Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	95.81	256.06	44.22	118.18	
Blue HMO - Most of Ohio	800-228-4375	R51	R52	166.35	385.00	76.78	177.69	NCQA
HMO Health Ohio - Northeast Ohio	800-522-2066	L41	L42	96.13	298.83	44.37	137.92	NCQA
Hometown Health Plan - Massillon	800-426-9013	MZ1	MZ2	69.83	174.54	32.23	80.56	
Kaiser Foundation Health Plan of Ohio-High -Cleveland/Akron areas	800-686-7100	641	642	107.68	319.52	49.70	147.47	NCQA
Kaiser Foundation Health Plan of Ohio-Std - Cleveland/Akron areas	800-686-7100	644	645	85.58	210.02	39.50	96.93	NCQA
Paramount Health Care - Northwest/North Central Ohio	800-462-3589	U21	U22	92.53	295.10	42.71	136.20	NCQA
SummaCare Health Plan - Cleveland, Akron and Canton areas	330-996-8700	5W1	5W2	113.31	310.90	52.30	143.49	NCQA
SuperMed HMO - Northeast Ohio	800-522-2066	5M1	5M2	359.66	1006.55	166.00	464.56	NCQA
The Health Plan of the Upper Ohio Valley - Eastern Ohio	800-624-6961	U41	U42	86.23	198.34	39.80	91.54	NCQA
United Healthcare of Ohio, Inc. - Cincinnati/Dayton/Springfield areas	877-835-9861	3U1	3U2	225.22	478.18	103.95	220.70	NCQA
United Healthcare of Ohio, Inc. - Cleveland	877-835-9861	AK1	AK2	89.43	214.71	41.28	99.10	NCQA
United Healthcare of Ohio, Inc. - Columbus	877-835-9861	CA1	CA2	93.84	225.88	43.31	104.25	NCQA
Oklahoma								
Aetna Open Access - Oklahoma City/Tulsa Areas	800-537-9384	SL1	SL2	151.97	367.32	70.14	169.53	NCQA
Globalhealth, Inc. - Oklahoma	877-280-2990	IM1	IM2	90.44	217.97	41.74	100.60	
PacificCare of Oklahoma - Central/Northeastern Oklahoma	866-546-0510	2N1	2N2	113.55	284.35	52.41	131.24	NCQA

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North Dakota											
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No						
Heart of America Health Plan	\$10/Nothing	None	50%	50%/50%	No						
Ohio											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59	75.8	81.8	93.3	68.2	87.6
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59	75.8	81.8	93.3	68.2	87.6
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59	75.8	81.8	93.3	68.2	87.6
AultCare HMO-High	\$10/\$10	None	\$10	\$20/\$35	No	84.7	88	86.9	95.3	83.3	97
Blue HMO	\$10/\$10	None	\$10	\$20/\$30	Yes	69.3	83.3	82.5	93.1	68.5	92
HMO Health Ohio	\$15/\$15	\$250	\$10	\$20/\$30	Yes	65.8	78.8	81.9	94.2	68.4	88
Hometown Health Plan	\$15/\$20	\$250	\$15	\$25/\$40	No	75.4	84.2	84.1	94.1	80.3	94.7
Kaiser Foundation Health Plan of Ohio-High	\$15/\$15	\$200	\$10	\$25/\$25	No	73	80.7	83.3	89.1	76.4	88.9
Kaiser Foundation Health Plan of Ohio-Std	\$40/\$40	\$500	\$15	\$30/\$30	No	73	80.7	83.3	89.1	76.4	88.9
Paramount Health Care	\$15/\$25	\$300	\$10	\$20/\$35	No	71.7	78.2	79.1	92.8	72.4	93.1
SummaCare Health Plan	\$15/\$20	\$250	\$12	\$30/\$50	Yes	71.8	82.8	82.8	94.2	72.5	93.1
SuperMed HMO	\$15/\$15	\$250	\$10	\$20/\$30	Yes	65.8	78.8	81.9	94.2	68.4	88
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	71.7	83.3	82.7	94.1	78	95
United Healthcare of Ohio, Inc.	\$20/\$20	\$250	\$10	\$30/\$50	Yes	61.3	84	84.1	94.2	67.5	84.2
United Healthcare of Ohio, Inc.	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
United Healthcare of Ohio, Inc.	\$20/\$20	\$250	\$10	\$30/\$50	Yes						
Oklahoma											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	56.9	75	81.8	92.5	70	89.9
Globalhealth, Inc.	\$15/\$25	\$150/day x 5	\$10	\$25/\$40	Yes						
PacifiCare of Oklahoma	\$20/\$40	\$250/day x 5	\$10	\$30/\$50	Yes	64.8	77.4	78.1	91.3	66.4	91.2

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Oregon								
Kaiser Foundation Health Plan of Northwest-High -Portland/Salem areas	800-813-2000	571	572	101.44	234.87	46.82	108.40	NCQA
Kaiser Foundation Health Plan of Northwest-Std - Portland/Salem areas	800-813-2000	574	575	84.35	192.49	38.93	88.84	NCQA
PacificCare Northwest Region (Oregon/Washington) - Metro Portland/Salem/Corvallis/Eugene	866-546-0510	7Z1	7Z2	120.59	259.83	55.66	119.92	NCQA
Pennsylvania								
Aetna Open Access - Philadelphia and Southeastern PA	800-537-9384	P31	P32	187.15	494.33	86.38	228.15	NCQA
Aetna Open Access - Pittsburgh Area	800-537-9384	YE1	YE2	67.82	186.99	31.30	86.30	NCQA
HealthAmerica Pennsylvania-High -Greater Pittsburgh area	866-351-5946	261	262	108.50	360.86	50.08	166.55	NCQA
HealthAmerica Pennsylvania-Std - Greater Pittsburgh area	866-351-5946	264	265	97.79	312.67	45.13	144.31	NCQA
HealthAmerica Pennsylvania-High -Northeast Pennsylvania	866-351-5946	4N1	4N2	234.95	549.16	108.44	253.46	NCQA
HealthAmerica Pennsylvania-Std - Northeast Pennsylvania	866-351-5946	4N4	4N5	226.98	530.79	104.76	244.98	NCQA
HealthAmerica Pennsylvania-High -Southeastern Pennsylvania	866-351-5946	PN1	PN2	148.18	347.75	68.39	160.50	NCQA
HealthAmerica Pennsylvania-Std - Southeastern Pennsylvania	866-351-5946	PN4	PN5	97.64	224.19	45.06	103.47	NCQA
HealthAmerica Pennsylvania-High -Central Pennsylvania	866-351-5946	SW1	SW2	194.61	456.37	89.82	210.63	NCQA
HealthAmerica Pennsylvania-Std - Central Pennsylvania	866-351-5946	SW4	SW5	142.28	336.05	65.67	155.10	NCQA
Keystone Health Plan Central-High -Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S41	S42	161.96	421.09	74.75	194.35	NCQA
Keystone Health Plan Central-Std - Harrisburg/Northern Region/Lehigh Valley	800-622-2843	S44	S45	135.72	358.52	62.64	165.47	NCQA
Keystone Health Plan East - Philadelphia area	800-227-3115	ED1	ED2	123.11	435.70	56.82	201.09	NCQA
UPMC Health Plan - Western Pennsylvania area	888-876-2756	8W1	8W2	103.85	349.27	47.93	161.20	NCQA
Puerto Rico								
Humana Health Plans of Puerto Rico - Puerto Rico	800-790-7305	ZJ1	ZJ2	59.77	137.48	27.59	63.45	
Triple-S - All of Puerto Rico	787-749-4777	891	892	72.57	155.88	33.49	71.94	
Rhode Island								
Blue Cross and Blue Shield of Rhode Island. - All of Rhode Island	401-459-5500	DA1	DA2	125.56	446.96	57.95	206.29	NCQA

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Oregon											
Kaiser Foundation Health Plan of Northwest-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	67.5	77.7	75	91	72.7	90.6
Kaiser Foundation Health Plan of Northwest-Std	\$20/\$20	\$250	\$20	\$40/\$40	Yes	67.5	77.7	75	91	72.7	90.6
PacifiCare Northwest Region (Oregon/Washington)	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	59.4	78.9	84.9	94.2	65.9	88.7
Pennsylvania											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.8	79.8	80.6	93.8	66.4	90.9
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	60.8	79.8	80.6	93.8	66.4	90.9
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-High	\$10/\$25	None	\$8	\$25/\$40	Yes	64.6	82.1	82.1	92.8	72.8	91.4
HealthAmerica Pennsylvania-Std	\$20/\$30	\$200/day x 3	\$8	\$35/\$50	Yes	64.6	82.1	82.1	92.8	72.8	91.4
Keystone Health Plan Central-High	\$15/\$20	\$200 copay	\$10	\$25/\$40	Yes	75.3	82.3	85.3	91.8	76.8	94.5
Keystone Health Plan Central-Std	\$20/\$25	\$100 x 5	\$20	\$40/\$60	Yes						
Keystone Health Plan East	\$15/\$25	None	\$10	\$20/\$35	Yes	58.4	80.1	78.5	91.2	72	82.5
UPMC Health Plan	\$15/\$15	None	\$10	\$20/\$40	Yes	63.8	84	80.1	92.5	73.3	87.4
Puerto Rico											
Humana Health Plans of PR - In-Network	\$5/\$5	None	\$2.50	\$5/\$5	No	80.4	88.8	72.4	96.5	84.1	79.5
Humana Health Plans of PR - Out-of-Network	\$8/\$8	\$50	N/A	N/A/N/A	No	80.4	88.8	72.4	96.5	84.1	79.5
Triple-S - In-Network	\$7.50/\$10	None	\$5	\$8/\$12	Yes	83.3	92.7	79.7	96.8	88.9	93.9
Triple-S - Out-of-Network	\$7.50 + 10%/\$10 + 10%	None	25%	25%/25%	No	83.3	92.7	79.7	96.8	88.9	93.9
Rhode Island											
Blue Cross and Blue Shield of RI - In-Network	\$15/\$25	\$500	\$7	\$30/\$50	Yes	63.1	87.9	83.2	92.5	73	91.6
Blue Cross and Blue Shield of RI - Out-of-Network	30%/30%	None	\$50+20%	\$50+20%/\$50+20%	No	63.1	87.9	83.2	92.5	73	91.6

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
		Self only	Self & family	Monthly		Biweekly		
				Self only	Self & family	Self only	Self & family	
South Carolina								
Carolina Care - South Carolina	800-868-6734	IB1	IB2	99.85	224.60	46.08	103.66	
South Dakota								
Avera Health Plans - Eastern and Central South Dakota	888-322-2115	AV1	AV2	162.54	398.95	75.02	184.13	
HealthPartners Open Access Deductible - South Dakota	952-883-5000	534	535	100.92	281.15	46.58	129.76	
Sioux Valley Health Plan-High -Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	151.97	358.78	70.14	165.59	NCQA
Sioux Valley Health Plan-Std - Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	130.41	308.62	60.19	142.44	NCQA
Tennessee								
Aetna Open Access - Nashville Area	800-537-9384	6J1	6J2	128.57	295.82	59.34	136.53	NCQA
Aetna Open Access - Memphis Area	800-537-9384	UB1	UB2	80.87	206.21	37.32	95.17	NCQA
Texas								
Aetna Open Access - Houston Area	800-537-9384	8G1	8G2	107.77	337.05	49.74	155.56	NCQA
Aetna Open Access - Austin/San Antonio Areas	800-537-9384	P11	P12	86.42	217.71	39.89	100.48	NCQA
Aetna Open Access - Dallas/Ft Worth Areas	800-537-9384	PU1	PU2	131.49	377.59	60.69	174.27	NCQA
Firstcare - Waco area	800-884-4901	6U1	6U2	87.55	188.23	40.41	86.87	
Firstcare - West Texas	800-884-4901	CK1	CK2	126.05	234.54	58.18	108.25	
HMO Blue Texas - Houston	877-299-2377	YM1	YM2	143.37	404.26	66.17	186.58	NCQA
Humana Health Plan of Texas-High -San Antonio area	888-393-6765	UR1	UR2	204.27	478.53	94.28	220.86	NCQA
Humana Health Plan of Texas-Std - San Antonio area	888-393-6765	UR4	UR5	91.45	210.37	42.21	97.09	NCQA
Mercy Health Plans - Webb/Zapata/Duval/Jim Hogg Counties	800-617-3433	HM1	HM2	126.79	386.12	58.52	178.21	
Pacificare of Texas - San Antonio, Dallas/Ft. Worth	866-546-0510	GF1	GF2	131.56	310.40	60.72	143.26	NCQA
Utah								
Altius Health Plans-High -Wasatch Front	800-377-4161	9K1	9K2	159.83	330.29	73.77	152.44	

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
South Carolina											
Carolina Care	\$20/\$30	\$250	\$10	\$20/\$50	Yes						
South Dakota											
Avera Health Plans	\$10/\$15	\$100/dayx3	\$10	\$20/\$35 or 50%	Yes						
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No						
Sioux Valley Health Plan - In-Network	\$20/\$30	\$100/day x 5	\$15	\$30/\$50	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - In-Network	\$25/\$25	\$100/day x 5	\$15	\$30/\$50	No	47.9	80.1	85.5	94.2	62.9	87.5
Sioux Valley Health Plan - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	47.9	80.1	85.5	94.2	62.9	87.5
Tennessee											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	66.5	79.5	78	90.9	76	87.7
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	66.5	79.5	78	90.9	76	87.7
Texas											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	63.1	72.3	74.3	90.6	69.2	92
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	62.9	74.3	77.8	91	72.5	91.9
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	59.9	77.2	78.7	91.5	65.8	89.9
Firstcare	\$20/\$40	\$100/day x 5	\$10	\$20/\$40	Yes	58.4	80.9	80.2	93.6	73.6	89.5
Firstcare	\$20/\$40	\$100/day x 5	\$10	\$20/\$40	Yes	63.4	80.5	78	92.3	75.5	92.6
HMO Blue Texas	\$20/\$30	\$150/dayx5	\$10	\$25/\$40	Yes	54.9	69.9	68.7	86.5	70.2	85.4
Humana Health Plan of Texas-High	\$15/\$25	\$200/day x 3	\$10	\$30/\$50	No	66.1	77.8	75.8	90.9	74.6	90.4
Humana Health Plan of Texas-Std	\$20/\$30	\$400/day x 3	\$10	\$30/\$50	No	66.1	77.8	75.8	90.9	74.6	90.4
Mercy Health Plans - In-Network	\$10/\$10	None	\$7	\$12/\$25	Yes	82.5	83.8	70.2	94.8	82.4	91.9
Mercy Health Plans - Out-of-Network	40%/40%	40%	N/A	N/A/N/A	No	82.5	83.8	70.2	94.8	82.4	91.9
Pacificare of Texas	\$20/\$40	\$250/day x 3	\$10	\$30/\$50	Yes	67.1	79.4	76.4	90.5	71.8	89.9
Utah											
Altius Health Plans-High	\$10/\$15	None	\$10	\$20/\$40	Yes	59.5	77.1	77.9	90.6	66.7	87.6

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

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

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Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
Vermont								
MVP Health Care - All of Vermont	888-687-6277	VW1	VW2	287.80	837.59	132.83	386.58	NCQA
Virginia								
Aetna Open Access-High -Northern/Central/Richmond Virginia Area	800-537-9384	JN1	JN2	118.56	256.17	54.72	118.23	NCQA
Aetna Open Access-Basic - Northern/Central/Richmond Virginia Area	800-537-9384	JN4	JN5	67.32	157.54	31.07	72.71	NCQA
CareFirst BlueChoice - Northern Virginia	866-296-7363	2G1	2G2	120.51	264.72	55.62	122.18	NCQA
Kaiser Foundation Health Plan Mid-Atlantic States-High -Washington, DC area	301-468-6000	E31	E32	96.76	236.36	44.66	109.09	NCQA
Kaiser Foundation Health Plan Mid-Atlantic States-Std - Washington, DC area	301-468-6000	E34	E35	58.04	138.13	26.79	63.75	NCQA
M.D. IPA - N.VA/Cntrl VA/Richmond/Tidewater/Roanoke	800-251-0956	JP1	JP2	95.14	228.69	43.91	105.55	NCQA
Optima Health Plan - Hampton Roads and Richmond areas	800-206-1060	9R1	9R2	142.04	364.80	65.56	168.37	NCQA
Piedmont Community Healthcare - Lynchburg area	888-674-3368	2C1	2C2	97.57	223.44	45.03	103.13	
Washington								
Aetna Open Access - Seattle/Puget Sound Areas	800-537-9384	8J1	8J2	91.41	245.01	42.19	113.08	
Group Health Cooperative-High -Most of Western Washington	888-901-4636	541	542	106.90	237.29	49.34	109.52	NCQA
Group Health Cooperative-Std - Most of Western Washington	888-901-4636	544	545	80.67	182.13	37.23	84.06	NCQA
Group Health Cooperative-High -Central WA/Spokane/Pullman	888-901-4636	VR1	VR2	123.76	293.37	57.12	135.40	NCQA
Group Health Cooperative-Std - Central WA/Spokane/Pullman	888-901-4636	VR4	VR5	85.52	196.70	39.47	90.78	NCQA
Kaiser Foundation Health Plan of Northwest-High -Vancouver/Longview	800-813-2000	571	572	101.44	234.87	46.82	108.40	NCQA
Kaiser Foundation Health Plan of Northwest-Std - Vancouver/Longview	800-813-2000	574	575	84.35	192.49	38.93	88.84	NCQA
KPS Health Plans - High - All of Washington	800-552-7114	VT1	VT2	153.03	308.49	70.63	142.38	
KPS Health Plans-Std - All of Washington	800-552-7114	L11	L12	93.07	200.88	42.95	92.71	
PacificCare Northwest Region (Oregon/Washington) - Clark County	866-546-0510	7Z1	7Z2	120.59	259.83	55.66	119.92	NCQA
PacificCare Northwest Region (Oregon/Washington) - Washington	866-546-0510	SA1	SA2	76.03	177.83	35.09	82.08	NCQA

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Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
Vermont											
MVP Health Care	\$20/\$20	\$240	\$10	\$30/\$50	Yes	68.3	83.8	84.6	93.4	77	93.7
Virginia											
Aetna Open Access-High	\$15/\$20	\$150/day x3	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
Aetna Open Access-Basic	\$20/\$30	\$150/day x5	\$10	\$25/\$40	No	59.8	75.5	75.2	90.7	70.2	88.5
CareFirst BlueChoice	\$20/\$30	\$100 per adm	\$10	\$25/\$40	Yes	60.8	78.3	73.1	88.6	68.8	81.3
Kaiser Foundation Health Plan Mid-Atlantic States-High	\$10/\$20	\$100	\$10/\$20	\$20/\$55	Yes	63.4	77	73.7	89.6	72.1	86.7
Kaiser Foundation Health Plan Mid-Atlantic States-Std	\$30/\$40	\$250/dayx3	\$15/\$25	\$25/\$60	Yes	63.4	77	73.7	89.6	72.1	86.7
M.D. IPA	\$10/\$20	\$100	\$7	\$25/\$40	No	64	76.2	74.2	89.7	79.3	89.6
Optima Health Plan	\$10/\$20	\$250	\$10	\$20/\$40	Yes	70.8	85.2	78.5	91.4	79.5	92
Piedmont Community Healthcare - In-Network	\$25/\$25	20%	\$15	\$30/\$30	Yes						
Piedmont Community Healthcare - Out-of-Network	30%/30%	30%	\$15	\$30/\$30	Yes						
Washington											
Aetna Open Access	\$20/\$30	\$150/day x 5	\$10	\$25/\$40	Yes	48.6	74.9	81.2	91.5	63.9	86.3
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Group Health Cooperative-Std	\$20+20%/ \$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Group Health Cooperative-High	\$15/\$15	\$200/day x 3	\$15	\$25/\$50	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Group Health Cooperative-Std	\$20+20%/ \$20+20%	\$200/day x 3	\$20	\$30/\$60	Yes	65.4	76.4	82.3	91.5	72.6	88.9
Kaiser Foundation Health Plan of Northwest-High	\$15/\$15	\$100	\$15	\$30/\$30	Yes	67.5	77.7	75	91	72.7	90.6
Kaiser Foundation Health Plan of Northwest-Std	\$20/\$20	\$250	\$20	\$40/\$40	Yes	67.5	77.7	75	91	72.7	90.6
KPS Health Plans - High - In-Network	\$20/\$20	None	\$5	\$20/50%	Yes	77.7	88.3	88.9	95.6	75.1	93.4
KPS Health Plans - High - Out-of-Network	\$20+45%/ \$20+45%	None	Not covered	N/A/N/A	No	77.7	88.3	88.9	95.6	75.1	93.4
KPS Health Plans - Std - In-Network	\$15/3 or 20%/20%	\$100/day x 5	\$10	\$30/50%	Yes	77.7	88.3	88.9	95.6	75.1	93.4
KPS Health Plans - Std - Out-of-Network	\$15/3 or 45%/45%	\$100/day x 5	Not Covered	Not Covered	No	77.7	88.3	88.9	95.6	75.1	93.4
PacifiCare Northwest Region (Oregon/Washington)	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes	59.4	78.9	84.9	94.2	65.9	88.7
PacifiCare Northwest Region (Oregon/Washington)	\$15/\$30	\$200/day x 3	\$10	\$30/\$50	Yes						

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

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

Accredited — The National Committee for Quality Assurance (NCQA); the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and/or URAC (URAC). See page 3 for details.

Primary Care/Specialist Office 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.

Plan Name – Location	Telephone Number	Enrollment Code		Your Share of Premium				Accredited
				Monthly		Biweekly		
		Self only	Self & family	Self only	Self & family	Self only	Self & family	
West Virginia								
The Health Plan of the Upper Ohio Valley - Northern/Central West Virginia	888-847-7902	U41	U42	86.23	198.34	39.80	91.54	NCQA
Wisconsin								
Dean Health Plan - South Central Wisconsin	800-279-1301	WD1	WD2	88.27	250.81	40.74	115.76	NCQA
Group Health Cooperative - South Central Wisconsin	608-828-4827	WJ1	WJ2	80.77	215.34	37.28	99.39	NCQA
HealthPartners Classic - Wisconsin	952-883-5000	531	532	229.10	588.73	105.74	271.72	
HealthPartners Open Access Deductible - Wisconsin	952-883-5000	534	535	100.92	281.15	46.58	129.76	
HealthPartners Primary Clinic Plan - West Central Wisconsin	952-883-5000	HQ1	HQ2	322.51	812.91	148.85	375.19	
Wyoming								
WINhealth Partners - Wyoming	307-638-7700	PV1	PV2	96.42	220.79	44.50	101.90	

Hospital per Stay Deductible is the amount you pay when you are admitted into a hospital.

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."

Member Survey Results — See page 4 for a description.

Plan Name	Primary care / Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results (with national averages for HMO/POS plans in each category)					
			Level I	Level II / Level III	Mail order discount	Overall plan satisfaction 65.8	Getting needed care 79.1	Getting care quickly 78.8	How well doctors communicate 91.7	Customer service 72.7	Claims processing 88.6
West Virginia											
The Health Plan of the Upper Ohio Valley	\$10/\$20	\$250	\$15	\$30/\$50	Yes	71.7	83.3	82.7	94.1	78	95
Wisconsin											
Dean Health Plan	\$10/\$10	None	\$10	30%/30%	No	73.1	85.5	85.2	94.2	74.8	94.6
Group Health Cooperative	\$10/\$10	None	\$5	\$20/\$20	No	72.9	81.8	86.7	93.9	78.7	91.6
HealthPartners Classic	\$15/\$15	\$100	\$12	\$24/ N/A	No	61	81.1	81.5	92.8	71.5	92.3
HealthPartners Open Access Deductible	\$15/\$15	\$100	\$6	\$12/\$35	No	61	81.1	81.5	92.8	71.5	92.3
HealthPartners Primary Clinic Plan	\$20/\$20	\$200	\$12	\$24/ N/A	No	61	81.1	81.5	92.8	71.5	92.3
Wyoming											
WINhealth Partners	\$10/\$10	None	\$10	\$15/\$40	Yes						

High Deductible and Consumer-Driven Health Plans

Nationwide and Regional High Deductible Health Plans with a Health Savings Account or Health Reimbursement Arrangement and Consumer-Driven Plans

(Pages 58 through 87)

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 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 a monthly “premium pass through” into your HSA or the same 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 \$1,100 for Self Only and \$2,200 for Self and Family coverage) and annual out-of-pocket (catastrophic) limits (not to exceed \$5,000 for Self and \$10,000 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)

Health Savings Accounts are available to members who do not have Medicare or another health plan or are covered by a Health Care Flexible Spending Account (HCFSA). The amount of the “premium pass through” is based on whether you have a Self Only or Self and Family enrollment. You have the option to make tax-free contributions to your account, provided the total contributions do not exceed the limits established by law, which are typically not more than the plan deductible. 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. However, if you enroll in an HDHP with an HSA, you are not eligible to participate in a Health Care Flexible Spending Account.

Features of an HSA include:

- Tax-deductible deposits you make to the HSA.
- 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 or leave government service.

Health Reimbursement Arrangement (HRA)

For members who are not eligible for an HSA, have Medicare or another non-High Deductible Health Plan, the HDHP will provide and administer a Health Reimbursement Arrangement.

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.

High Deductible and Consumer-Driven Health Plans

	Health Savings Account (HSA)	Health Reimbursement Arrangement (HRA)
ELIGIBILITY	You must enroll in a High Deductible Health Plan. No other general medical insurance coverage permitted including an HCFSAs. You cannot be enrolled in Medicare Part A or Part B.	You must enroll in a High Deductible Health Plan or Consumer-Driven Health Plan.
FUNDING	The plan deposits a monthly “premium pass through” into your account. The plan will send you forms to complete to establish your account.	The plan makes a credit into your HRA. The plan will send you forms to complete to establish your account.
CONTRIBUTIONS	The maximum allowed is a combination of the health plan “premium pass through” and the member contribution up to the amount of the plan deductible.	Only that portion of the premium specified by the health plan will be credited. You cannot add your own money to an HRA.
DISTRIBUTIONS	May be used to pay the out-of-pocket medical expenses for yourself, your spouse, or your dependents, or to pay the plan’s deductible. See IRS Publication 502 for a partial list of eligible expenses. Over-the-counter drugs, for instance, are eligible expenses but health benefit premiums are not.	May be used to pay the out-of-pocket expenses for qualified medical expenses for individuals covered under the health plan, or to pay the plan’s deductible. See IRS Publication 502 for a partial list of eligible expenses. Over-the-counter drugs, for instance, are eligible expenses but health benefit premiums are not.
PORTABLE	Yes, you can take this account with you when you terminate employment or retire.	If you retire and remain in your health plan 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 health plan will be eligible for reimbursement, subject to timely filing requirements. Unused credits are forfeited.
ANNUAL ROLLOVER	Yes, funds accumulate without a maximum cap.	Yes, credits accumulate without a maximum cap.

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

Consumer-Driven Plans – A Consumer-Driven plan provides you with freedom in spending health care dollars the way you want. The typical plan has common components: 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 members receive full coverage for in-network preventive care.

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. **You must read the plan's brochure for details.**

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically deposits or credits into your account on a monthly basis for Self Only and Self and Family enrollments. CDHPs 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 shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
APWU Health Plan-CDHP - Nationwide	866-833-3463	474	475	88.60	199.33	40.89	92.00
GEHA High Deductible Health Plan - Nationwide	800-821-6136	341	342	95.20	217.45	43.94	100.36
Mail Handlers Benefit Plan Consumer Option - Nationwide	800-410-7778	481	482	91.56	207.47	42.26	95.76

High Deductible and Consumer-Driven Health Plans

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 shows the amount most commonly paid by members for a manufacturer's generic drug, if available, and brand name drug when purchased at a local pharmacy and when on the health plan's formulary. If a third figure is listed this is what you pay for a non-formulary drug when the cost to you is different than the brand name.

You must read the plan brochure for a complete description of prescription drugs and all other benefits.

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs
APWU Health Plan - CDHP	- In-Network	\$100/\$200	\$600/\$1,200	\$3,000/\$4,500	15%	15%	15%	Nothing	25%/25%
APWU Health Plan - CDHP	- Out-of-Network	\$100/\$200	\$600/\$1,200	\$9,000/\$9,000	40%	40%	40%	Nothing up to \$1200	Not Covered
GEHA HDHP	- In-Network	\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	15%	15%	15%	Nothing up to \$300	30%/30%
GEHA HDHP	- Out-of-Network	\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	30%	30%	30%	Nothing up to \$300	30%+/30+
Mail Handlers Benefit Plan Consumer Option	- In-Network	\$83/\$166	\$2,000/\$4,000	\$5,000/\$10,000	\$15	\$75 day-\$750	\$150	Nothing	\$10/\$25/\$40
Mail Handlers Benefit Plan Consumer Option	- Out-of-Network	\$83/\$166	\$2,000/\$4,000	\$7,500/\$15,000	40%	None	40%	Not Covered	Not Covered

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. **You must read the plan's brochure for details.**

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically credits into your account on a monthly basis for Self Only and Self and Family enrollments. CDHPs 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 shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Alabama							
Aetna HealthFund-CDHP - Choctaw/Lamar/Pickens/Sumter	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Choctaw/Lamar/Pickens/Sumter	800-537-9384	224	225	81.56	185.96	37.64	85.83
Alaska							
Aetna HealthFund-CDHP - Anchorage and Fairbanks Areas	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Anchorage and Fairbanks Areas	800-537-9384	224	225	81.56	185.96	37.64	85.83
Arizona							
Aetna HealthFund-CDHP - Phoenix and Tucson Areas	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Phoenix and Tucson Areas	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst - CDHP - Phoenix	888-393-6765	DB1	DB2	52.64	121.07	24.29	55.88
Arkansas							
Aetna HealthFund-CDHP - Little Rock Area and Eastern Arkansas	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Little Rock Area and Eastern Arkansas	800-537-9384	224	225	81.56	185.96	37.64	85.83

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Alabama									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Alaska									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Arizona									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Arkansas									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. **You must read the plan's brochure for details.**

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically credits into your account on a monthly basis for Self Only and Self and Family enrollments. CDHPs 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 shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
California							
Aetna HealthFund-CDHP - Northern/Central Valley/Southern CA	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Northern/Central Valley/Southern CA	800-537-9384	224	225	81.56	185.96	37.64	85.83
Universal Care-HDHP -Southern California	800-635-6668	6Q4	6Q5	79.23	200.14	36.57	92.37
Colorado							
Aetna HealthFund-CDHP - Denver Area	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Denver Area	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Denver	888-393-6765	7T1	7T2	58.48	134.52	26.99	62.08
Humana CoverageFirst -CDHP - Colorado Springs	888-393-6765	FC1	FC2	61.41	141.24	28.34	65.19
Connecticut							
Aetna HealthFund-CDHP - All of Connecticut	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -All of Connecticut	800-537-9384	224	225	81.56	185.96	37.64	85.83

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
California									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Universal Care-HDHP		\$50/\$100	\$1,100/\$2,200	\$5,000/\$10,000	\$10	20%	20%	Ded + \$10	\$10/\$25/50%
Colorado									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Connecticut									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. **You must read the plan's brochure for details.**

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically credits into your account on a monthly basis for Self Only and Self and Family enrollments. CDHPs 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 shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Delaware							
Aetna HealthFund-CDHP - All of Delaware	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - All of Delaware	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care HDHP - Most of Delaware	800-833-7423	LK1	LK2	71.01	172.06	32.77	79.41
District of Columbia							
Aetna HealthFund-CDHP - All of Washington DC	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - All of Washington DC	800-537-9384	224	225	81.56	185.96	37.64	85.83

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Delaware									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP	- In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	15%	15%	\$15/\$25	No Copay/\$25/\$50
Coventry Health Care HDHP	- Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/N/A
District of Columbia									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

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This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, 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.**

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Florida							
Aetna HealthFund-CDHP - Most of Florida	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Most of Florida	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Pensacola	888-393-6765	BP1	BP2	76.03	174.87	35.09	80.71
Humana CoverageFirst -CDHP - Daytona	888-393-6765	DL1	DL2	70.18	161.42	32.39	74.50
Humana CoverageFirst -CDHP - Tampa	888-393-6765	MI1	MI2	64.33	147.97	29.69	68.29
Humana CoverageFirst -CDHP - Jacksonville	888-393-6765	MQ1	MQ2	70.18	161.42	32.39	74.50
Humana CoverageFirst -CDHP - South Florida	888-393-6765	QP1	QP2	58.48	134.52	26.99	62.08
Humana CoverageFirst -CDHP - Orlando	888-393-6765	YG1	YG2	67.26	154.69	31.04	71.40
Georgia							
Aetna HealthFund-CDHP - Atlanta/Augusta/Savannah and NW GA	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Atlanta/Augusta/Savannah and NW GA	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care of Georgia HDHP - Atlanta Area	800-395-2545	L51	L52	74.30	172.09	34.29	79.42
Humana CoverageFirst -CDHP - Atlanta	888-393-6765	AD1	AD2	49.71	114.34	22.94	52.77
Humana CoverageFirst -CDHP - Macon	888-393-6765	LM1	LM2	61.41	141.24	28.34	65.19
Kaiser Foundation Health Plan of Georgia Inc. HDHP - Atlanta Area	800-611-1811	GW1	GW2	71.96	176.27	33.21	81.35

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Florida									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Georgia									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%/+40%/+40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%/+30%/+30%+
Coventry Health Care of GA HDHP	- In-Network	\$104.16/\$208.33	\$2,250/\$4,500	\$5,000/\$10,000	20%	20%	20%	20%	\$10/\$25/\$40
Coventry Health Care of GA HDHP	- Out-of-Network	\$104.16/\$208.33	\$5,000/\$10,000	\$10,000/\$20,000	40%	40%	40%	40%	N/A/N/A/N/A
Humana CoverageFirst CDHP	- In-Network	\$41.66/	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Kaiser Foundation Health Plan of GA Inc. HDHP		\$45.83/\$91.66	\$1,100/\$2,200	\$3,000/\$6,000	20%	20%	20%	\$15	20%/20%/20%

High Deductible and Consumer-Driven Health Plans

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Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Idaho							
Aetna HealthFund-CDHP - Kootenai County	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Kootenai County	800-537-9384	224	225	81.56	185.96	37.64	85.83
Illinois							
Aetna HealthFund-CDHP - Chicago Area/Eastern/Northern/SW IL	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Chicago Area/Eastern/Northern/SW IL	800-537-9384	224	225	81.56	185.96	37.64	85.83
Group Health Plan, Inc.-CDHP -Southern/Central	800-755-3901	MM4	MM5	99.69	213.75	46.01	98.65
Humana CoverageFirst -CDHP - Chicago	888-393-6765	MW1	MW2	49.71	114.34	22.94	52.77
OSF Health Plans, Inc.-HDHP -Central-Northwestern IL	800-673-5222	9F4	9F5	74.92	185.51	34.58	85.62
Unicare HMO -HDHP -Chicagoland Area	888-234-8855	721	722	185.29	371.30	85.52	171.37

High Deductible and Consumer-Driven Health Plans

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Idaho									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Illinois									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Group Health Plan, Inc. HDHP	- In-Network	\$41.67/\$83.33	\$1,250/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan, Inc. HDHP	- Out-of-Network	\$41.67/\$83.33	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	N/A/N/A/N/A
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50
OSF Health Plans, Inc. HDHP	- In-Network	\$42/\$83	\$1,100/\$2,200	\$3,000/\$6,000	20%	20%	20%	\$20	20%/20%/20%
OSF Health Plans, Inc. HDHP	- Out-of-Network	\$42/\$83	\$4,000/\$8,000	\$12,000/\$24,000	40% UCR	40%	40% UCR	40%	All/All/All
Unicare HMO HDHP	- In-Network	\$104/\$208	\$2,000/\$4,000	\$5,000/\$10,000	10%	Nothing	10%	Nothing	\$10/\$20/\$40
Unicare HMO HDHP	- Out-of-Network	\$104/\$208	\$4,000/\$8,000	\$10,000/\$20,000	30%	Nothing	30%	Nothing	copay+30%

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, 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.**

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Indiana							
Advantage Health Solutions, Inc.-HDHP -Most of Indiana	800-553-8933	6Y4	6Y5	94.24	211.72	43.49	97.72
Aetna HealthFund-CDHP - Evansville/Ft. Wayne/Indianapolis/SE IN	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Evansville/Ft. Wayne/Indianapolis/SE IN	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Southern Indiana	888-393-6765	BM1	BM2	70.18	161.41	32.39	74.50
Humana CoverageFirst -CDHP - Indianapolis	888-393-6765	HZ1	HZ2	58.48	134.52	26.99	62.08
Humana CoverageFirst -CDHP - Indiana	888-393-6765	L81	L82	52.64	121.07	24.29	55.88
Humana CoverageFirst -CDHP - Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	49.71	114.34	22.94	52.77
Unicare HMO -HDHP -Lake/Porter Counties	888-234-8855	721	722	185.29	371.30	85.52	171.37
Iowa							
Coventry Health Care of Iowa-HDHP -Central & Eastern Iowa/Sioux City	800-257-4692	SV4	SV5	74.62	192.97	34.44	89.06
Kansas							
Aetna HealthFund-CDHP - Kansas City Area and Southeastern KS	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Kansas City Area and Southeastern KS	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care of Kansas, Inc. HDHP - Wichita/Salina areas	800-664-9251	7G1	7G2	65.56	161.91	30.26	74.73
Coventry Health Care of Kansas -HDHP - Kansas City Area	800-969-3343	9H1	9H2	69.81	180.12	32.22	83.13
Humana CoverageFirst -CDHP - Kansas City	888-393-6765	PH1	PH2	46.79	107.61	21.59	49.66

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Indiana									
Advantage Health Solutions, Inc. HDHP		\$66.66/\$133.33	\$1,050/\$2,100	\$4,050/\$8,100	20%	20%	20%	\$15/\$30	\$10/\$30/\$50
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Unicare HMO HDHP	- In-Network	\$104/\$208	\$2,000/\$4,000	\$5,000/\$10,000	10%	Nothing	10%	Nothing	\$10/\$20/\$40
Unicare HMO HDHP	- Out-of-Network	\$104/\$208	\$4,000/\$8,000	\$10,000/\$20,000	30%	Nothing	30%	Nothing	copay+30%
Iowa									
Coventry Health Care of Iowa HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	10%	10%	\$20/\$30/10%	\$10/\$20/\$45
Kansas									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Kansas HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Coventry Health Care of Kansas HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, 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.**

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
Kentucky							
Aetna HealthFund-CDHP - Lexington/Louisville/Eastern/Northern KY	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Lexington/Louisville/Eastern/Northern KY	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Lexington	888-393-6765	6N1	6N2	73.10	168.14	33.74	77.60
Humana CoverageFirst -CDHP - Louisville	888-393-6765	BM1	BM2	70.18	161.41	32.39	74.50
Humana CoverageFirst -CDHP - Northern Kentucky	888-393-6765	L81	L82	52.64	121.07	24.29	55.88
Louisiana							
Aetna HealthFund-CDHP - BatonRouge/Lafayette/NewOrleans/Shreveport	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - BatonRouge/Lafayette/NewOrleans/Shreveport	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care of Louisiana HDHP - New Orleans area	800-341-6613	HB1	HB2	67.39	156.52	31.10	72.24
Coventry Health Care of Louisiana HDHP - Shreveport area	800-341-6613	L31	L32	67.39	156.52	31.10	72.24
Coventry Health Care of Louisiana HDHP - Baton Rouge area	800-341-6613	LT1	LT2	71.64	165.86	33.06	76.55
Humana CoverageFirst -CDHP - New Orleans	888-393-6765	9J1	9J2	55.56	127.79	25.64	58.98
Humana CoverageFirst -CDHP - Baton Rouge	888-393-6765	9L1	9L2	67.26	154.69	31.04	71.40
Humana CoverageFirst -CDHP - Shreveport	888-393-6765	9S1	9S2	76.03	174.87	35.09	80.71

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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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.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Kentucky									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Louisiana									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of LA HDHP	- In-Network	\$41.66/\$83.33	\$1,100/\$2,200	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care of LA HDHP	- Out-of-Network	\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A/N/A/N/A
Coventry Health Care of LA HDHP	- In-Network	\$41.66/\$83.33	\$1,100/\$2,200	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care of LA HDHP	- Out-of-Network	\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A/N/A/N/A
Coventry Health Care of LA HDHP	- In-Network	\$41.66/\$83.33	\$1,100/\$2,200	\$4,000/\$8,000	20%	20%	20%	20%	\$10/\$35/\$60
Coventry Health Care of LA HDHP	- Out-of-Network	\$41.66/\$83.33	\$2,000/\$4,000	\$6,000/\$12,000	30%	30%	30%	30%	N/A/N/A/N/A
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
Maine							
Aetna HealthFund-CDHP - All of Maine	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -All of Maine	800-537-9384	224	225	81.56	185.96	37.64	85.83
Maryland							
Aetna HealthFund-CDHP - All of Maryland	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -All of Maryland	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care HDHP - Most of Maryland	800-833-7423	GZ1	GZ2	66.08	159.75	30.50	73.73
Massachusetts							
Aetna HealthFund-CDHP - Most of Massachusetts	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Most of Massachusetts	800-537-9384	224	225	81.56	185.96	37.64	85.83
Fallon Community Health Plan HDHP - Central/Eastern Mass.	800-868-5200	DV1	DV2	106.79	279.61	49.29	129.05

High Deductible and Consumer-Driven Health Plans

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

Prescription Drug Payment Levels – Plans use 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.

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Maine									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Maryland									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP	- In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	15%	15%	\$15/\$25	No Copay/\$25/\$50
Coventry Health Care HDHP	- Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/N/A
Massachusetts									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Fallon Community Health Plan HDHP		\$63/\$125	\$1,500/\$3,000	\$3,000/\$6,000	\$20 after deduct	Nothing after deduct	Nothing after deduct	Nothing	\$10/\$25/\$50

High Deductible and Consumer-Driven Health Plans

How to read this chart

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Michigan							
Aetna HealthFund-CDHP - Detroit Area/Central/Western MI	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Detroit Area/Central/Western MI	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Detroit	888-393-6765	BW1	BW2	52.64	121.07	24.29	55.88
Humana CoverageFirst -CDHP - Most of Michigan	888-393-6765	FT1	FT2	58.48	134.52	26.99	62.08
Humana CoverageFirst -CDHP - Grand Rapids	888-393-6765	GT1	GT2	64.34	147.97	29.69	68.29
Mississippi							
Aetna HealthFund-CDHP - Gulfport/Jackson/Vicksburg/Northern MS	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Gulfport/Jackson/Vicksburg/Northern MS	800-537-9384	224	225	81.56	185.96	37.64	85.83
Missouri							
Aetna HealthFund-CDHP - Columbia/Jeff.Cy/Joplin/KC/StLouis/Spfld	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Columbia/Jeff.Cy/Joplin/KC/StLouis/Spfld	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care of Kansas - HDHP - Kansas City Area	800-969-3343	9H1	9H2	69.81	180.12	32.22	83.13
Group Health Plan, Inc.-HDHP - St. Louis Area	800-755-3901	MM4	MM5	99.69	213.75	46.01	98.65
Humana CoverageFirst -CDHP - Kansas City	888-393-6765	PH1	PH2	46.79	107.61	21.59	49.66

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Michigan									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Mississippi									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Missouri									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care of Kansas HDHP		\$41.66/\$83.33	\$1,100/\$2,200	\$5,000/\$10,000	\$20	20%	20%	\$20/\$35/20%	\$15/\$25/\$50
Group Health Plan HDHP	- In-Network	\$41.67/\$83.33	\$1,250/\$2,500	\$5,000/\$10,000	\$15	10%	10%	\$15/\$25	\$15/\$25/\$50
Group Health Plan HDHP	- Out-of-Network	\$41.67/\$83.33	\$2,500/\$5,000	\$10,000/\$20,000	30%	30%	30%	30%+Ded	N/A/N/A/N/A
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, including office visit copayments and prescription drug copayments, count toward the calendar year deductible and the catastrophic limit. **You must read the plan's brochure for details.**

Premium Contribution (pass through) to HSA/HRA (or personal care account) shows the amount your health plan automatically credits into your account on a monthly basis for Self Only and Self and Family enrollments. CDHPs 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 shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
		Self Only	Self & Family	Self Only	Self & Family	Self Only	Self & Family
Nevada							
Aetna HealthFund-CDHP - Las Vegas/Clark and Nye Counties	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Las Vegas/Clark and Nye Counties	800-537-9384	224	225	81.56	185.96	37.64	85.83
New Hampshire							
Aetna HealthFund-CDHP - Most of New Hampshire	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Most of New Hampshire	800-537-9384	224	225	81.56	185.96	37.64	85.83
New Jersey							
Aetna HealthFund-CDHP - All of New Jersey	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -All of New Jersey	800-537-9384	224	225	81.56	185.96	37.64	85.83
Coventry Health Care HDHP - Southern New Jersey	800-833-7423	LK1	LK2	71.01	172.06	32.77	79.41
New York							
Aetna HealthFund-CDHP - NY City Area/Upstate NY (Roch. & Syr.)	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -NY City Area/Upstate NY (Roch. & Syr.)	800-537-9384	224	225	81.56	185.96	37.64	85.83
Independent Health Assoc-HDHP -Western New York	800-501-3439	QA4	QA5	78.64	187.63	36.30	86.60

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Nevada									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
New Hampshire									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
New Jersey									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Coventry Health Care HDHP	- In-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	\$15	15%	15%	\$15/\$25	No Copay/\$25/\$50
Coventry Health Care HDHP	- Out-of-Network	\$41.66/\$83.33	\$1,500/\$3,000	\$4,000/\$8,000	30%	30%	30%	30%	N/A/N/A/N/A
New York									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Independent Health Assoc HDHP	- In-Network	\$83.33/\$166.66	\$2,000/\$4,000	\$5,000/\$10,000	\$15	Nothing	20%	\$15/20%	Nothing
Independent Health Assoc HDHP	- Out-of-Network	\$83.33/\$166.66	\$2,000/\$4,000	\$5,000/\$10,000	40%	40%	40%	Ded/40%	N/A/N/A/N/A

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Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
North Carolina							
Aetna HealthFund-CDHP - Ralgh/Durhm/Charlot/Win-Sal/Central	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Ralgh/Durhm/Charlot/Win-Sal/Central	800-537-9384	224	225	81.56	185.96	37.64	85.83
Ohio							
Aetna HealthFund-CDHP - Cincinnati/Cleveland/Columbus/Toledo	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Cincinnati/Cleveland/Columbus/Toledo	800-537-9384	224	225	81.56	185.96	37.64	85.83
AultCare HMO-HDHP - Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	91.29	182.91	42.13	84.42
Humana CoverageFirst - CDHP - Cincinnati	888-393-6765	L81	L82	52.64	121.07	24.29	55.88
Oklahoma							
Aetna HealthFund-CDHP - Oklahoma City and Tulsa Areas	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Oklahoma City and Tulsa Areas	800-537-9384	224	225	81.56	185.96	37.64	85.83

High Deductible and Consumer-Driven Health Plans

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

Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
North Carolina									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Ohio									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Aultcare HMO HDHP	- In-Network	166.67/333.33	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	100%	20%/20%/20%
Aultcare HMO HDHP	- Out-of-Network	166.67/333.33	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	40%/40%/40%
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Oklahoma									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

High Deductible and Consumer-Driven Health Plans

How to read this chart

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay benefits.

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

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
Pennsylvania							
Aetna HealthFund-CDHP - Phil/Pitts/Lehigh Vly/Cent/NE/SE PA	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Phil/Pitts/Lehigh Vly/Cent/NE/SE PA	800-537-9384	224	225	81.56	185.96	37.64	85.83
Health America Pennsylvania-HDHP - Southeastern Pennsylvania	866-351-5946	9N1	9N2	89.07	200.51	41.11	92.54
Health America Pennsylvania-HDHP - Greater Pittsburgh Area	866-351-5946	Y61	Y62	82.27	202.27	37.97	93.35
Health America Pennsylvania-HDHP - Northeast Pennsylvania	866-351-5946	YN1	YN2	111.75	249.34	51.58	115.08
Health America Pennsylvania-HDHP - Central Pennsylvania	866-351-5946	YW1	YW2	92.94	209.68	42.90	96.77
South Carolina							
Aetna HealthFund-CDHP - Aiken/Barnwell/Edgefield/York Counties	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Aiken/Barnwell/Edgefield/York Counties	800-537-9384	224	225	81.56	185.96	37.64	85.83
Tennessee							
Aetna HealthFund-CDHP - Memph/Nash/Chatnooga/Jcksn/Knox/Tri-City	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Memph/Nash/Chatnooga/Jcksn/Knox/Tri-City	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Nashville	888-393-6765	BT1	BT2	67.26	154.69	31.04	71.40
Humana CoverageFirst -CDHP - Memphis	888-393-6765	L61	L62	64.34	147.97	29.69	68.29

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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

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

Prescription Drug Payment Levels – Plans use 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.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Pennsylvania									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Health America Pennsylvania HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
Health America Pennsylvania HDHP		\$52.08/\$104.17	\$1,250/\$2,500	\$4,000/\$8,000	\$15	None	Nothing	\$15/\$25	\$5/\$35/\$50
South Carolina									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Tennessee									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

High Deductible and Consumer-Driven Health Plans

How to read this chart

This chart is a broad outline of what you are expected to pay under each plan for the services listed. This chart is not a complete statement of your out-of-pocket obligations in every individual circumstance. Unlike many regular medical plans, under a High Deductible Health Plan all covered out-of-pocket expenses, 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.**

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Calendar Year (CY) Deductible Self/Family shows the amount of covered expenses an individual or family must pay before the plan begins to pay 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.

Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
Texas							
Aetna HealthFund-CDHP - Central/Northern/Southern/Western TX	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP - Central/Northern/Southern/Western TX	800-537-9384	224	225	81.56	185.96	37.64	85.83
Humana CoverageFirst -CDHP - Houston	888-393-6765	T21	T22	67.26	154.69	31.04	71.40
Humana CoverageFirst -CDHP - Dallas/Ft. Worth	888-393-6765	T81	T82	70.18	161.42	32.39	74.50
Humana CoverageFirst -CDHP - Corpus Christi	888-393-6765	TP1	TP2	61.41	141.24	28.34	65.19
Humana CoverageFirst -CDHP - San Antonio	888-393-6765	TU1	TU2	58.48	134.52	26.99	62.08
Humana CoverageFirst -CDHP - Austin	888-393-6765	TV1	TV2	64.34	147.97	29.69	68.29
Utah							
Altius Health Plans-HDHP -Wasatch Front	800-377-4161	9K4	9K5	144.77	239.83	66.82	110.69
Virginia							
Aetna HealthFund-CDHP - Hamptn Rds/Norflk/Rich/Roank/No/Cent/SW	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Hamptn Rds/Norflk/Rich/Roank/No/Cent/SW	800-537-9384	224	225	81.56	185.96	37.64	85.83

High Deductible and Consumer-Driven Health Plans

Hospital Inpatient shows what you pay for hospital services when an inpatient. The amount could be a daily copayment up to a specified amount (e.g., \$50 a day up to three days), a coinsurance amount such as 20%, or a flat deductible amount (e.g., \$200 per admission). This amount does not include provider charges.

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Texas									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+
Utah									
Altius Health Plans HDHP		\$60/\$120	\$1,100/\$2,200	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$10/\$25/\$50
Virginia									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+

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Plan Name	Telephone Number	Enrollment Code		Your Share of Premium			
				Monthly		Biweekly	
				Self Only	Self & Family	Self Only	Self & Family
Washington							
Aetna HealthFund-CDHP - Seattle/Puget Sound/Spokane (Eastern WA)	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Seattle/Puget Sound/Spokane (Eastern WA)	800-537-9384	224	225	81.56	185.96	37.64	85.83
KPS Health Plans-HDHP -All of Washington	800-552-7114	L14	L15	77.21	168.72	35.64	77.87
West Virginia							
Aetna HealthFund-CDHP - Most of West Virginia	800-537-9384	221	222	73.42	168.89	33.89	77.95
Aetna HealthFund-HDHP -Most of West Virginia	800-537-9384	224	225	81.56	185.96	37.64	85.83
Wisconsin							
Humana CoverageFirst -CDHP - Milwaukee	888-393-6765	FB1	FB2	64.34	147.97	29.69	68.29

High Deductible and Consumer-Driven Health Plans

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Plan Name	Benefit Type	Premium Contribution to HSA/HRA	CY Ded. Self/Family	Cat. Limit Self/Family	Office Visit	Inpatient Hospital	Outpatient Surgery	Preventive Services	Prescription Drugs Levels I, II, III
Washington									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
KPS HDHP	- In-NetWork	\$50/\$100	\$1,500/\$3,000	\$5,000/\$10,000	20%	20%	20%	Nothing up to \$400	\$10/\$30/50%
KPS HDHP	- Out-of-NetWork	\$50/\$100	\$1,500/\$3,000	\$5,000/\$10,000	40%	40%	40%	Not Covered	Not Covered
West Virginia									
Aetna HealthFund CDHP	- In-Network	\$83/\$167	\$1,000/\$2,000	\$3,000/\$6,000	15%	15%	15%	Nothing	\$10/\$25/\$40
Aetna HealthFund CDHP	- Out-of-Network	\$83/\$167	\$1,000/\$2,000	\$4,000/\$8,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Aetna HealthFund HDHP	- In-Network	\$125/\$250	\$2,500/\$5,000	\$4,000/\$8,000	10%	10%	10%	Nothing	\$10/\$25/\$40
Aetna HealthFund HDHP	- Out-of-Network	\$125/\$250	\$2,500/\$5,000	\$5,000/\$10,000	30%	30%	30%	Ded/30%	30%+/30%+/30%+
Wisconsin									
Humana CoverageFirst CDHP	- In-Network	\$41.66	\$1,000/\$2,000	Stated Copays	\$20	\$100/day x 5	Nothing	\$20/\$35	\$10/\$30/\$50
Humana CoverageFirst CDHP	- Out-of-Network	N/A	\$3,000/\$6,000	\$4,000/\$8,000	30%	30%	30%	30%	\$10+/\$30+/\$50+

