



The **2015**

# Guide To Federal Benefits

## For TCC and Former Spouse Enrollees/ Individuals Eligible To Enroll For:

- Temporary Continuation of Coverage (TCC);
- Coverage under the Spouse Equity Provisions of FEHB Law or similar statutes providing coverage to former spouses.

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

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# Introduction to Federal Benefits and This Guide

Enrollment in the Federal Employees Health Benefits (FEHB) Program can provide important insurance coverage to protect you and your family and, in some cases, offer tax advantages that reduce the burden of paying for some health products and services, or dependent or elder care services.

The purpose of this Guide is to provide basic information about the health benefits offered to you as a Temporary Continuation of Coverage (TCC) or Former Spouse enrollee under the FEHB Program, and assist you in making informed choices about benefits.

## **Additional Information**

You will find references to websites or other locations to obtain more detailed information. We encourage you to access these sites to become a more educated decision-maker and consumer of this Federal benefit program.

# Eligibility Requirements

These individuals are eligible to enroll in the FEHB Program but do not receive a Government contribution toward the cost of their enrollment.

## **Individuals eligible for temporary continuation of coverage (TCC),** including:

- former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct, including employees who are not eligible to continue FEHB into retirement;
- children who lose FEHB coverage under a self and family enrollment; and
- former (divorced) spouses who are not eligible for FEHB coverage under the Spouse Equity provisions of FEHB law because they or are not entitled to a portion of the Federal employee's annuity or a former spouse survivor annuity, or they have remarried before age 55.

You may voluntarily cancel your TCC enrollment at any time. However, once your cancellation takes effect, you **cannot reenroll**. You will **not** be entitled to a 31-day extension of coverage for conversion to a non-group (private) policy. Family members who lose coverage upon your cancellation may enroll only if they are eligible in their own right as Federal employees or annuitants.

If your TCC enrollment terminates because you acquire other FEHB coverage, and that coverage ends before your original TCC eligibility period ends, you may reenroll for the time remaining until your original TCC ending date.

**Note:** *The office that maintained the other FEHB enrollment can advise you on your eligibility for a new TCC enrollment period.*

**Strict time limits for electing TCC apply.** As early as possible before (or after) the qualifying event for TCC occurs, contact the employee's human resources office or the annuitant's retirement system to get more facts about the requirements for electing coverage.

**Former (divorced) spouses eligible to enroll under the Spouse Equity Provisions of FEHB Law or similar statutes.** If you are the spouse of a Federal employee

or annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage – under certain circumstances. Contact the employee's human resources office or the annuitant's retirement system for the requirements for electing coverage.

Former spouses enrolled under the Spouse Equity

Provisions of FEHB Law or similar statute who cancel their enrollment **cannot** reenroll as a former spouse unless they cancel because they acquire other coverage under the FEHB Program and that coverage ends.

You may *suspend* your FEHB enrollment because you are enrolling in one of the following programs:

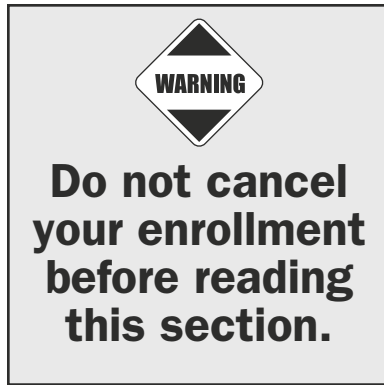
- A Medicare Advantage health plan;
- Medicaid or similar State-sponsored program of medical assistance for the needy;

- TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life);
- CHAMPVA; or
- Coverage as a Peace Corps volunteer.

For more information on how to suspend your FEHB enrollment, contact the human resources office or retirement system that handles your FEHB account.

Time limitations and other restrictions apply. For instance, you must submit documentation that you are suspending FEHB for one of the reasons stated above in case you wish to reenroll in the FEHB Program at a later time.

If you had suspended FEHB coverage for one of these reasons (and had submitted the required documentation) but now want to enroll in the FEHB Program again, you may enroll during Open Season. You may reenroll outside of Open Season only if you *involuntarily* lose coverage under one of these programs. For more information on enrolling in the FEHB Program, contact your human resources office or retirement system.



# Federal Employees Health Benefits (FEHB) Program

## What does this Program offer?

The FEHB Program offers a wide variety of plans and coverage to help you meet your health care needs. It is group coverage available to eligible employees, retirees, and their eligible family members. **Temporary Continuation of Coverage (TCC)** is available to eligible former employees and former dependents of employees or retirees for a limited period. **Spouse Equity** coverage is available to certain former spouses of employees or retirees as long as they remain eligible. You can choose from among Fee-for-Service, Health Maintenance Organizations, Point-of-Service products, High Deductible, and Consumer Driven health plans.

## Key FEHB Program facts

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

## What enrollment types are available?

- Self Only, which covers only the enrollee;
- Self and Family, which covers the enrollee and all eligible family members.  
**Note:** A former spouse's eligible family members are limited to children of both the employee or annuitant and the former spouse.

## Which family members are eligible?

Family Members covered under your Self and Family enrollment are:

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

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

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

# Federal Employees Health Benefits (FEHB) Program

## How much does it cost?

Under **Spouse Equity** coverage, you pay the total monthly premium, that is, both the enrollee and Government shares. Under **TCC**, you pay the total monthly premium plus a 2 percent administrative charge. The charts in Appendix E provide cost information for all plans in the FEHB Program.

## Am I eligible to enroll?

### Individuals eligible for TCC include:

- former employees whose FEHB coverage ended because they separated from service, unless they were separated for gross misconduct. This includes employees who are not eligible to continue FEHB into retirement;
- children who lose FEHB coverage under a self and family enrollment because they are no longer considered eligible family members; and
- former (divorced) spouses who are not eligible for FEHB coverage under the Spouse Equity provisions of FEHB law because they have remarried before age 55 or are not entitled to a portion of the Federal employee's annuity or a former spouse survivor annuity.

**Former (divorced) spouses eligible to enroll under the Spouse Equity provisions of FEHB law or similar statutes.** If you are the spouse of a Federal employee or annuitant and lose FEHB coverage because of divorce, you may elect FEHB coverage – under certain circumstances. Contact the employee's human resources office or the annuitant's retirement system for the requirements for electing coverage.

## When can I enroll?

**Individuals eligible for TCC** generally must enroll within **60** days after the qualifying event permitting enrollment, or after receiving notice of eligibility, whichever is later. However, the opportunity to elect TCC ends 60 days after the qualifying event if: (1) you do not notify your human resources office or retirement system within 60 days of your child's loss of coverage, or (2) you or your former spouse do not notify your human resources office or retirement system within 60 days of your divorce.

**Former spouses under the Spouse Equity provisions** can enroll at any time after the employing office establishes that the former spouse has met both the eligibility and application time limitation requirements. To determine eligibility, the former spouse must **apply** to the employing office or retirement system within 60 days after:

- The date of dissolution of the marriage, or
- The date of the retirement system's notice of eligibility to enroll based on entitlement to a former spouse annuity benefit, whichever is later.

# Federal Employees Health Benefits (FEHB) Program

## How do I enroll?

You must contact the employee's human resources office or the retiree's retirement system to enroll.

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

- In the case of a former employee, TCC ends on the date that is 18 months after the date of separation.
- Children who lose coverage because they are no longer eligible family member, and former spouses who are not eligible for coverage under the Spouse Equity provisions, may carry the enrollment for 36 months from the time they cease being an eligible family member for FEHB purposes.\*
- A TCC enrollee may cancel the enrollment at any time. However, once the cancellation takes effect, the enrollee cannot reenroll – **the cancellation is final**.
- Former spouses enrolled under the Spouse Equity provisions may *suspend* their FEHB enrollment because they are enrolling in one of these programs:
  - A Medicare Advantage health plan; Medicaid or similar State-sponsored program of medical assistance for the needy;
  - TRICARE (including Uniformed Services Family Health Plan or TRICARE for Life);
  - CHAMPVA; or
  - Coverage as a Peace Corps volunteer.

For more information on how to suspend your FEHB enrollment, contact the human resources office or retirement system that handles your account.

## How do I get more information about this Program?

Visit FEHB online at [www.opm.gov/healthcare-insurance/healthcare](http://www.opm.gov/healthcare-insurance/healthcare) for more information about Temporary Continuation of Coverage and the Spouse Equity provisions.

\*The TCC enrollment of children and former spouses who lose coverage under a former employee's TCC enrollment cannot continue beyond 36 months after the date of the former employee's separation from federal service.



# FEHB Program Health Information Technology and Price/Cost Transparency

## **Did You Know... Health Information Technology can improve your health!**

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

What are examples of HIT at work?

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

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

You can also find a PHR on OPM's website at [www.opm.gov/healthcare-insurance/special-initiatives/managing-my-own-health](http://www.opm.gov/healthcare-insurance/special-initiatives/managing-my-own-health). This PHR is a fillable and downloadable form that you complete yourself and save on your home computer. We encourage you to take a look at this PHR option and, if you determine it will fulfill your record-keeping needs, take advantage of this opportunity.

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

The health plans listed on our HIT website at [www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=HIT](http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=HIT) have taken steps to help you become a better consumer of health care and have met OPM's HIT, quality and price/cost transparency standards.

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

## Appendix A

### FEHB Program Features

- **No Waiting Periods.** You can use your benefits as soon as your coverage becomes effective. There are no pre-existing condition limitations even if you change plans.
- **A Choice of Coverage.** Choose between Self Only or Self and Family.
- **Group Benefits.** Under Spouse Equity coverage, you pay the total monthly premium. Under TCC, you pay the total monthly premium plus a 2 percent administrative charge.
- **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.
- **Enrollment Change Opportunities.** Open Season runs from Monday of the second full work week in November to the Monday of the second full work week in December. You may also change your enrollment if you experience a Qualifying Life Event (QLE). A listing of QLEs for former spouses under Spouse Equity is in Table 3 of the Table of Permissible Events in the Health Benefits Election Form Standard Form (SF) 2809. A list QLEs for TCC enrollees is in Table 4 in the SF 2809.
- **Continued Group Coverage.** Eligibility for you or your family members may continue following your retirement, divorce or death. See your human resources office or retirement system for more information.
- **Coverage after FEHB Ends.** You or your family members may be eligible for conversion to non-group (private) coverage when FEHB coverage ends, or you may receive assistance with obtaining coverage inside or outside the Affordable Care Act's Health Insurance Marketplace. See the office that manages your enrollment for more information.
- **Consumer Protections.** Go to [www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=bill-of-rights](http://www.opm.gov/healthcare-insurance/healthcare/reference-materials/#url=bill-of-rights) 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.

## Appendix B

### Choosing an FEHB Plan

#### What type of health plan is best for you?

You have some basic questions to answer about how you pay for and access medical care. Here are the different types of plans from which to choose.

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

## **Appendix B**

### **Choosing an FEHB Plan**

#### **What should you consider when choosing a plan?**

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

#### **Ask yourself these questions:**

**1. How much does the plan cost?**

This includes the premium you pay.

**2. What benefits does the plan cover?**

Make sure the plan covers the services or supplies that are important to you, and know its limitations and exclusions.

**3. What are my out-of-pocket costs?**

Does the plan charge a deductible (the amount you must first pay before the plan begins to pay benefits)? What is the copayment or coinsurance (the amount you share in the cost of the service or supply)?

**4. Who are the doctors, hospitals, and other care providers I can use?**

Your costs are lower when you use providers who are part of the plan; these are "in-network" providers.

**5. How well does my plan provide quality care?**

Quality care varies from plan to plan, and here are three sources for reviewing quality.

- Member survey results – evaluations by current plan members are posted within the health plan benefit charts in this Guide.
- Effectiveness of care – how a plan performs in preventing or treating common conditions is measured by the Healthcare Effectiveness Data and Information Set and is found at [www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores](http://www.opm.gov/healthcare-insurance/healthcare/plan-information/quality-healthcare-scores)
- Accreditation – evaluations of health plans by independent accrediting organizations. Check the cover of your health plan's brochure for its accreditation level or go to <http://reportcard.ncqa.org/plan/external/plansearch.aspx>.

## Appendix B

# Choosing an FEHB Plan

### Definitions

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

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

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

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

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

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

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

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

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

**Qualifying Life Events** - An event that may allow enrollees in the FEHB Program to change their health benefits enrollment outside of an Open Season. These events include a change in family status, loss of FEHB coverage due to termination or cancellation, and change in employment status.

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

## Appendix C

### Qualifying Life Events (QLEs) that May Permit a Change in Your FEHB Enrollment (for Former Spouses under Spouse Equity provisions)

QLEs are those events that permit individuals to change their health benefits enrollment outside of the annual Open Season period. Below is a brief list of the more common qualifying life events for **Former Spouses under the Spouse Equity provisions**. (Note: Former spouses may change to Self and Family only if family members are also eligible family members of the employee or annuitant.) Be aware that time limits apply for requesting changes. A complete listing of QLEs can be found in Table 3 of the Health Benefits Election Form, Standard Form (SF) 2809 at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf). For more details about these and other QLEs, contact the office that maintains your enrollment or the human resources office of your employing agency or retirement system.

	<b>From Self Only to Self and Family</b>	<b>From One Plan or Option to Another</b>
Change in family status based on addition of family members who are also eligible family members of the employee or annuitant.	Yes	Yes
Former spouse or eligible child loses FEHB coverage due to termination, cancellation, or change to Self Only of the covering enrollment.	Yes	Yes
On becoming eligible for Medicare. (This change may be made only once in a lifetime.)	No	Yes
Enrolled former spouse or eligible child loses coverage under another group insurance plan, for example: <ul style="list-style-type: none"> <li>• Loss of coverage under another federally-sponsored health benefits program;</li> <li>• Loss of coverage under a non-Federal health plan</li> </ul>	Yes	Yes

**Appendix C**  
**Qualifying Life Events (QLEs)**  
**that May Permit a Change in Your FEHB Enrollment**  
**(for Temporary Continuation of Coverage for Eligible Former Employees,**  
**Former Spouses, and Children)**

Below is a brief list of the more common QLEs for **Temporary Continuation of Coverage (TCC) for Eligible Former Employees, Former Spouses, and Children.**

Be aware that time limits apply for requesting changes. A complete listing of QLEs for TCC enrollees can be found in Table 4 of the Health Benefits Election Form, Standard Form (SF) 2809 at [www.opm.gov/forms/pdf\\_fill/sf2809.pdf](http://www.opm.gov/forms/pdf_fill/sf2809.pdf). For more details about these and other QLEs, contact the office that maintains your enrollment or the human resources office of your employing agency, or your retirement system.

	<b>From Self Only to Self and Family</b>	<b>From One Plan or Option to Another</b>
Change in family status (except former spouse): for example, marriage, birth or death of family member, adoption, or divorce	Yes	Yes
On becoming eligible for Medicare	No	Yes
Change in family status of former spouse, based on addition of family members who are eligible family members of the employee or annuitant.	Yes	Yes

## Appendix D

# FEHB Member Survey Results

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

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

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

- **Overall Plan Satisfaction** – This measure is based on the question, “Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?” We report the percentage of respondents who rated their plan 8 or higher.
- **Getting Needed Care** – How often was it easy to get an appointment, the care, tests, or treatment you thought you needed through your health plan?
- **Getting Care Quickly** – When you needed care right away, how often did you get care as soon as you thought you needed? Not counting the times you needed care right away, how often did you get an appointment at a doctor's office or clinic as soon as you wanted?
- **How Well Doctors Communicate** – How often did your personal doctor explain things in a way that was easy to understand? How often did your personal doctor listen carefully to you, show respect for what you had to say, and spend enough time with you?
- **Customer Service** – How often did your health plan's customer service department give you the information or help you needed? How often did your health plan's customer service staff treat you with courtesy and respect? How often were the forms from your health plan easy to fill out?
- **Claims processing** – How often did your health plan handle your claims quickly and correctly?
- **Plan Information on Costs** – How often were you able to find out from your health plan how much you would have to pay for a health care service or equipment, or for specific prescription drug medicines?

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

<sup>1</sup> CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).



# Appendix E

## FEHB Plan Comparison Charts

### Nationwide Fee-for-Service Plans (Pages 16 through 19)

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

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

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

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

The Health Maintenance Organization (HMO) and Point-of-Service (POS) section begins on page 21.

The High Deductible Health Plan (HDHP) and Consumer-Driven Health Plan (CDHP) section begins on page 66.

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

## Nationwide Fee-for-Service Plans

### How to read this chart:

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

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

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

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

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

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

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

Plan Name: Open to All	Telephone Number	Enrollment Code		Total Monthly Premium		102 % of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan (APWU) -high	800-222-2798	471	472	560.50	1267.33	571.71	1292.68
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -std	Local phone #	104	105	634.92	1434.07	647.62	1462.75
Blue Cross and Blue Shield Service Benefit Plan (BCBS) -basic	Local phone #	111	112	549.51	1286.70	560.50	1312.43
GEHA Benefit Plan (GEHA) -high	800-821-6136	311	312	641.90	1459.90	654.74	1489.10
GEHA Benefit Plan (GEHA) -std	800-821-6136	314	315	425.06	966.59	433.56	985.92
MHBP -std	800-410-7778	454	455	638.43	1461.11	651.20	1490.33
MHBP -Value Plan	800-410-7778	414	415	492.79	1174.85	502.65	1198.35
NALC -high	888-636-6252	321	322	604.39	1309.25	616.48	1335.44
NALC Value Option	888-636-6252	KM1	KM2	373.53	811.16	381.00	827.38
SAMBA -high	800-638-6589	441	442	736.43	1734.33	751.16	1769.02
SAMBA -std	800-638-6589	444	445	526.85	1203.26	537.39	1227.33

### Plan Name: Open Only to Specific Groups

Compass Rose Health Plan (CRHP) -high	888-438-9135	421	422	605.56	1392.11	617.67	1419.95
Foreign Service Benefit Plan (FS) -high	202-833-4910	401	402	521.45	1284.83	531.88	1310.53
Panama Canal Area Benefit Plan (PCABP) -high	800-424-8196	431	432	482.56	1007.24	492.21	1027.38
Rural Carrier Benefit Plan (Rural) -high	800-638-8432	381	382	633.73	1208.39	646.40	1232.56

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

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

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

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

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

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

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

## Nationwide Fee-for-Service Plans

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

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

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

### Plan Name: Open Only to Specific Groups

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

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

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

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

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

## Appendix E

### FEHB Plan Comparison Charts

#### Health Maintenance Organization Plans and Plans Offering a Point-of-Service Product (Pages 22 through 61)

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

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

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

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

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

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

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

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

**Member Survey Results** – See Appendix D for a description.

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Alabama</b>							
Aetna Value Plan - Most of Alabama	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
<b>Alaska</b>							
Aetna Value Plan - Most of Alaska	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
<b>Arizona</b>							
Aetna Value Plan - All of Arizona	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Aetna Open Access-High-Phoenix and Tucson Areas	877-459-6604	WQ1	WQ2	815.25	1971.41	831.56	2010.84
Health Net of Arizona, Inc. -high- Maricopa/Pima/Other AZ counties	800-289-2818	A71	A72	718.32	1818.81	732.69	1855.19
Health Net of Arizona, Inc. -std- Maricopa/Pima/Other AZ counties	800-289-2818	A74	A75	655.59	1660.01	668.70	1693.21
Humana Health Plan, Inc. -High- Phoenix	888-393-6765	BF1	BF2	596.59	1327.39	608.52	1353.94
Humana Health Plan, Inc. -Std- Phoenix	888-393-6765	BF4	BF5	566.76	1261.04	578.10	1286.26
Humana Health Plan, Inc. -High- Tucson	888-393-6765	C71	C72	596.59	1327.39	608.52	1353.94
Humana Health Plan, Inc. -Std- Tucson	888-393-6765	C74	C75	566.76	1261.04	578.10	1286.26
<b>Arkansas</b>							
Aetna Value Plan - Most of Arkansas	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
QualChoice -High- All of Arkansas	800-235-7017	DH1	DH2	589.31	1380.06	601.10	1407.66
QualChoice -Std- All of Arkansas	800-235-7017	DH4	DH5	501.54	1174.51	511.57	1198.00

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Alabama</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Alaska</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
<b>Arizona</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Net of Arizona, Inc.-High		\$20/\$40	\$250/day x 5	\$10	\$30/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Health Net of Arizona, Inc.-Standard		\$25/\$50	25%	\$10	\$40/50%	Yes	68.35	86.34	87.09	91.87	83.33	91.99	66.72
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes							
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes							
<b>Arkansas</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No							
QualChoice-High	In-Network	\$20/\$30	\$100 max \$500	\$0	\$40/\$60/\$100 per fill	Yes							
QualChoice-High	Out-Network	40%/40%	40%	N/A	N/A	N/A							
QualChoice-Std		\$20/\$40	\$200 max \$1,000	\$5	\$40/\$60/\$100 per fill	Yes							

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>California</b>							
Aetna Value Plan - Most of California	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
Aetna HMO - Los Angeles and San Diego Areas	877-459-6604	2X1	2X2	604.83	1410.80	616.93	1439.02
Anthem Blue Cross Select HMO -High- Southern California	800-235-8631	B31	B32	699.31	1503.52	713.30	1533.59
Blue Shield of CA Access+HMO -High- Southern Region	800-880-8086	SI1	SI2	670.04	1507.63	683.44	1537.78
Health Net of California -High- Northern Region	800-522-0088	LB1	LB2	1267.50	2930.55	1292.85	2989.16
Health Net of California -Std- Northern Region	800-522-0088	LB4	LB5	1207.14	2790.97	1231.28	2846.79
Health Net of California -High- Southern Region	800-522-0088	LP1	LP2	745.81	1724.41	760.73	1758.90
Health Net of California -Std- Southern Region	800-522-0088	LP4	LP5	709.32	1640.04	723.51	1672.84
Kaiser Foundation Health Plan of California -High- Northern California	800-464-4000	591	592	779.59	1860.93	795.18	1898.15
Kaiser Foundation Health Plan of California -Std- Northern California	800-464-4000	594	595	653.86	1530.01	666.94	1560.61
Kaiser Foundation Health Plan of California -High- Southern California	800-464-4000	621	622	577.16	1333.91	588.70	1360.59
Kaiser Foundation Health Plan of California -Std- Southern California	800-464-4000	624	625	374.42	865.35	381.91	882.66
Kaiser Foundation Health Plan -Basic- Northern California	800-464-4000	KC1	KC2	609.07	1425.23	621.25	1453.73
Kaiser Foundation Health Plan-Fresno County -High- Fresno County	800-464-4000	NZ1	NZ2	577.16	1333.91	588.70	1360.59
Kaiser Foundation Health Plan-Fresno County -Std- Fresno County	800-464-4000	NZ4	NZ5	374.42	865.35	381.91	882.66
UnitedHealthcare of California -High- Central and Southern California	866-546-0510	CY1	CY2	644.04	1471.67	656.92	1501.10
UnitedHealthcare of California -Std- Central and Southern California	866-546-0510	CY4	CY5	544.81	1248.33	555.71	1273.30
<b>Colorado</b>							
Aetna Value Plan - All of Colorado	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Humana Health Plan, Inc. -High- Denver Colorado area	888-393-6765	NR1	NR2	453.42	1008.84	462.49	1029.02
Humana Health Plan, Inc. -Std- Denver Colorado area	888-393-6765	NR4	NR5	408.07	907.96	416.23	926.12
Humana Health Plan, Inc. -High- Colorado counties of El Paso and Teller	888-393-6765	NT1	NT2	477.27	1061.95	486.82	1083.19
Humana Health Plan, Inc. -Std- Colorado counties of El Paso and Teller	888-393-6765	NT4	NT5	429.56	955.76	438.15	974.88
Kaiser Foundation Health Plan of Colorado -High- Denver/Boulder/Northern/Southern Colorad	800-632-9700	651	652	684.49	1546.96	698.18	1577.90
Kaiser Foundation Health Plan of Colorado -Std- Denver/Boulder/Northern/Southern Colorad	800-632-9700	654	655	435.80	984.92	444.52	1004.62
Kaiser Foundation Health Plan of Colorado -Basic- Denver/Boulder/Northern/Southern Colorad	800-632-9700	N41	N42	311.31	703.54	317.54	717.61

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

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Connecticut</b>							
Aetna Value Plan - All of Connecticut	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
<b>Delaware</b>							
Aetna Value Plan - All of Delaware	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
Aetna Open Access -High- Kent/New Castle/Sussex areas	877-459-6604	P31	P32	1208.33	2915.51	1232.50	2973.82
Aetna Open Access -Basic- Kent/New Castle/Sussex areas	877-459-6604	P34	P35	1046.72	2417.00	1067.65	2465.34
<b>District of Columbia</b>							
Aetna Value Plan - All of Washington DC	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Aetna Open Access -High- Washington, DC Area	877-459-6604	JN1	JN2	924.69	2071.27	943.18	2112.70
Aetna Open Access -Basic- Washington, DC Area	877-459-6604	JN4	JN5	576.07	1288.13	587.59	1313.89
CareFirst BlueChoice -High- Washington, D.C. Metro Area	888-789-9065	2G1	2G2	670.35	1508.02	683.76	1538.18
CareFirst BlueChoice -Std- Washington, D.C. Metro Area	888-789-9065	2G4	2G5	599.24	1348.06	611.22	1375.02
Kaiser Foundation Health Plan Mid-Atlantic States -High- Washington, DC area	877-574-3337	E31	E32	606.54	1395.05	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Washington, DC area	877-574-3337	E34	E35	393.32	904.58	401.19	922.67
M.D. IPA -High- Washington, DC area	877-835-9861	JP1	JP2	681.53	1571.48	695.16	1602.91
UnitedHealthcare Insurance Company -Value- DC Area	877-835-9861	L91	L92	529.36	1177.82	539.95	1201.38

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Florida</b>							
Aetna Value Plan - Most of Florida	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
AvMed Health Plans -High- Broward, Dade and Palm Beach	800-882-8633	ML1	ML2	649.96	1559.98	662.96	1591.18
AvMed Health Plans -Std- Broward, Dade and Palm Beach	800-882-8633	ML4	ML5	524.05	1257.86	534.53	1283.02
Capital Health Plan -High- Tallahassee area	850-383-3311	EA1	EA2	514.15	1362.51	524.43	1389.76
Coventry Health Plan of Florida -High- Southern Florida	800-441-5501	5E1	5E2	693.90	1665.39	707.78	1698.70
Coventry Health Plan of Florida -Std- Southern Florida	800-441-5501	5E4	5E5	681.01	1634.47	694.63	1667.16
Humana Value Plan - Tampa Area	888-393-6765	MJ4	MJ5	430.89	958.73	439.51	977.90
Humana Value Plan - South Florida Area	888-393-6765	QP4	QP5	430.89	958.73	439.51	977.90
Humana Medical Plan, Inc. -High- Orlando	888-393-6765	E21	E22	530.29	1179.92	540.90	1203.52
Humana Medical Plan, Inc. -Std- Orlando	888-393-6765	E24	E25	477.27	1061.93	486.82	1083.17
Humana Medical Plan, Inc. -High- South Florida	888-393-6765	EE1	EE2	697.02	1550.86	710.96	1581.88
Humana Medical Plan, Inc. -Std- South Florida	888-393-6765	EE4	EE5	596.53	1327.28	608.46	1353.83
Humana Medical Plan, Inc. -High- Daytona	888-393-6765	EX1	EX2	563.44	1253.66	574.71	1278.73
Humana Medical Plan, Inc. -Std- Daytona	888-393-6765	EX4	EX5	507.11	1128.31	517.25	1150.88
Humana Medical Plan, Inc. -High- Tampa	888-393-6765	LL1	LL2	1022.93	2276.00	1043.39	2321.52
Humana Medical Plan, Inc. -Std- Tampa	888-393-6765	LL4	LL5	596.59	1327.41	608.52	1353.96
UnitedHealthcare Insurance Company -Value- Tampa, Orlando, Miami	877-835-9861	LV1	LV2	552.11	1228.46	563.15	1253.03

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Georgia</b>							
Aetna Value Plan - All of Georgia	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Aetna Open Access -High- Atlanta and Athens Areas	877-459-6604	2U1	2U2	966.85	2218.62	986.19	2262.99
Humana Value Plan -Basic- Atlanta Area	888-393-6765	AD4	AD5	430.89	958.73	439.51	977.90
Humana Value Plan -Basic- Macon Area	888-393-6765	LM4	LM5	430.89	958.73	439.51	977.90
Humana Employers Health of Georgia, Inc. -High- Columbus	888-393-6765	CB1	CB2	596.59	1327.39	608.52	1353.94
Humana Employers Health of Georgia, Inc. -Std- Columbus	888-393-6765	CB4	CB5	566.76	1261.04	578.10	1286.26
Humana Employers Health of Georgia, Inc. -High- Atlanta	888-393-6765	DG1	DG2	645.69	1436.65	658.60	1465.38
Humana Employers Health of Georgia, Inc. -Std- Atlanta	888-393-6765	DG4	DG5	596.59	1327.41	608.52	1353.96
Humana Employers Health of Georgia, Inc. -High- Macon	888-393-6765	DN1	DN2	596.59	1327.39	608.52	1353.94
Humana Employers Health of Georgia, Inc. -Std- Macon	888-393-6765	DN4	DN5	566.76	1261.04	578.10	1286.26
Kaiser Foundation Health Plan of Georgia -High- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F81	F82	588.60	1344.98	600.37	1371.88
Kaiser Foundation Health Plan of Georgia -Std- Atlanta, Athens, Columbus, Macon, Savannah	888-865-5813	F84	F85	434.83	993.59	443.53	1013.46
UnitedHealthcare Insurance Company -Value- Atlanta Region	877-835-9861	LV1	LV2	552.11	1228.46	563.15	1253.03
<b>Guam</b>							
Calvos Selectcare -High- Guam, Northern Mariana Islands, Palau	671-479-7982	B41	B42	422.57	1152.84	431.02	1175.90
Calvos Selectcare -Std- Guam, Northern Mariana Islands, Palau	671-479-7982	B44	B45	365.58	996.67	372.89	1016.60
TakeCare -High- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK1	JK2	445.75	1171.34	454.67	1194.77
TakeCare -Std- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	JK4	JK5	372.49	983.69	379.94	1003.36

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Hawaii</b>							
Aetna Value Plan - All of Hawaii	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
HMSA -High- All of Hawaii	800-776-4672	871	872	498.33	1109.25	508.30	1131.44
Kaiser Foundation Health Plan of Hawaii-High-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	631	632	528.32	1178.13	538.89	1201.69
Kaiser Foundation Health Plan of Hawaii-Std-Hawaii/Kauai/Lanai/Maui/Molokai/Oahu	808-432-5955	634	635	364.61	813.06	371.90	829.32
<b>Idaho</b>							
Aetna Value Plan - Most of Idaho	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Altius Health Plans -High- Southern Region	800-377-4161	9K1	9K2	649.31	1428.55	662.30	1457.12
Altius Health Plans -Std- Southern Region	800-377-4161	DK4	DK5	488.43	1074.52	498.20	1096.01
Group Health Cooperative -High- most of Washington State&Northern Idaho	888-901-4636	541	542	702.91	1511.25	716.97	1541.48
Group Health Cooperative -Std- most of Washington State&Northern Idaho	888-901-4636	544	545	482.52	1089.31	492.17	1111.10
SelectHealth -High- Idaho South	800-538-5038	SF1	SF2	636.78	1420.51	649.52	1448.92
SelectHealth -Std- Idaho South	800-538-5038	SF4	SF5	497.42	1109.64	507.37	1131.83

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Illinois</b>							
Aetna Value Plan - Most of Illinois	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Blue Cross and Blue Shield of Illinois -High- Illinois	855-676-4482	A21	A22	769.32	1746.44	784.71	1781.37
Blue Preferred Plus POS -High- Madison and St. Clair counties	888-811-2092	9G1	9G2	869.25	1738.51	886.64	1773.28
Health Alliance HMO -High- Central/E.Central/N.Cent/South/West Illinois	800-851-3379	FX1	FX2	740.65	1726.49	755.46	1761.02
Health Alliance HMO -Std- Central/E.Central/N.Central/South/West Illinois	800-851-3379	K84	K85	629.37	1467.09	641.96	1496.43
Humana Benefit Plan of Illinois, Inc. -High- Central and Northwestern Illinois	888-393-6765	9F1	9F2	1173.64	2611.35	1197.11	2663.58
Humana Benefit Plan of Illinois, Inc. -Std- Central and Northwestern Illinois	888-393-6765	AB4	AB5	609.14	1355.36	621.32	1382.47
Humana Value Plan - Central Illinois	888-393-6765	GB4	GB5	430.89	958.73	439.51	977.90
Humana Value Plan - Chicago Area	888-393-6765	MW4	MW5	430.89	958.73	439.51	977.90
Humana Health Plan, Inc. -High- Chicago	888-393-6765	751	752	974.78	2168.92	994.28	2212.30
Humana Health Plan, Inc. -Std- Chicago	888-393-6765	754	755	596.59	1327.41	608.52	1353.96
Union Health Service -High- Chicago area	312-423-4200	761	762	557.83	1295.49	568.99	1321.40
UnitedHealthcare Insurance Company -Value- Chicago Area	877-835-9861	L91	L92	529.36	1177.82	539.95	1201.38
UnitedHealthcare Plan of the River Valley Inc. -High- West Central Illinois	800-747-1446	YH1	YH2	583.61	1378.74	595.28	1406.31

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Indiana</b>							
Aetna Value Plan - All of Indiana	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
Health Alliance HMO -High- Western Indiana	800-851-3379	FX1	FX2	740.65	1726.49	755.46	1761.02
Health Alliance HMO -Std- Western Indiana	800-851-3379	K84	K85	629.37	1467.09	641.96	1496.43
Humana Value Plan - Lake/Porter/LaPorte Counties	888-393-6765	MW4	MW5	430.89	958.73	439.51	977.90
Humana Health Plan of Ohio -High- Portions of Indiana	888-393-6765	A61	A62	596.59	1327.39	608.52	1353.94
Humana Health Plan of Ohio -Std- Portions of Indiana	888-393-6765	A64	A65	566.76	1261.04	578.10	1286.26
Humana Health Plan, Inc. -High- Lake/Porter/LaPorte Counties	888-393-6765	751	752	974.78	2168.92	994.28	2212.30
Humana Health Plan, Inc. -Std- Lake/Porter/LaPorte Counties	888-393-6765	754	755	596.59	1327.41	608.52	1353.96
Humana Health Plan, Inc. -High- Southern Indiana	888-393-6765	MH1	MH2	596.59	1327.39	608.52	1353.94
Humana Health Plan, Inc. -Std- Southern Indiana	888-393-6765	MH4	MH5	566.76	1261.04	578.10	1286.26
Physicians Health Plan of Northern Indiana -High- Northeast Indiana	260-432-6690	DQ1	DQ2	771.38	1716.95	786.81	1751.29
<b>Iowa</b>							
Aetna Value Plan - All of Iowa	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Coventry Health Care of Iowa -High- Central/Eastern/Western Iowa	800-257-4692	SV1	SV2	532.91	1252.36	543.57	1277.41
Coventry Health Care of Iowa -Std- Central/Eastern/Western Iowa	800-257-4692	SY4	SY5	402.33	945.49	410.38	964.40
Health Alliance HMO -High- Central and Eastern Iowa	800-851-3379	FX1	FX2	740.65	1726.49	755.46	1761.02
Health Alliance HMO -Std- Central and Eastern Iowa	800-851-3379	K84	K85	629.37	1467.09	641.96	1496.43
HealthPartners High Option - Northern Iowa	800-883-2177	V31	V32	660.05	1518.14	673.25	1548.50
HealthPartners Standard Option - Northern Iowa	800-883-2177	V34	V35	366.58	843.14	373.91	860.00
Sanford Health Plan -High- Northwestern Iowa	800-752-5863	AU1	AU2	737.08	1695.94	751.82	1729.86
Sanford Health Plan -Std- Northwestern Iowa	800-752-5863	AU4	AU5	707.31	1626.86	721.46	1659.40
UnitedHealthcare Plan of the River Valley Inc. -High- Eastern and Central Iowa	800-747-1446	YH1	YH2	583.61	1378.74	595.28	1406.31

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Kansas</b>							
Aetna Value Plan - Most of Kansas	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	529.62	1244.66	540.21	1269.55
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	566.65	1331.63	577.98	1358.26
Humana Value Plan - Kansas City Area	888-393-6765	PH4	PH5	430.89	958.73	439.51	977.90
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	1271.90	2829.95	1297.34	2886.55
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	596.59	1327.41	608.52	1353.96
<b>Kentucky</b>							
Aetna Value Plan - Most of Kentucky	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Humana Health Plan of Ohio -High- Portions of Kentucky	888-393-6765	A61	A62	596.59	1327.39	608.52	1353.94
Humana Health Plan of Ohio -Std- Portions of Kentucky	888-393-6765	A64	A65	566.76	1261.04	578.10	1286.26
Humana Health Plan, Inc. -High- Louisville	888-393-6765	MH1	MH2	596.59	1327.39	608.52	1353.94
Humana Health Plan, Inc. -Std- Louisville	888-393-6765	MH4	MH5	566.76	1261.04	578.10	1286.26
Humana Health Plan, Inc. -High- Lexington	888-393-6765	MI1	MI2	596.59	1327.41	608.52	1353.96
Humana Health Plan, Inc. -Std- Lexington	888-393-6765	MI4	MI5	566.76	1261.04	578.10	1286.26
<b>Louisiana</b>							
Aetna Value Plan - Most of Louisiana	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Coventry Health Care of Louisiana -High- New Orleans Area	800-341-6613	BJ1	BJ2	721.72	1676.05	736.15	1709.57
Coventry Health Care of Louisiana -Std- New Orleans Area	800-341-6613	BJ4	BJ5	567.08	1317.03	578.42	1343.37
Humana Health Benefit Plan of Louisiana, Inc. -High- Baton Rouge	888-393-6765	AE1	AE2	596.59	1327.41	608.52	1353.96
Humana Health Benefit Plan of Louisiana, Inc. -Std- Baton Rouge	888-393-6765	AE4	AE5	536.92	1194.68	547.66	1218.57
Humana Health Benefit Plan of Louisiana, Inc. -High- New Orleans	888-393-6765	BC1	BC2	563.44	1253.66	574.71	1278.73
Humana Health Benefit Plan of Louisiana, Inc. -Std- New Orleans	888-393-6765	BC4	BC5	507.11	1128.31	517.25	1150.88

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Maine</b>							
Aetna Value Plan - All of Maine	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
<b>Maryland</b>							
Aetna Value Plan - All of Maryland	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Aetna Open Access -High- Northern/Central/Southern Maryland Areas	877-459-6604	JN1	JN2	924.69	2071.27	943.18	2112.70
Aetna Open Access -Basic- Northern/Central/Southern Maryland Areas	877-459-6604	JN4	JN5	576.07	1288.13	587.59	1313.89
CareFirst BlueChoice -High- All of Maryland	888-789-9065	2G1	2G2	670.35	1508.02	683.76	1538.18
CareFirst BlueChoice -Std- All of Maryland	888-789-9065	2G4	2G5	599.24	1348.06	611.22	1375.02
Kaiser Foundation Health Plan Mid-Atlantic States -High- Baltimore/Washington, DC areas	877-574-3337	E31	E32	606.54	1395.05	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Baltimore/Washington, DC areas	877-574-3337	E34	E35	393.32	904.58	401.19	922.67
M.D. IPA -High- All of Maryland	877-835-9861	JP1	JP2	681.53	1571.48	695.16	1602.91
UnitedHealthcare Insurance Company -Value- All of Maryland	877-835-9861	L91	L92	529.36	1177.82	539.95	1201.38
<b>Massachusetts</b>							
Aetna Value Plan - Most of Massachusetts	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
Fallon Community Health Plan -Basic- Central/Eastern Massachusetts	800-868-5200	JG1	JG2	853.58	2074.50	870.65	2115.99

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Maine</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
<b>Maryland</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	67.87	87.96	88.9	95.02	NR*	85.52	64.89
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Aetna Open Access-High		\$15/\$30	\$150/day x 3	\$10	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
Aetna Open Access-Basic		\$20/\$35	\$200/day x 5	\$5	\$35/\$100	Yes	68.61	87.43	88.06	93.01	87.8	87.63	54.79
CareFirst BlueChoice-High		\$25/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	In-Network	Nothing/\$35	\$200	Nothing	\$35/\$65	Yes	73.51	84.33	85.31	93.28	82.96	89.07	54.95
CareFirst BlueChoice	Out-Network	\$70/\$70	\$500	Nothing	\$35/\$65	Yes							
Kaiser Foundation HP Mid-Atlantic States-High		\$10/\$20	\$100	\$7/\$17 Net	\$30/\$50/ \$45/\$65	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
Kaiser Foundation HP Mid-Atlantic States-Standard		\$20/\$30	\$250/day x 3	\$12/\$22 Net	\$35/\$55/ \$50/\$70	Yes	84.29	86.54	85.8	94.62	86.32	NR*	70.07
M.D. IPA-High		\$25/\$40	Nothing	\$7	\$35/\$65	Yes	63.58	86.2	88.68	94.64	87.59	84.15	64.01
UnitedHealthcare Insurance Company -Value		\$25/\$50/\$75	20%/\$500 ded.	\$10	\$35/\$60	Yes							
<b>Massachusetts</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Fallon Community Health Plan-Basic		\$25/\$35	\$150 to \$750 max	\$10	\$30/\$60	Yes	72.24	85.78	88.62	94.96	87.92	81.04	63.82

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Michigan</b>							
Aetna Value Plan - All of Michigan	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Bluecare Network of MI -High- East Region	800-662-6667	K51	K52	686.18	1564.42	699.90	1595.71
Bluecare Network of MI -High- Southeast Region	800-662-6667	LX1	LX2	607.19	1456.85	619.33	1485.99
Grand Valley Health Plan -High- Grand Rapids area	616-949-2410	RL1	RL2	672.17	1572.85	685.61	1604.31
Grand Valley Health Plan -Std- Grand Rapids area	616-949-2410	RL4	RL5	628.46	1470.52	641.03	1499.93
Health Alliance Plan -High- Southeastern Michigan/Flint Area	800-556-9765	521	522	679.08	1595.86	692.66	1627.78
Health Alliance Plan -Std- Southeastern Michigan/Flint Area	800-556-9765	GY4	GY5	577.48	1357.09	589.03	1384.23
HealthPlus of MI -High- East Michigan	800-332-9161	X51	X52	641.25	1538.64	654.08	1569.41
Priority Health -High- Lower Peninsula in Michigan	800-446-5674	LE1	LE2	682.63	1638.30	696.28	1671.07
Priority Health -Std- Lower Peninsula in Michigan	800-446-5674	LE4	LE5	580.62	1393.47	592.23	1421.34
<b>Minnesota</b>							
Aetna Value Plan - Most of Minnesota	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
HealthPartners High Option - Minnesota	800-883-2177	V31	V32	660.05	1518.14	673.25	1548.50
HealthPartners Standard Option - Minnesota	800-883-2177	V34	V35	366.58	843.14	373.91	860.00
<b>Mississippi</b>							
Aetna Value Plan - Most of Mississippi	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Michigan</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Bluecare Network of MI-High		\$15/\$25	Nothing	\$10	\$30/\$60/Same	Yes	66.59	90.22	88.27	92.63	89.08	88.82	67.52
Grand Valley Health Plan-High		\$0/\$10	Nothing	\$5	\$15/\$15	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Grand Valley Health Plan-Standard		\$0/\$20	\$500 x 3	\$10	N/A/\$40	No	74.47	88.85	91.27	97.33	94.72	85.5	80.23
Health Alliance Plan-High		\$15/\$25	Nothing	\$8	\$40/\$60	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
Health Alliance Plan-Standard		\$30/\$50	10%	\$20	\$40/\$80	Yes	79.83	88.59	87.74	95.6	83.83	86.23	68.88
HealthPlus of MI-High		\$10/\$20	None	\$8	\$40/\$60	Yes	78.29	92.37	90.2	93.78	93.55	94.62	63.63
Priority Health-High		\$10/\$30	Nothing	\$10	\$40/\$60	Yes							
Priority Health-Standard		\$15/\$30	20% of charges	\$10	\$45/\$90	Yes							
<b>Minnesota</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
HealthPartners High Option		\$25/\$45	\$500 annual	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
HealthPartners Standard Option		\$0 for 3, then 20%	20% in/40% out	\$5/\$25	\$45/\$90	Yes	66.9	89.85	89.52	95.99	88.72	90.85	66.47
<b>Mississippi</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Missouri</b>							
Aetna Value Plan - Most of Missouri	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Blue Preferred Plus POS -High- StLouis/Central/SW areas	888-811-2092	9G1	9G2	869.25	1738.51	886.64	1773.28
Coventry Health Care of Kansas -High- Kansas City Metro Area (KS and MO)	800-969-3343	HA1	HA2	529.62	1244.66	540.21	1269.55
Coventry Health Care of Kansas -Std- Kansas City Metro Area (KS and MO)	800-969-3343	HA4	HA5	566.65	1331.63	577.98	1358.26
Humana Value Plan- Kansas City Area	888-393-6765	PH4	PH5	430.89	958.73	439.51	977.90
Humana Health Plan, Inc. -High- Kansas City	888-393-6765	MS1	MS2	1271.90	2829.95	1297.34	2886.55
Humana Health Plan, Inc. -Std- Kansas City	888-393-6765	MS4	MS5	596.59	1327.41	608.52	1353.96
<b>Montana</b>							
Aetna Value Plan - South/Southeast/Western MT Areas	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
<b>Nebraska</b>							
Aetna Value Plan - All of Nebraska	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
<b>Nevada</b>							
Aetna Value Plan - Las Vegas Area	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Aetna Open Access -High- Clark County and Las Vegas areas	877-459-6604	HF1	HF2	465.88	1357.33	475.20	1384.48
Health Plan of Nevada -High- Las Vegas/Esmeralda and Nye counties	877-545-7378	NM1	NM2	448.54	1057.70	457.51	1078.85
<b>New Hampshire</b>							
Aetna Value Plan - All of New Hampshire	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92

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

Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>Missouri</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Blue Preferred Plus POS	In-Network	\$20/\$40	\$500	\$5	\$40/\$60/25 %/\$60/25%	Yes	71.53	91.24	88.24	95.74	NR*	91.05	NR*
Blue Preferred Plus POS	Out-Network	30% after ded.	30% after ded.	N/A	N/A	N/A							
Coventry Health Care of Kansas-High		\$30/\$60	25%	\$3/ \$12	\$50/\$75	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Coventry Health Care of Kansas-Standard		\$30/\$60	30%	\$3/ \$12	\$50/20%	Yes	62.91	90.92	89.12	96.14	NR*	92.59	64.63
Humana Value Plan	In-Network	\$35/\$55	20%	\$10	\$40/\$60	Yes							
Humana Value Plan	Out-Network	50%/50%	50%	\$10+	\$40+/\$60+	No							
Humana Health Plan, Inc.-High		\$20/\$35	\$250/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
Humana Health Plan, Inc.-Standard		\$25/\$40	\$500/day x 3	\$10	\$40/\$60	Yes	76	91.45	85.08	95.91	82.21	88.05	70.22
<b>Montana</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
<b>Nebraska</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
<b>Nevada</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	62.35	85.77	86.15	91.56	NR*	NR*	NR*
Health Plan of Nevada-High		\$10/\$25	\$300	\$7	\$35/\$55/\$100	Yes	52.09	73.99	72.83	87.2	NR*	NR*	57.99
<b>New Hampshire</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/\$50%+	No							

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New Jersey</b>							
Aetna Value Plan - All of New Jersey	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
Aetna Open Access -High- Northern New Jersey	877-459-6604	JR1	JR2	1158.69	2665.33	1181.86	2718.64
Aetna Open Access -Basic- Northern New Jersey	877-459-6604	JR4	JR5	854.79	1973.18	871.89	2012.64
Aetna Open Access -High- Southern New Jersey	877-459-6604	P31	P32	1208.33	2915.51	1232.50	2973.82
Aetna Open Access -Basic- Southern New Jersey	877-459-6604	P34	P35	1046.72	2417.00	1067.65	2465.34
GHI Health Plan -High- Northern New Jersey	212-501-4444	801	802	778.38	1946.12	793.95	1985.04
GHI Health Plan -Std- Northern New Jersey	212-501-4444	804	805	585.20	1328.84	596.90	1355.42
<b>New Mexico</b>							
Aetna Value Plan - Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Lovelace Health Plan -High- All of New Mexico	800-808-7363	Q11	Q12	600.95	1412.26	612.97	1440.51
Presbyterian Health Plan -High- All counties in New Mexico	800-356-2219	P21	P22	686.88	1559.96	700.62	1591.16



Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results							
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs	
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>	
<b>New Jersey</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	64.77	85.97	86.58	94.62	89.96	88.77	NR*
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	68.4	88.21	88.14	95.18	NR*	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	68.4	88.21	88.14	95.18	NR*	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	59.21	82.4	86.15	93.75	NR*	87.71	NR*
GHI Health Plan	In-Network	\$20/\$20	\$200/max \$600	\$20	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
GHI Health Plan	Out-Network	+50% of sch.	+50% of sch.	N/A	N/A	No							
GHI Health Plan-Standard		\$30/\$30	\$250/day x 3	\$10	\$45/\$85	Yes	69.39	88.29	86.23	94.19	NR*	NR*	59.63
<b>New Mexico</b>													
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes							
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+/50%+	No							
Lovelace Health Plan-High		\$25/\$35	\$250 after ded	\$5	\$35/\$60/50%	Yes	68.56	82.47	80.07	95.47	NR*	91.73	67.34
Presbyterian Health Plan-High		\$25/\$40	\$100 x 5 days	\$10	\$40/\$75/50%	Yes	62.11	82.62	77.65	94.47	86.26	88.35	57.48

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>New York</b>							
Aetna Value Plan - Most of New York	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
Aetna Open Access -High- NYC Area/Upstate NY	877-459-6604	JC1	JC2	904.04	2225.38	922.12	2269.89
Aetna Open Access -Basic- NYC Area/Upstate NY	877-459-6604	JC4	JC5	700.74	1702.70	714.75	1736.75
CDPHP Universal Benefits, Inc. -High- Upstate, Hudson Valley, Central NY	877-269-2134	SG1	SG2	688.44	1743.54	702.21	1778.41
CDPHP Universal Benefits, Inc. -Std- Upstate, Hudson Valley, Central NY	877-269-2134	SG4	SG5	524.92	1268.71	535.42	1294.08
GHI Health Plan -High- All of New York	212-501-4444	801	802	778.38	1946.12	793.95	1985.04
GHI Health Plan -Std- All of New York	212-501-4444	804	805	585.20	1328.84	596.90	1355.42
HIP Health of Greater New York -High- NYC/LI/Capital Region/Hudson	800-447-8255	511	512	638.47	1691.99	651.24	1725.83
Independent Health Association -High- Western New York	800-501-3439	QA1	QA2	645.00	1547.95	657.90	1578.91
Independent Health Association -Std- Western New York	800-501-3439	C54	C55	635.07	1524.19	647.77	1554.67
MVP Health Care -High- Eastern Region	888-687-6277	GA1	GA2	649.70	1627.69	662.69	1660.24
MVP Health Care -Std- Eastern Region	888-687-6277	GA4	GA5	604.09	1517.75	616.17	1548.11
MVP Health Care -High- Western Region	888-687-6277	GV1	GV2	599.34	1499.81	611.33	1529.81
MVP Health Care -Std- Western Region	888-687-6277	GV4	GV5	536.97	1343.68	547.71	1370.55
MVP Health Care -High- Central Region	888-687-6277	M91	M92	644.43	1615.10	657.32	1647.40
MVP Health Care -Std- Central Region	888-687-6277	M94	M95	605.48	1512.38	617.59	1542.63
MVP Health Care -High- Northern Region	888-687-6277	MF1	MF2	734.13	1837.12	748.81	1873.86
MVP Health Care -Std- Northern Region	888-687-6277	MF4	MF5	698.95	1749.04	712.93	1784.02
MVP Health Care -High- Mid-Hudson Region	888-687-6277	MX1	MX2	659.34	1649.40	672.53	1682.39
MVP Health Care -Std- Mid-Hudson Region	888-687-6277	MX4	MX5	621.49	1558.92	633.92	1590.10

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Carolina</b>							
Aetna Value Plan - All of North Carolina	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
<b>North Dakota</b>							
Aetna Value Plan - Most of North Dakota	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
HealthPartners High Option - Eastern North Dakota	800-883-2177	V31	V32	660.05	1518.14	673.25	1548.50
HealthPartners Standard Option - Eastern North Dakota	800-883-2177	V34	V35	366.58	843.14	373.91	860.00
Sanford Health Plan -High- North Dakota	800-752-5863	C91	C92	713.85	1641.88	728.13	1674.72
Sanford Health Plan -Std- North Dakota	800-752-5863	C94	C95	635.07	1578.92	647.77	1610.50
Sanford Heart of America Health Plan -High- Northcentral North Dakota	800-525-5661	RU1	RU2	593.21	1524.60	605.07	1555.09
<b>Ohio</b>							
Aetna Value Plan - All of Ohio	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
AultCare HMO -High- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A1	3A2	596.48	1464.34	608.41	1493.63
HealthSpan Integrated Care -High- Cleveland/Akron areas	800-686-7100	641	642	737.82	1696.98	752.58	1730.92
HealthSpan Integrated Care -Std- Cleveland/Akron areas	800-686-7100	644	645	541.28	1244.90	552.11	1269.80
Humana Health Plan of Ohio -High- Greater Cincinnati Area	888-393-6765	A61	A62	596.59	1327.39	608.52	1353.94
Humana Health Plan of Ohio -Std- Greater Cincinnati Area	888-393-6765	A64	A65	566.76	1261.04	578.10	1286.26
The Health Plan of the Upper Ohio Valley -High- Eastern Ohio	800-624-6961	U41	U42	618.24	1397.28	630.60	1425.23
<b>Oklahoma</b>							
Aetna Value Plan - All of Oklahoma	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
Globalhealth, Inc. -High- Oklahoma	877-280-5600	IM1	IM2	545.61	1314.91	556.52	1341.21

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Oregon</b>							
Aetna Value Plan - Most of Oregon	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Kaiser Foundation Health Plan of Northwest -High- Portland/Salem areas	800-813-2000	571	572	624.72	1411.11	637.21	1439.33
Kaiser Foundation Health Plan of Northwest -Std- Portland/Salem areas	800-813-2000	574	575	527.52	1235.28	538.07	1259.99
<b>Pennsylvania</b>							
Aetna Value Plan - All of Pennsylvania	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Aetna Open Access -High- Philadelphia	877-459-6604	P31	P32	1208.33	2915.51	1232.50	2973.82
Aetna Open Access -Basic- Philadelphia	877-459-6604	P34	P35	1046.72	2417.00	1067.65	2465.34
Aetna Open Access -High- Pittsburgh and Western PA Areas	877-459-6604	YE1	YE2	694.05	1736.02	707.93	1770.74
Geisinger Health Plan -Std- Northeastern/Central/South Central areas	800-447-4000	GG4	GG5	632.86	1455.59	645.52	1484.70
HealthAmerica Pennsylvania -High- Greater Pittsburgh Area	866-351-5946	261	262	691.93	1626.00	705.77	1658.52
Keystone Health Plan West -High- Pittsburgh	866-823-0925	NP1	NP2	444.02	1039.00	452.90	1059.78
UPMC Health Plan -High- Western Pennsylvania	888-876-2756	8W1	8W2	662.29	1523.19	675.54	1553.65
UPMC Health Plan -Std- Western Pennsylvania	888-876-2756	UW4	UW5	543.79	1250.77	554.67	1275.79
<b>Puerto Rico</b>							
Humana Health Plans of Puerto Rico, Inc. -High- Puerto Rico	800-314-3121	ZJ1	ZJ2	329.31	732.70	335.90	747.35
Triple-S Salud, Inc. -High- All of Puerto Rico	787-774-6060	891	892	389.98	893.06	397.78	910.92
<b>Rhode Island</b>							
Aetna Value Plan - All of Rhode Island	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
<b>South Carolina</b>							
Aetna Value Plan - All of South Carolina	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65

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Plan Name – Location	Primary care/ Specialist office copay	Hospital per stay deductible	Prescription Drugs			Member Survey Results						
			Level I	Level II/ Level III	Mail order discount	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HMO/POS National Average</b>						<b>69.2</b>	<b>87.13</b>	<b>86.05</b>	<b>94.58</b>	<b>88.17</b>	<b>88.93</b>	<b>64.43</b>
<b>Oregon</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						
Kaiser Foundation HP of Northwest-High		\$20/\$30	\$250	\$15	\$40/\$50	Yes	77.87	88.12	85.01	95.99	90.85	NR*
Kaiser Foundation HP of Northwest-Standard		\$30/\$40	\$200/day up to \$600	\$20	\$40/\$60	Yes	77.87	88.12	85.01	95.99	90.85	NR*
<b>Pennsylvania</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes	58.21	89.47	89.15	96.32	NR*	90.46
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*
Aetna Open Access-Basic		\$15/\$35	20% Plan Allow	\$5	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*
Aetna Open Access-High		\$20/\$35	\$250/day x 4	\$10	\$35/\$100	Yes	61.51	91.39	87.15	95.76	NR*	NR*
Geisinger Health Plan-Standard		\$20/\$35	20% after deduct	30% \$5/\$15	40% \$40/\$120/ 50% \$85/\$250	Yes	77.7	86.94	84.7	96.61	92.54	90.04
HealthAmerica Pennsylvania-High		\$25/\$50	15% after deduct	\$5	\$35/\$60	Yes	79.59	93.18	92.94	96.69	91.4	91.04
Keystone Health Plan West-High		\$20/\$40	100% after deduct	\$5	\$35/\$60	Yes						
UPMC Health Plan-High		10% after deduct	10% after deduct	\$5 after deduct	\$35 after deduct/\$75	Yes	63.41	88.23	88.42	95.58	89.68	89.01
UPMC Health Plan-Standard		20%after deduct	20%after deduct	\$5 after deduct	\$35 after deduct/ \$75 after ded	Yes	63.41	88.23	88.42	95.58	89.68	89.01
<b>Puerto Rico</b>												
Humana Health Plans of Puerto Rico, Inc.	In-Network	\$5/\$5	None	\$2.50	\$10/\$15	Yes	87.1	84.62	85.11	96.73	NR*	NR*
Humana Health Plans of Puerto Rico, Inc.	Out-Network	\$10/\$10	\$50	N/A	N/A	Yes						
Triple-S Salud, Inc.	In-Network	\$7.50/\$10	None	\$0	\$20 or 25%/ 20% or 30%	Yes	71.92	89.21	87.74	96.95	89.52	NR*
Triple-S Salud, Inc.	Out-Network	\$7.50 & 10% + / \$10 & 10% +	10% +	N/A	N/A	No						
<b>Rhode Island</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						
<b>South Carolina</b>												
Aetna Value Plan	In-Network	\$25/\$40	20%	\$10	30% up to \$600/ 50% up to \$600	Yes						
Aetna Value Plan	Out-Network	40%/40%	40%	50%+	50%+ /50%+	No						

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>South Dakota</b>							
Aetna Value Plan - Rapid City/Sioux Falls Area	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
HealthPartners High Option - Eastern South Dakota	800-883-2177	V31	V32	660.05	1518.14	673.25	1548.50
HealthPartners Standard Option - Eastern South Dakota	800-883-2177	V34	V35	366.58	843.14	373.91	860.00
Sanford Health Plan -High- Eastern/Central/Rapid City Areas	800-752-5863	AU1	AU2	737.08	1695.94	751.82	1729.86
Sanford Health Plan -Std- Eastern/Central/Rapid City Areas	800-752-5863	AU4	AU5	707.31	1626.86	721.46	1659.40
<b>Tennessee</b>							
Aetna Value Plan - Most of Tennessee	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Aetna Open Access -High- Memphis Area	877-459-6604	UB1	UB2	743.80	1896.55	758.68	1934.48
Humana Health Plan, Inc. -High- Knoxville	888-393-6765	GJ1	GJ2	563.44	1253.66	574.71	1278.73
Humana Health Plan, Inc. -Std- Knoxville	888-393-6765	GJ4	GJ5	507.11	1128.31	517.25	1150.88



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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Texas</b>							
Aetna Value Plan - All of Texas	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
Aetna Whole Health -Basic- Houston, TX area	877-459-6604	ES1	ES2	528.08	1392.04	538.64	1419.88
Firstcare -High- Northwest Texas	800-884-4901	CK1	CK2	519.24	1194.22	529.62	1218.10
Humana Value Plan - Corpus Christi Area	888-393-6765	TP4	TP5	430.89	958.73	439.51	977.90
Humana Value Plan - San Antonio Area	888-393-6765	TU4	TU5	430.89	958.73	439.51	977.90
Humana Value Plan - Austin Area	888-393-6765	TV4	TV5	430.89	958.73	439.51	977.90
Humana Health Plan of Texas -High- Houston	888-393-6765	EW1	EW2	563.44	1253.66	574.71	1278.73
Humana Health Plan of Texas -Std- Houston	888-393-6765	EW4	EW5	507.11	1128.31	517.25	1150.88
Humana Health Plan of Texas -High- Corpus Christi	888-393-6765	UC1	UC2	596.59	1327.41	608.52	1353.96
Humana Health Plan of Texas -Std- Corpus Christi	888-393-6765	UC4	UC5	566.76	1261.04	578.10	1286.26
Humana Health Plan of Texas -High- San Antonio	888-393-6765	UR1	UR2	1044.68	2324.40	1065.57	2370.89
Humana Health Plan of Texas -Std- San Antonio	888-393-6765	UR4	UR5	596.59	1327.41	608.52	1353.96
Humana Health Plan of Texas -High- Austin	888-393-6765	UU1	UU2	770.19	1713.66	785.59	1747.93
Humana Health Plan of Texas -Std- Austin	888-393-6765	UU4	UU5	596.59	1327.41	608.52	1353.96
Scott & White Health Plan -Std- Central TX & Some SE and SW Counties	800-321-7947	A84	A85	564.55	1296.25	575.84	1322.18
UnitedHealthcare Benefits of Texas, Inc. -High- San Antonio	866-546-0510	GF1	GF2	791.98	1824.10	807.82	1860.58
UnitedHealthcare Insurance Company -Value- San Antonio	877-835-9861	L91	L92	529.36	1177.82	539.95	1201.38

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Utah</b>							
Aetna Value Plan - Most of Utah	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Altius Health Plans -High- Wasatch Front	800-377-4161	9K1	9K2	649.31	1428.55	662.30	1457.12
Altius Health Plans -Std- Wasatch Front	800-377-4161	DK4	DK5	488.43	1074.52	498.20	1096.01
SelectHealth Utah -High- Utah Statewide	800-538-5038	SF1	SF2	636.78	1420.51	649.52	1448.92
SelectHealth Utah -Std- Utah Statewide	800-538-5038	SF4	SF5	497.42	1109.64	507.37	1131.83
<b>Vermont</b>							
Aetna Value Plan - All of Vermont	877-459-6604	EP4	EP5	512.83	1164.63	523.09	1187.92
<b>Virgin Islands</b>							
Triple-S Salud, Inc. -High- US Virgin Islands	800-981-3241	851	852	493.68	1130.57	503.55	1153.18
<b>Virginia</b>							
Aetna Value Plan - Most of Virginia	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
Aetna Open Access -High- Northern/Central/Richmond Virginia Areas	877-459-6604	JN1	JN2	924.69	2071.27	943.18	2112.70
Aetna Open Access -Basic- Northern/Central/Richmond Virginia Areas	877-459-6604	JN4	JN5	576.07	1288.13	587.59	1313.89
Aetna Whole Health -Basic- Roanoke, VA area	877-459-6604	D91	D92	500.09	1392.04	510.09	1419.88
Aetna Whole Health -Basic- Newport News, VA area	877-459-6604	J91	J92	464.75	1209.85	474.05	1234.05
CareFirst BlueChoice -High- Northern Virginia	888-789-9065	2G1	2G2	670.35	1508.02	683.76	1538.18
CareFirst BlueChoice -Std- Northern Virginia	888-789-9065	2G4	2G5	599.24	1348.06	611.22	1375.02
Innovation Health Plan -High- Northern Virginia	800-245-7919	LQ1	LQ2	522.02	1223.00	532.46	1247.46
Kaiser Foundation Health Plan Mid-Atlantic States -High- Northern Virginia/Fredericksburg area	877-574-3337	E31	E32	606.54	1395.05	618.67	1422.95
Kaiser Foundation Health Plan Mid-Atlantic States -Std- Northern Virginia/Fredericksburg area	877-574-3337	E34	E35	393.32	904.58	401.19	922.67
M.D. IPA -High- Northern Virginia	877-835-9861	JP1	JP2	681.53	1571.48	695.16	1602.91
Piedmont Community Healthcare -High- Lynchburg area	888-674-3368	2C1	2C2	501.67	1148.75	511.70	1171.73
UnitedHealthcare Insurance Company -Value- Northern Virginia	877-835-9861	L91	L92	529.36	1177.82	539.95	1201.38

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

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

\*Not Reportable

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

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

Plan Name – Location	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Washington</b>							
Aetna Value Plan - Most of Washington	877-459-6604	G54	G55	518.05	1176.41	528.41	1199.94
Aetna Open Access -High- Seattle and Spokane areas	877-459-6604	C31	C32	604.24	1649.46	616.32	1682.45
Group Health Cooperative -High- Western WA/Central WA/Spokane/Pullman	888-901-4636	541	542	702.91	1511.25	716.97	1541.48
Group Health Cooperative -Std- Western WA/Central WA/Spokane/Pullman	888-901-4636	544	545	482.52	1089.31	492.17	1111.10
KPS Health Plans -Std- All of Washington	800-552-7114	L11	L12	581.53	1255.26	593.16	1280.37
KPS Health Plans -High- All of Washington	800-552-7114	VT1	VT2	720.37	1574.08	734.78	1605.56
Kaiser Foundation Health Plan of Northwest -High- Vancouver/Longview	800-813-2000	571	572	624.72	1411.11	637.21	1439.33
Kaiser Foundation Health Plan of Northwest -Std- Vancouver/Longview	800-813-2000	574	575	527.52	1235.28	538.07	1259.99
<b>West Virginia</b>							
Aetna Value Plan - Most of West Virginia	877-459-6604	F54	F55	527.58	1198.08	538.13	1222.04
The Health Plan of the Upper Ohio Valley -High- Northern/Central West Virginia	800-624-6961	U41	U42	618.24	1397.28	630.60	1425.23
<b>Wisconsin</b>							
Aetna Value Plan - All of Wisconsin	877-459-6604	JS4	JS5	604.70	1373.19	616.79	1400.65
Aetna Whole Health -Basic- Milwaukee, WI area	877-459-6604	F71	F72	436.71	1203.39	445.44	1227.46
Dean Health Plan -High- South Central Wisconsin	800-279-1301	WD1	WD2	776.12	1940.27	791.64	1979.08
Dean Health Plan -Std- South Central Wisconsin	800-279-1301	WD4	WD5	521.00	1302.49	531.42	1328.54
Group Health Cooperative -High- South Central Wisconsin	800-605-4327	WJ1	WJ2	597.46	1494.00	609.41	1523.88
HealthPartners High Option - Western Wisconsin	800-883-2177	V31	V32	660.05	1518.14	673.25	1548.50
HealthPartners Standard Option - Western Wisconsin	800-883-2177	V34	V35	366.58	843.14	373.91	860.00
MercyCare HMO -High- South Central Wisconsin	800-895-2421	EY1	EY2	649.37	1624.16	662.36	1656.64
Physicians Plus -High- South Central Counties in Wisconsin	800-545-5015	LW1	LW2	649.52	1655.01	662.51	1688.11
<b>Wyoming</b>							
Aetna Value Plan - All of Wyoming	877-459-6604	H44	H45	528.93	1201.18	539.51	1225.20
Altius Health Plans -High- Uinta County	800-377-4161	9K1	9K2	649.31	1428.55	662.30	1457.12
Altius Health Plans -Std- Uinta County	800-377-4161	DK4	DK5	488.43	1074.52	498.20	1096.01

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

\*Not Reportable

## **Appendix E**

### **FEHB Plan Comparison Charts**

#### **High Deductible and Consumer-Driven Health Plans With a Health Savings Account or Health Reimbursement Arrangement (Pages 66 through 85)**

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

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

Preventive care is covered in full. As you receive other non-preventive medical care, you must meet the plan deductible before the health plan pays benefits. You can choose to pay your deductible with funds from your HSA or you can choose instead to pay for your deductible out-of-pocket, allowing your savings to continue to grow.

The HDHP features higher annual deductibles (a minimum of \$1,300 for Self and \$2,600 for Family coverage) and annual out-of-pocket limits (not to exceed \$6,450 for Self and \$12,900 for Family coverage) than other insurance plans. Depending on the HDHP you choose, you may have the choice of using In-Network and Out-of-Network providers. There may be higher deductibles and out-of-pocket limits when you use Out-of-Network providers. Using In-Network providers will save you money.

#### **Health Savings Account (HSA)**

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

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



# **Appendix E**

## **FEHB Plan Comparison Charts**

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

Features of an HSA include:

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

#### **Health Reimbursement Arrangement (HRA)**

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

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

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

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

Features of an HRA include:

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

## Appendix E

### FEHB Plan Comparison Charts

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

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

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

## **Appendix E**

### **FEHB Plan Comparison Charts**

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

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

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

## Appendix E

### FEHB Plan Comparison Charts

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

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

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

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

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

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

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
APWU Health Plan -CDHP- Nationwide	800-718-1299	474	475	401.35	902.92	409.38	920.98
GEHA High Deductible Health Plan - Nationwide	800-821-6136	341	342	440.85	1006.89	449.67	1027.03
MHBP - Consumer Option -HDHP- Nationwide	800-694-9901	481	482	556.62	1261.22	567.75	1286.44
NALC -CDHP- Nationwide	888-636-6252	324	325	433.85	942.05	442.53	960.89

## Appendix E

### FEHB Plan Comparison Charts

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

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

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

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

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

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

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

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

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

<b>Member Survey Results</b>								
<b>High Deductible Health Plans</b>								
<b>Plan Name</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>HDHP National Average</b>		<b>65.43</b>	<b>90.4</b>	<b>88.06</b>	<b>94.58</b>	<b>86.94</b>	<b>87.86</b>	<b>59.88</b>
Aetna HealthFund - Nationwide	22	72.35	91.91	87.48	96.36	NR	91.42	61.43
GEHA High Deductible Health Plan - Nationwide	34	60.53	88.18	87.37	93.97	82.48	80.34	58.51
Mail Handlers Benefit Plan Consumer Option - Nationwide	48	63.4	91.1	89.32	93.4	91.39	91.82	59.69
<b>Consumer-Driven Health Plans</b>								
<b>Plan Name</b>	<b>Plan Code</b>	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Customer service	Claims processing	Plan Information on Costs
<b>CDHP National Average</b>		<b>64.21</b>	<b>89.86</b>	<b>84.5</b>	<b>94.72</b>	<b>84.19</b>	<b>87.08</b>	<b>66.38</b>
APWU Health Plan - Nationwide	47	62.94	90.46	84.31	94.54	84.06	81.05	66.38
Humana Coverage First - IN	MW	59.13	88	83.61	95.27	NR	88.62	NR
Humana CoverageFirst - TX	TP, TU,	70.55	91.12	85.58	94.34	84.31	91.56	NR

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

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		Aetna Direct -CDHP- Serving all 50 states and DC	877-459-6604	N61	N62	455.11	1027.91
Aetna HealthFund -HDHP- Serving all 50 states and DC	877-459-6604	224	225	491.53	1076.47	501.36	1098.00

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		<b>Alabama</b>					
Aetna HealthFund -CDHP- Most of Alabama	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>Alaska</b>							
Aetna HealthFund -CDHP- Most of Alaska	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
<b>Arizona</b>							
Aetna HealthFund -CDHP- All of Arizona	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
<b>Arkansas</b>							
Aetna HealthFund -CDHP- Most of Arkansas	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>California</b>							
Aetna HealthFund -CDHP- Most of California	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
<b>Colorado</b>							
Aetna HealthFund -CDHP- All of Colorado	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77

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

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

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Connecticut</b>							
Aetna HealthFund -CDHP- All of Connecticut	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>Delaware</b>							
Aetna HealthFund -CDHP- All of Delaware	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>District of Columbia</b>							
Aetna HealthFund -CDHP- All of Washington DC	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
CareFirst BlueChoice -HDHP- Washington, D.C. Metro Area	888-789-9065	B61	B62	580.34	1294.50	591.95	1320.39
<b>Florida</b>							
Aetna HealthFund -CDHP- Most of Florida	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
Coventry Health Plan of Florida -HDHP- Southern Florida	800-441-5501	J41	J42	427.09	1059.76	435.63	1080.96
Humana CoverageFirst -CDHP- Tampa Area	888-393-6765	MJ1	MJ2	589.49	1311.64	601.28	1337.87
Humana CoverageFirst -CDHP- South Florida Area	888-393-6765	QP1	QP2	505.29	1124.26	515.40	1146.75
<b>Georgia</b>							
Aetna HealthFund -CDHP- All of Georgia	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
Humana CoverageFirst -CDHP- Atlanta Area	888-393-6765	AD1	AD2	561.45	1249.17	572.68	1274.15
Humana CoverageFirst -CDHP- Macon Area	888-393-6765	LM1	LM2	561.45	1249.17	572.68	1274.15
<b>Guam</b>							
TakeCare -HDHP- Guam/N. Mariana Islands/Belau (Palau)	671-647-3526	KX1	KX2	192.92	506.00	196.78	516.12

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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
<b>Connecticut</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Delaware</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>District of Columbia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
<b>Florida</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Plan of Florida		\$83.34/\$166.67	\$2,500/\$5,000	\$5,000/\$10,000	\$10	Ded+20%	Ded+20%	Nothing	\$5/\$35/\$50/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,350/\$12,700	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Georgia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Guam</b>									
TakeCare	In-Network	\$86.66/\$222.08	\$3000/\$6000	\$5,000/\$10,000	20% after Ded	20% after Ded	20% after Ded	Nothing	\$20/\$40/\$150
TakeCare	Out-Network	\$86.66/\$222.08	\$3000/\$6000	\$10,000/\$20,000	30% after Ded	30% after Ded	30% after Ded	1st \$300/ded	30% after Ded

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Hawaii</b>							
Aetna HealthFund -CDHP- All of Hawaii	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
<b>Idaho</b>							
Aetna HealthFund -CDHP- Most of Idaho	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
Altius Health Plans -HDHP- Southern Region	800-377-4161	9K4	9K5	365.60	757.42	372.91	772.57
<b>Illinois</b>							
Aetna HealthFund -CDHP- Most of Illinois	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
Humana CoverageFirst -CDHP- Central Illinois	888-393-6765	GB1	GB2	561.45	1249.17	572.68	1274.15
Humana CoverageFirst -CDHP- Chicago Area	888-393-6765	MW1	MW2	561.45	1249.17	572.68	1274.15
<b>Indiana</b>							
Aetna HealthFund -CDHP- All of Indiana	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
Humana CoverageFirst -CDHP- Lake/Porter/LaPorte Counties	888-393-6765	MW1	MW2	561.45	1249.17	572.68	1274.15
Physicians Health Plan of Northern Indiana -HDHP- Northeast In	260-432-6690	DQ4	DQ5	501.45	1106.47	511.48	1128.60
<b>Iowa</b>							
Aetna HealthFund -CDHP- All of Iowa	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
Coventry Health Care of Iowa -HDHP- Central/Eastern/Western Iowa	800-257-4692	SV4	SV5	356.96	851.89	364.10	868.93
<b>Kansas</b>							
Aetna HealthFund -CDHP- Most of Kansas	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
Coventry Health Care of Kansas -HDHP Kansas City Metro Area (KS and MO)	800-969-3343	9H1	9H2	588.16	1382.23	599.92	1409.87
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	505.29	1124.26	515.40	1146.75

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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
<b>Hawaii</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Idaho</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
<b>Illinois</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Indiana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Physicians Health Plan of Northern Indiana		\$41.67/\$83.33	\$2,000/\$4,000	\$5,000/\$10,000	\$20	20%	20%	Nothing	\$10/\$30/\$60
<b>Iowa</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Iowa		\$83.33/\$166.66	\$2,100/\$4,200	\$5,000/\$10,000	25%	15%	15%	Nothing	\$3/\$10/\$45/\$70/\$100
<b>Kansas</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Kentucky</b>							
Aetna HealthFund -CDHP- Most of Kentucky	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
Humana CoverageFirst -CDHP- Lexington Area	888-393-6765	6N1	6N2	505.29	1124.26	515.40	1146.75
<b>Louisiana</b>							
Aetna HealthFund -CDHP- Most of Louisiana	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>Maine</b>							
Aetna HealthFund -CDHP- All of Maine	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>Maryland</b>							
Aetna HealthFund -CDHP- All of Maryland	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
CareFirst BlueChoice -HDHP- All of Maryland	888-789-9065	B61	B62	580.34	1294.50	591.95	1320.39
<b>Massachusetts</b>							
Aetna HealthFund -CDHP- Most of Massachusetts	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>Michigan</b>							
Aetna HealthFund -CDHP- All of Michigan	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
<b>Minnesota</b>							
Aetna HealthFund -CDHP- Most of Minnesota	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
<b>Mississippi</b>							
Aetna HealthFund CDHP-Most of Mississippi	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95

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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
<b>Kentucky</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Louisiana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Maine</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Maryland</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60
<b>Massachusetts</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Michigan</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Minnesota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Mississippi</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>Missouri</b>							
Aetna HealthFund -CDHP- Most of Missouri	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
Coventry Health Care of Kansas-HDHPKansas City Metro Area(KS and MO)	800-969-3343	9H1	9H2	588.16	1382.23	599.92	1409.87
Humana CoverageFirst -CDHP- Kansas City Area	888-393-6765	PH1	PH2	505.29	1124.26	515.40	1146.75
<b>Montana</b>							
Aetna HealthFund CDHP - South/Southeast/Western MT Areas	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
<b>Nebraska</b>							
Aetna HealthFund -CDHP- All of Nebraska	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
<b>Nevada</b>							
Aetna HealthFund -CDHP- Las Vegas Area	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
<b>New Hampshire</b>							
Aetna HealthFund -CDHP- All of New Hampshire	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>New Jersey</b>							
Aetna HealthFund -CDHP- All of New Jersey	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>New Mexico</b>							
Aetna HealthFund -CDHP- Albuquerque/Dona Ana/Hobbs Area	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
<b>New York</b>							
Aetna HealthFund -CDHP- Most of New York	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
Independent Health Assoc -HDHP- Western New York	800-501-3439	QA4	QA5	461.35	1109.53	470.58	1131.72

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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
<b>Missouri</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Coventry Health Care of Kansas (Kansas City)-HDHP		\$66.66/\$133.33	\$2,500/\$5,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Montana</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Nebraska</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Nevada</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Hampshire</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Jersey</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New Mexico</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>New York</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+/40%+/40%+
Independent Health Association	In-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	\$20	\$250	20%	Nothing	\$10/\$50/50%
Independent Health Association	Out-Network	\$66.42/\$166.67	\$2,000/\$4,000	\$6,350/\$12,700	40%	40%	40%	Deductible/40%	N/A

# High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>North Carolina</b>							
Aetna HealthFund -CDHP- All of North Carolina	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>North Dakota</b>							
Aetna HealthFund -CDHP- Most of North Dakota	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
<b>Ohio</b>							
Aetna HealthFund -CDHP- All of Ohio	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
AultCare HMO -HDHP- Stark/Carroll/Holmes/Tuscarawas/Wayne Co.	330-363-6360	3A4	3A5	356.11	718.97	363.23	733.35
<b>Oklahoma</b>							
Aetna HealthFund -CDHP- All of Oklahoma	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
<b>Oregon</b>							
Aetna HealthFund -CDHP- Most of Oregon	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
<b>Pennsylvania</b>							
Aetna HealthFund -CDHP- All of Pennsylvania	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
HealthAmerica Pennsylvania - HDHP- Greater Pittsburgh Area	866-351-5946	Y61	Y62	562.45	1277.47	573.70	1303.02
UPMC Health Plan -HDHP- Western Pennsylvania	888-876-2756	8W4	8W5	497.36	1122.64	507.31	1145.09
<b>Rhode Island</b>							
Aetna HealthFund -CDHP- All of Rhode Island	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>South Carolina</b>							
Aetna HealthFund -CDHP- All of South Carolina	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93

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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
<b>North Carolina</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>North Dakota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Ohio</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
AultCare HMO	In-Network	\$83.33/\$166.66	\$2,000/\$4,000	\$4,000/\$8,000	20%	20%	20%	Nothing	20%/20%/20%
AultCare HMO	Out-Network	\$83.33/\$166.66	\$4,000/\$8,000	\$8,000/\$16,000	40% UCR	40% UCR	40% UCR	50% UCR	20% Plan Allow
<b>Oklahoma</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Oregon</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Pennsylvania</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
HealthAmerica Pennsylvania - HDHP		\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	\$15	Nothing	Nothing	Nothing	\$5/\$35/\$50
UPMC Health Plan	In-Network	\$83.33/\$166.67	\$2,000/\$4,000	\$4,000/\$8,000	10%After Deduct	10% after deduct	10%after deduct	Nothing	\$5 after deduct/
UPMC Health Plan	Out-Network	\$83.33/\$166.67	\$2000/\$4,000	\$8,000/\$16,000	30% of Deduct	30% after deduct	30% of deduct	30%	\$35 after deduct/\$75 N/A
<b>Rhode Island</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>South Carolina</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+

# High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
<b>South Dakota</b>							
Aetna HealthFund -CDHP- Rapid City/Sioux Falls Area	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
<b>Tennessee</b>							
Aetna HealthFund CDHP- Most of Tennessee	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>Texas</b>							
Aetna HealthFund -CDHP- All of Texas	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
Humana CoverageFirst -CDHP- Corpus Christi Area	888-393-6765	TP1	TP2	567.34	1262.34	578.69	1287.59
Humana CoverageFirst -CDHP- San Antonio Area	888-393-6765	TU1	TU2	561.17	1248.59	572.39	1273.56
Humana CoverageFirst -CDHP- Austin Area	888-393-6765	TV1	TV2	589.70	1312.11	601.49	1338.35
<b>Utah</b>							
Aetna HealthFund -CDHP- Most of Utah	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
Altius Health Plans -HDHP- Wasatch Front	800-377-4161	9K4	9K5	365.60	757.42	372.91	772.57
<b>Vermont</b>							
Aetna HealthFund -CDHP- All of Vermont	877-459-6604	EP1	EP2	643.39	1461.16	656.26	1490.38
<b>Virginia</b>							
Aetna HealthFund -CDHP- Most of Virginia	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
CareFirst BlueChoice -HDHP- Northern Virginia	888-789-9065	B61	B62	580.34	1294.50	591.95	1320.39

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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
<b>South Dakota</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Tennessee</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Texas</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
Humana CoverageFirst	In-Network	\$83.33	\$1,000/\$2,000	\$6,500/\$13,000	\$25	10%	10%	Nothing	\$10/\$40/\$60
Humana CoverageFirst	Out-Network	N/A	\$3,000/\$6,000	\$7,000/\$14,000	40%	40%	40%	30%	\$10+/\$40+/\$60+
<b>Utah</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50
<b>Vermont</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Virginia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
CareFirst BlueChoice	In-Network	\$37.50/\$75.00	\$1,400/\$2,800	\$4,000/\$8,000	Nothing	\$300	Nothing	Nothing	Nothing/\$30/\$60
CareFirst BlueChoice	Out-Network	\$37.50/\$75.00	\$3,000/\$6,000	\$6,000/\$12,000	\$70	\$500	\$70	Nothing	Nothing/\$30/\$60

## High Deductible and Consumer-Driven Health Plans

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

Plan Name	Telephone Number	Enrollment Code		Total Monthly Premium		102% of Total Monthly Premium	
		Self only	Self & family	Self only	Self & family	Self only	Self & family
		<b>Washington</b>					
Aetna HealthFund -CDHP- Most of Washington	877-459-6604	G51	G52	627.19	1424.28	639.73	1452.77
KPS Health Plans -HDHP- All of Washington	800-552-7114	L14	L15	468.04	1022.80	477.40	1043.26
<b>West Virginia</b>							
Aetna HealthFund -CDHP- Most of West Virginia	877-459-6604	F51	F52	589.36	1338.35	601.15	1365.12
<b>Wisconsin</b>							
Aetna HealthFund -CDHP- All of Wisconsin	877-459-6604	JS1	JS2	737.77	1675.42	752.53	1708.93
<b>Wyoming</b>							
Aetna HealthFund -CDHP- All of Wyoming	877-459-6604	H41	H42	600.06	1362.70	612.06	1389.95
Altius Health Plans -HDHP- Uinta County	800-377-4161	9K4	9K5	365.60	757.42	372.91	772.57

<b>Plan Name</b>	<b>Benefit Type</b>	<b>Premium Contribution to HSA/HRA</b>	<b>CY Ded. Self/Family</b>	<b>Cat. Limit Self/Family</b>	<b>Office Visit</b>	<b>Inpatient Hospital</b>	<b>Outpatient Surgery</b>	<b>Preventive Services</b>	<b>Prescription Drugs Levels I, II, III</b>
<b>Washington</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
KPS Health Plans	In-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	20%	None	20%	Nothing	\$10/\$35/\$50 30 day \$100 90 day
KPS Health Plans	Out-Network	\$62.50/\$125	\$1,500/\$3,000	\$4,000/\$8,000	40%	None	40%	Not Covered	Not Covered
<b>West Virginia</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Wisconsin</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
<b>Wyoming</b>									
Aetna HealthFund CDHP	In-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$4,000/\$8,000	15%	15%	15%	Nothing	\$10/\$35/\$60
Aetna HealthFund CDHP	Out-Network	\$83.33/\$166.66	\$1,000/\$2,000	\$5,000/\$10,000	40%	40%	40%	Fund/Ded/40%	40%+
Altius Health Plans		\$54.16/\$108.33	\$1,300/\$2,600	\$5,000/\$10,000	\$20	10%	10%	Nothing	\$7/\$25/\$50

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

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

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

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

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

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

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

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



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

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

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

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

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

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